

Rannoch Lodge Care Home Care Home Service

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Telephone: 01236 729 273

Type of inspection:
Unannounced

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Service provided by:
Greene Care Homes Ltd

Service provider number:
SP2015012426

Service no:
CS2015334976

About the service

Rannoch Lodge Care Home is in the Condorrat area of Cumbernauld within a few minute's walk of regular bus routes to Cumbernauld, Falkirk and Glasgow.

It is registered to provide support to a maximum of 42 older people. It is a single storey building, with large lounge/dining area, conservatory and smaller lounge. Bedrooms are en-suite or have a wash hand basin.

The provider is Greene Care Homes Ltd.

What people told us

We spoke to five families in December 2021. The length of time their loved one stayed at Rannoch Lodge ranged from a few months to over 10 years. Comments included:

'She has come on leaps and bounds since moving to there.'

'Best place. She's loves it. If you had told me she would have been happy in a care home I would not accept it.'

'Settled in very well.'

One family member told us the service had, '...improved ten-fold since management changed. Rooms are kept well.' They also said staff were more focussed on the care of residents than they had been.

All families told us that visiting was easy to arrange and there were no barriers. They said they were kept up to date with what was happening in the lives of their family members.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How well is our care and support planned?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?**2 - Weak****1.1 People experience compassion, dignity, and respect.**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses could impact on the health and safety of people, we have made a requirement and an area for improvement.

People looked groomed and well presented. Staff and people were familiar with each other. This meant that interactions observed between staff and people felt at ease and comfortable.

The home environment has a large dining area and conservatory where people can relax and socialise. A lot of people were in their bedrooms. Some people had voiced their preference to stay in their rooms, others were isolating due to covid or illness.

It is important that people feel comfortable and safe in their environment. We could see that people's rooms were personalised with items such as, family photos, bed linen and furniture. It was apparent people appeared relaxed in their own spaces.

People who require immediate personal care must be supported. The service is currently being refurbished and installing en-suites to each bedroom. There were sufficient adapted and accessible communal bathrooms.

1.2 People get the most out of life.

Daily activities are on offer within this service. There were activities, such as, people completing jigsaws and puzzles with input from assigned activity staff. People seemed to be enjoying their choices. We spoke to the activity staff who knew the people, their likes, and dislikes well. It is important that the service listens and records the person's voice and choice. We found this was not translated to care plans and found little evidence recorded on how these activities benefited the person.

There needs to be a clear plan of activities devised collaboratively for each person. The outcomes achieved for each person should also be reviewed and evaluated by the staff team to ensure that activities planned and offered, continue to meet their needs, wishes and preferences. Communication between the activities staff and the wider team must improve to ensure that everyone is clear on what activities are available for each person. The provider has agreed to consider how this might be best achieved and will provide us with an action plan with details.

Audits from last year were aligned to some improvements. Unfortunately, we could not see any audits completed for 2022. We have made an area for improvement to ensure audits are consistently used by the provider and management team to ensure continuous improvement. (See area for improvement 1).

1.3 People's health benefits from their care and support.

Each person has individualised health care and routines. There were indications that some people's oral health needs are not met. If people are not supported with their oral hygiene, this could lead to serious health implications such as, mouth abscesses. The management team agreed to focus on this when considering care planning and observation of practice. They provide information on how they will do this in an action plan which they will provide to us.

Medication is also an aspect of care that keeps people well. We found issues around medication recordings. Topical medication administration records (TMAR) do not reflect administration by staff in line with the prescriber's instructions. We found missed entries on medication administration records (MAR) when people are sleeping. We also noticed that 'as required' medication is not being recorded on the rear of MAR sheets and there were no protocols in place when staff should be administering 'as required medication.' Errors and omissions had been noted in audits. However, some discrepancies had been overlooked. It is important that people receive their medication as prescribed as this has potentially serious health implications. The service has the correct storage in place for people's medication. However, the medication fridge thermometer was not working and there was no thermometer within the treatment room. If medication is not stored at the correct temperature, it may not have the desired effect and impact on the person's wellbeing. (See requirement 1).

Individual care plans do show a focus on key aspects of people's health, for instance, weight loss and fluid intake. We could see that staff complete these records digitally. Some people are not receiving sufficient fluid. This will have an impact on the person's health and wellbeing. (See requirement 2).

