

## Redford Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
18 October 2021

**Service provided by:**  
Redford Nursing Home

**Service provider number:**  
SP2003002268

**Service no:**  
CS2003010273

## About the service

Redford Nursing Home is registered to provide a care home service to a maximum of 35 older people, of which a maximum of three beds may be used for respite/short breaks at any one time. The provider is Redford Nursing Home.

The care home is an extended villa set in its own grounds in a residential area of Alloway. Thirty-three single bedrooms are located over three floors, nine of which offer en-suite facilities including a shower, and 21 with a sink and toilet. One double bedroom is large enough to support a sharing arrangement for people with a significant relationship. Two communal showers are available along with a larger bathroom which is currently being refurbished. Two lounges and a lounge/diner are located on the ground floor. Access to a good sized garden is being developed via the main lounge by adding French doors.

The aims and objectives of the service are:

- to deliver a service of the highest quality that will improve and sustain the service user's overall quality of life;
- to ensure that the care service is delivered flexibly, attentively and in a non-discriminatory fashion while respecting each service user's right to privacy, dignity, choice and safety whilst supporting them to realise their potential in an environment that values their diversity and affords them equality;
- to ensure that each service user's needs and values are respected in matters of religion, culture, race or ethnic origin, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or impairments;
- to ensure that the care service in whole is delivered in accordance with the Statement of Terms and Conditions agreed at the point of moving into the home;
- to manage and implement a formal programme of staff planning, selection, recruitment, training and personal development to enable service user's care needs to be met;
- to manage the care service efficiently and effectively to make best use of resources and to maximise value for money for the service user; and
- to ensure that all service users receive written information on the home's procedure for handling complaints, comments and compliments and how to use it.

## What people told us

We spoke with three residents during our visit, all of whom were happy with the care and support provided.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 18 October 2021, in addition to the existing refurbishment/redecoration plans, the provider must devise and implement a dynamic action plan for the development of the care home environment with priorities,

timescales and responsibilities stated. This includes, but is not limited to:

- the installation in the main bathroom by 18 October 2021 of an assisted bath and wet floor shower area suitable to meet the needs of people experiencing care;
- the development of the garden and outdoor space to enable people experiencing care to spend time safely and purposefully outdoors;
- the replacement of worn floor coverings;
- maximising the provision of en-suite facilities;
- reviewing the suitability of smaller sized rooms;
- completing the upgrading of the laundry facility; and
- installing a working sluice room.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience a high quality environment if the organisation provides the premises.' (HSCS 5).

This is also to comply with Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users; Regulation 10(2)(a)(b)(d) - Fitness of premises and Regulation 14(b)(d) - Facilities in care homes of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 3 August 2021.**

#### Action taken on previous requirement

We saw that work had been undertaken to replace floor coverings in some areas and this, along with the redecoration carried out had enhanced the quality and appearance of the home environment for residents. French doors had been fitted in the main lounge to improve access to the garden and a ramp was scheduled to be added within the next two weeks. We saw that the refurbishment of the bathroom had commenced and the type of assisted bath suitable to meet the needs of residents was under consideration. This needs to be progressed as a priority so that the necessary equipment is provided to enable residents to have a bath if this is their choice.

Maximising the provision of en-suite facilities and reviewing the suitability of the physical space in smaller sized rooms still had to be given due consideration. Doing this in an aspirational way can ensure that the full potential of the premises can be enhanced to provide a high quality environment as set out in the Health and Social Care Standards (Scottish Government, 2017).

Plans and dates in respect of the remaining upgrades to the laundry and the replacement of the inoperative sluice machine remained outstanding. This should be progressed in accordance with current infection and prevention control standards.

Overall, we concluded that the development plan lacked detail and timescales for informing the required improvements. This meant that there was a risk of these improvements not being prioritised and progressed within reasonable timescales. Each component of the work to be carried out needs to be specified with general statements being avoided. We extended the timescale for meeting this requirement until 1 November 2021 to allow the provider and the management team more time to devise a detailed action plan for the development of the care home environment. Priorities, timescales and responsibilities must be sufficiently detailed to present a targeted, measurable and dynamic development plan that will provide people experiencing care with a safe, high quality environment.

