

Hogganfield Care Centre Care Home Service

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Type of inspection:
Unannounced

Completed on:
19 May 2022

Service provided by:
Hogganfield Care Limited

Service provider number:
SP2012011794

Service no:
CS2012307040

About the service

Hogganfield Care Centre is registered to provide care for a maximum of 44 older people, including two respite or short stay placements. Within the 44 places, 6 places may be provided for named individuals under the age of 65. At the time of the inspection, 24 people were living in the home.

The service is owned and managed by Hogganfield Care Limited. It is situated in the north of Glasgow and has an open outlook over Hogganfield Loch. The service is close to local amenities and bus services to the surrounding areas and Glasgow city centre.

The accommodation is on three levels with communal lounges, a conservatory and dining areas. The upper and lower floors are accessed by elevator or stairs. All bedrooms are for single occupancy. There is a secure garden area for people to use. Some parking facilities are available at the front of the building. At the time of the inspection the basement level remained unoccupied.

About the inspection

This was an unannounced inspection which took place on 17, 18, 19 May 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with 8 people using the service
- Spoke with 12 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with two visiting professionals.

Key messages

- People benefited in part from a homely environment. Some communal areas had been decorated and bedrooms personalised, however, areas of the home required upgrades to improve people's experiences of living there.
- Maintenance and cleaning arrangements must be improved to ensure people benefit from a safe, clean and comfortable living environment.
- Health assessments and personal plans were not reflective of people's current support needs.
- To ensure people get the most out of life opportunities to participate in meaningful activity should be improved.
- Quality assurance systems must be improved and used to inform a service improvement plan.
- Staff training and development processes must be improved to ensure staff have the required knowledge, skills and competence to meet people's needs.
- Staff conveyed a commitment to improving experiences for people who use the service.

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 good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement. Information detailed within Key Question 5 about how care was planned was also considered when making this evaluation.

To promote people's safety, health and wellbeing practice should be in line with current infection prevention and control (IPC) guidance. Those we spoke to did not have up to date knowledge of the National Infection Prevention and Control Manual (NIPCM). (See requirement 1)

Although there was good stock of Personal Protective Equipment (PPE), PPE stations contained the incorrect type of gloves, we highlighted this to the manager who took action to resolve. We found multiple alcohol-based hand rub dispensers were not working. Poor practice was observed around the use and disposal of face masks. To ensure safe infection control practice PPE should be used correctly. (See requirement 1)

Some armchairs, shower chairs and toilets were not clean and, in some instances, needed replaced. The cleaning schedules in place required review and there was an absence of management oversight of this area. (See requirement 1)

The laundry was not being managed in line with current IPC best practice. (See requirement 1)

Having regular access to meaningful activities both within and out with the care home is important for individuals' well-being. People living in the service spent long periods of time with no interaction and nothing to keep them occupied. To improve people's sense of wellbeing the provider should support staff to deliver more meaningful activities and participate in their local community. (See requirement 2)

Visiting arrangements were restrictive and not in line with Scottish Government "Open with care" guidance. This meant that people could not be assured that their loved ones could visit at a time and in a setting that was convenient to them. Our concerns were responded to.

Health risks had not been assessed, as expected. This meant we could not be assured that appropriate interventions were in place. Residents should benefit from any treatment or intervention. Where advice had been provided by external health professionals, such as speech and language therapy, this had not been used to inform care.

The service should make improvements to medication management. Covert medication pathways had not been reviewed in line with current guidance and there were gaps in administration records. Records did not provide assurance that individuals were consistently receiving medication as prescribed.

We have made related requirements about quality assurance, assessment and personal planning within key Questions 2 and 5 of this report.

People can expect to choose well presented, healthy meals, snacks and drinks which reflect their needs and choices. To improve the dining experience, people should be involved in menu planning and access to fresh produce should be improved. The dining room could not accommodate all residents. Dining arrangements should be reviewed to ensure that individuals who wish to take their meals in the dining room may do so. (See area for improvement1)

Requirements

1. By 13 June 2022, the provider must ensure that people experience care in an environment that is safe, clean and minimises the risk of infection. To do this the provider must:

- a) Ensure that the internal premises, furnishings and equipment are clean.
- b) Ensure that processes such as enhanced cleaning schedules and robust quality assurance checks of the care home environment are in place and appropriate remedial actions taken where needed.
- c) Ensure that all staff working within the care home adhere to correct infection, prevention and control procedures, practices. In line with The National Infection Prevention and Control Manual (NIPCM).
- d) Ensure that all staff use the correct and dispose of personal protective equipment (PPE) in accordance with best practice guidance.
- e) Ensure that laundry is managed in accordance with best practice guidance.

This is to comply with Regulation 4(1)(a)(d) (Welfare of Users) and 10(2)(b) (Fitness of Premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

2. By 8 August 2022, the provider must ensure that a personalised programme of activities is in place for each resident living in the home. Account should be taken of the abilities and preferences of the individuals.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day'. (HSCS 1.25)

Areas for improvement

1. To promote a positive dining experience for people and support good nutrition and well-being, the provider should review the dining experience to ensure all residents have the option of using a designated dining area.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate' (HSCS 1.36).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement.