Requirements

1. By 30th May 2022, to ensure people's health benefits from the care and support given, the provider must ensure support with medication follows best practice at all times.

To do this, the provider must, at a minimum:

- a) ensure people receive the correct medication at the correct times
- b) have an individual protocol for each as required medication and record kept of its effectiveness
- c) medication is stored in line with the manufacturer's instructions
- d) ensure staff receive appropriate medication training
- f) Implement a system for management to audit and review the consistency and quality of medication administration records and, when appropriate, take action to protect and promote people's health and wellbeing.

This is to comply with Regulation 4(1)a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'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).

2. By 30 May 2022, to ensure people's health and wellbeing is protected and improved the provider must ensure that, where people's fluid intakes requires monitoring and assistance, this is provided consistently and safely.

To do this, the provider must, at a minimum ensure:

- a) people have support to access sufficient fluid throughout the day
- b) targets for fluid intake are clearly recorded and actions are taken when not achieved
- c) staff are confident and competent in supporting people's hydration needs, including recognising signs of dehydration
- d) implement a system for management to audit and review the consistency and quality of records and take appropriate action to promote people's wellbeing and, when appropriate, take action to protect and promote people's health and wellbeing.

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

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Areas for improvement

1. To continually improve outcomes for people, the provider must ensure quality assurance audit are in place. These should include clear details of the areas audited, areas for correction or development and records of progress made. The quality audits should cover all areas related to care and support, including infection prevention and control and medication.

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

How well is our care and support planned?

2 - Weak

5.1. Assessment and care planning reflects peoples' outcomes and wishes.

The service has implemented a digital system and working to phase out previous paper system. Staff have allocated handsets which they sign into at the beginning of their shift to access all the information they need. This digital system flags up alerts every hour which are attached to each person's digital care plan. These must be marked off by staff throughout the day. We found that there is still a lot of information missing from the digital care plans. A few staff told us they were unable to save information due to the wi-fi signal intermittently dropping. If there are concerns about a person's care, this could be harmful if unable to log and lost. Therefore, the wi-fi in the home must be in working order. The provider has agreed to look into this as a matter of urgency and provide us with an action plan on how this will be progressed.

People should be at the heart of their care plan. We did see that some care plans outlined people's

preferences, their interests and background but this was not consistent. If information is lacking, about people, there is a risk that health and wellbeing needs will not be met.

Continual evaluations will enhance care plans. Reviews of peoples care plans have taken place and were scheduled appropriately. It was good to note that on occasion, a few reviews have been conducted with families over the phone to ensure they had the opportunity to contribute. Some of the reviews had limited information with no evaluation. Reviews stated that the current plan was appropriate and would continue. However, there was no information about what worked well and what did not for the person. Care plans must be evaluated and reviewed to make sure the person's needs, and wishes are being met. (See requirement 1).

Requirements

1. By 30th May 2022, the provider must demonstrate that care plans record all risk, health, welfare, and safety needs in a coherent manner that identifies how needs are met.

To do this the provider must ensure that:

- a) documentation and records are accurate, sufficiently detailed and reflect the care planned or provided
- b) staff demonstrate competency in practice with the service digital care planning tool
- c) staff demonstrate implementation policy and best practice guidance in their practice
- d) managers are involved in the monitoring and the audit of records and associated SMART action plans
- e) staff are signposted to their responsibility in maintaining accurate records, retaining records and follow best practice including SSSC (Scottish Social Services Council) and NMC (Nursing and Midwifery Council) guidance.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My care and support meets my needs and is right for me' (HSCS 1.19)

How good is our care and support during the COVID-19 pandemic?

4 - Good

7.2. Infection prevention and control practices support a safe environment for people experiencing care and staff.

To keep people safe, the service must have robust IPC (Infection Prevention and Control) procedures in place. On arrival, inspectors were not asked to go through any IPC process. It is apparent that nightshift staff may not be used to visitors but should be aware of IPC protocols to minimise risks to people.

The provider should ensure the environment for people is warm and welcoming whilst adhering to IPC practices. We found hall areas were clear and uncluttered. The environment was clean and well-signed.