**Not met**

## Requirement 2

By 18 October 2021, the provider must develop and implement quality assurance processes that inform, monitor and maintain good practice in relation to infection prevention and control in order to protect people experiencing care and staff. This includes but is not limited to:

- ensuring staff are aware of, and adhere to current infection prevention and control guidance;
- carrying out and recording observations of staff undertaking their duties to maintain good practice; and
- monitoring and maintaining the cleanliness and integrity of the care home environment.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14); and  
'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

This is also to comply with Regulation 3 - Principles; Regulation 4(1)(a)(d) - Welfare of users; Regulation 10(2)(a)(b)(d) - Fitness of premises; Regulation 14(b)(d) - Facilities in care homes and Regulation 15(b)(i) - Staffing of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 3 August 2021.**

### Action taken on previous requirement

Quality assurance processes had been put in place to monitor and maintain good practice in relation to infection prevention and control. This included the cleanliness and integrity of equipment and furnishings as well as the general environment. Regular audits had highlighted any issues which had then been addressed. The environment was clean and tidy and staff were observed to use PPE correctly.

**Met - within timescales**

## What the service has done to meet any areas for improvement we made at or since the last inspection

## Areas for improvement

### Previous area for improvement 1

Personal plans need to consistently inform all aspects of people's assessed needs and the care and support provided in response. Care plan evaluations and reviews should focus on the way that planned care has delivered positive outcomes that reflect people experiencing care having a sense of worth and engagement with life. Anticipatory care plans should be developed in collaboration with residents and/or their families as a means of thinking ahead, making choices and decisions clear in relation to their wishes for the future.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14); and  
'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

**This area for improvement was made on 3 August 2021.**

#### Action taken since then

Work was ongoing to improve the quality of personal planning by further developing staff knowledge and skills in relation to support needs assessments, personal outcomes and anticipatory care planning. An outcome focussed and evaluative approach should be established to reflect the impact of planned care on resident's experiences. We directed the management team to good practice guidance and resources to support this learning and will review this area for improvement at the next inspection.

#### Previous area for improvement 2

An annual plan detailing the in-house maintenance checks to be carried out and the frequency of these should be developed, implemented and monitored for completion. Where issues are identified, the corrective action taken should be specified.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My environment is secure and safe.' (HSCS 5.17); and  
'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

**This area for improvement was made on 3 August 2021.**

#### Action taken since then

A maintenance plan had been developed and training to implement this with the relevant staff had been undertaken. Although checks had been carried out and issues identified were being addressed, more time was needed to assess whether the annual maintenance plan was robust and consistently responsive. We will revisit this area for improvement at the next inspection.

#### Previous area for improvement 3

The 'King's Fund (EHE) Assessment Tool' should be used to develop an action plan that will create a supportive and enabling environment for people experiencing care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11); and  
'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16).

**This area for improvement was made on 3 August 2021.**

## Action taken since then

The King's Fund (EHE) Assessment Tool had been used to assess strengths and areas for improvement and we saw that this had been carried out in an objective way. The next step was to develop an action plan in response to the findings of the environmental audit and we will revisit this at the next inspection.

## Previous area for improvement 4

The quality assurance system should be refined with checks and audits across all aspects of the service being informed by good practice guidance. Resulting action plans should be monitored closely through to completion to monitor, maintain and improve the quality of the service with a strong focus on residents' personal outcomes and experiences. In addition to the ongoing quality assurance approach, a development plan setting out the key priorities that inform the future direction of the service should be devised and implemented in collaboration with residents, families and staff.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.7); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

**This area for improvement was made on 3 August 2021.**

## Action taken since then

An annual quality assurance framework had been developed. This informed the checks and audits that had to be carried out to monitor, maintain and improve the quality of the overall service for people experiencing care. This was a positive step and we will revisit this area for improvement at the next inspection to assess the impact of the quality assurance framework in supporting good practice.

## Previous area for improvement 5

The staff supervision process should be reviewed to include an enhanced focus on caseloads, training and development, goal setting, the Health and Social Care Standards and registration with the NMC/SSSC. More emphasis on reflective practice, where staff consider how their learning impacts on their practice and the aspects they could develop, should also be established.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

**This area for improvement was made on 3 August 2021.**

## Action taken since then

The approach to staff supervision had been reviewed to make it more meaningful and impactful in relation to the support, learning and development of the staff team. It was good to see staff wellbeing as a priority and the involvement of staff in pre-supervision meetings. This gives staff an opportunity to reflect on their learning and consider how supervision meetings can be used to inform and support their ongoing development needs. We will revisit this area for improvement at the next inspection once more meetings have taken place.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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