IPC practices should also be adhered to within people's preferred spaces. We carried out spot checks on mattresses and had no concerns. We also noticed some dust on extractor fan vents. We felt more attention to detail should be taken when cleaning undersides of commodes and extractor vents.

The service has good supply of accessible PPE (Personal Protective Equipment) for staff and visitors. Staff wore PPE appropriately. We also saw staff meetings were used to remind staff of good hygiene practice and IPC (Infection Prevention and Control), including laundering their uniforms and not wearing jewellery. However, we did find that some staff were not aware of the proper donning and doffing process. The risk of infection will rise for people if staff are not aware of the correct donning and doffing process. The manager has agreed to deal with this as a matter of importance, including considering how best to support staff through direct observations and briefings. They will provide us with an action plan on how this is achieved.

We spoke to housekeeping staff who were knowledgeable on their responsibilities and confident on products and equipment to be used. Domestic staff were using the correct chlorine solution and carrying out regular cleaning of touch points. PPE stations were well stocked with appropriate disposal facilities throughout the building. Unfortunately, we found that no housekeeping infection control audits since January 2022; these should be reinstated immediately. (See area for improvement 1).

7.3. Staffing arrangements are responsive to the changing needs of people experiencing care.

The provider must ensure that there are adequate staffing levels for people within the service. We heard from staff that the service struggled, at times, in getting sufficient staff to cover shifts. The provider is not using agency staff and existing staff are covering sickness or vacancies. During our two days at Rannoch Lodge, a few staff called in due to covid. This meant there was a reduction in staff numbers which did impact on how care was organised. This could be a short-term issue now overcome. We will focus on this at the next inspection.

The service has a committed staff team to meet people's needs. Most staff said they got good support from their colleagues, nurses, and seniors. They felt they worked as a team. They told us they were kept up to date with latest news by senior staff. There were regular staff meetings and supervisions. However there was a lack of action planning documented. Timelines of improvement are vital in getting things right for service delivery.

The provider and management team agreed that they will consider having short, focussed meetings each the day with representatives from all areas of the service. Each attendee responsible for passing information and decisions directly to their colleagues. This ensures that all required communication is disseminated effectively creating an open and transparent way of working.

A well-trained workforce can assist in achieving best practice and outcomes for people. Staff received training online. New staff has a blended induction (a mixture of online and on-the-job learning). However, there was insufficient evidence regarding how this online training has impacted on existing staff practice. It would have been good to have seen evidence of staff reflecting with their manager during their supervision on what significance the learning had on practice. The Covid 19 pandemic had contributed to some areas of training and supervision having lapsed. Irregular training and supervision could have a direct impact on the care and support of people. We did see SVQ progress reports for a staff member which is updated regularly.

Areas for improvement

1. The provider should ensure housekeeping procedures follow good practice including but not limited to accurate and up-to-date infection control records and audits.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and 'My environment is secure and safe.' (HSCS 5.19).

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

Requirements

Requirement 1

By 31 March 2021 the provider must complete a refurbishment of the communal areas in the home. A detailed plan of how this will be achieved must be submitted to us following this inspection with monthly updates on the progress made being provided also. This update must evidence the involvement of people living in the service.

This is to ensure that people experience a high quality environment in line with the Health and Social Care Standards which state:

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 1.25)

It is also necessary to comply with Regulation 4 (2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

4.1 People experience high quality facilities

This requirement was made on 11 November 2020.

Action taken on previous requirement

The provider has undertaken a refurbishment of the main communal areas. Residents appear happy in their surroundings.

Met - outwith timescales

Requirement 2

By 23 October 2020 the provider must ensure that a robust, safe and recorded induction programme is completed with all newly recruited staff. These should be appropriate for the job role and responsibilities being undertaken to ensure all staff are competent in the delivery of safe and effective care.

This is to ensure that people experience a high quality care in line with the Health and Social Care Standards which state:

"I experience high quality care and support based on relevant evidence, guidance, and best practice." (HSCS 4.11);

and "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)

It is also necessary to comply with Regulation 4 (1)(a) and 15 (b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

This requirement was made on 1 September 2020.

Action taken on previous requirement

From interviewing recent staff and reviewing records we could see that the service now had in place an extensive induction programme including relevant training, shadowing and mentoring.

Met - outwith timescales

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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