People who use care services should benefit from a culture of continuous improvement achieved through robust and transparent quality assurance processes. Recruitment challenges and vacancies within the leadership team had impacted on quality assurance processes and the ability to drive change and improvement within the service.

We found examples of key areas that needed to improve that had not been identified through audit processes. This included, infection prevention and control practice, assessment and care planning, staff training and maintenance and presentation of aspects of the care home environment. People's clinical needs were not audited in a way which led to clear analysis of risks, or trends. This meant we were not assured that appropriate actions were consistently taken to reduce possible risks for people who use the service. (See requirement 1).

Staff spoke positively about the support they received from the management team. Team meetings had been recently reinstated. To ensure that staff can share their views and ideas for improving the service and promote communication across all departments, the frequency and structure of meetings should be improved.

There was little evidence of evaluation of people's experiences. Leadership did not focus sufficiently on improving outcomes for people. The service improvement plan had not been reviewed since the start of the pandemic. This should be reviewed and updated to ensure that people who experience care benefit from leaders at all levels having a clear understanding of their role in directing and supporting improvement. Improvement should be informed by feedback from staff and people who use the service, and/or their relatives. To ensure the improvement plan is actively used to drive improvement in the service clear actions, with timescales for completion, should be recorded. Regular reviews of the progress made should be undertaken and recorded. (See area for improvement 1).

Notifications were not being submitted to the Care Inspectorate in line with the current Care Inspectorate guidance, 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. (See requirement 2)

Requirements

1. By 8 August 2022, the provider must ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service. To do this the provider must ensure:

a) Routine and regular management audits are being completed across all areas of the service being provided.

- b) Internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported.
- c) Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
- d) Action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.

This is to comply with Regulation 4(1)(a) (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 care and support is consistent with the Health and Social Care Standards (HSCS), which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

2. By 8 August 2022 the provider must protect vulnerable people by adhering to the reporting guidelines of the Care Inspectorate as well as its own policy on Adult Support and Protection.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 4.18).

Areas for improvement

1. A service development plan should be created with input from the people who use the service, families/representatives, staff and stakeholders in line with the Care Inspectorate's 'Quality Framework for Care Homes for Adults and Older People: For use in Self-Evaluation, Scrutiny, and Improvement support' (published April 2022).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement.

People benefited from positive relationships and engagement with staff. People who were unable to share their views were seen to respond positively to staff. Staff were pleasant and considerate in their interactions with them. However, staff interactions were time limited, and task focussed. This resulted in some people spending long periods of time with no interactions or stimulation which meant people did not get the most out of life.

(We made a requirement related to improving access to meaningful activity in key question 1 of this report.)

Staff we spoke to told us they were happy in their roles and conveyed a commitment to improving experiences for people who live there. To ensure that staff work well together improved communication between the various roles within the home would allow information, ideas and suggestion sharing to be used as a mechanism to plan how to make improvements as a team.

People who experience care should be confident that they are supported by staff who are trained, competent and skilled. There was an absence of learning opportunities. The service supported people living with a range of health needs and conditions. Staff should be better supported to meet the specific needs of people. There was no overview of training needs. To ensure that staff training and development promotes safe care practice and positive outcomes for people a training needs analysis should be completed, and a robust training plan produced. (See requirement 1).

Recruitment of new staff had been completed in line with current safer recruitment guidance. Induction experiences differed across staff roles. To ensure that people were clear about their roles and responsibilities and what is expected of them a detailed induction should be completed with each new recruit. This should include opportunities to reflect on their practice. It should also be used to identify any further learning they may need to complete to be able to practice safely and effectively. A previous area for improvement relating to this has been repeated.

Requirements

1. By 8 August 2022, the provider must ensure that people are supported by a staff group fully trained to meet their assessed needs. To achieve this the provider must:

- a) Produce a training needs analysis and staff development plan that reflects the training the staff group require.
- b) Ensure staff have access to training to meet the needs of people being supported. This must include but is not limited to, Adult Support and protection, dementia care, management of stress and distress, fire safety, IPC, medication management.
- c) Ensure that there is an effective system in place to evaluate the effectiveness of training and its impact upon staff practice.

This is to comply with Regulation 15 (b)(i) (Staffing) 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, which state: "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)

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement.

People can expect an environment that is well looked after with clean, tidy and well-maintained furnishings and equipment. Areas of the home including, the entrance hallway and communal sitting rooms on the middle floor had been decorated to a high standard. A programme of refurbishment and upgrades had been planned however, we were not shown a detailed schedule of this.

Environmental audits had not identified deficits therefore action plans had not been designed to make improvements where required. We have made a requirement around quality assurance systems in key Question 2 of this report.

The use of the space as well as the process for handling and washing laundry needed to be improved. The laundry required repair and redecoration. Storage solutions were required to avoid use of other areas in the home. To promote a pleasant experience for people unlaundered washing should not be stored in the assisted bathroom. (See requirement 1)

People should have access to good quality equipment and furnishings to meet their needs. The bathroom and upstairs communal shower room needed repair and improvements. In the communal bathroom the assisted bath was out of order, this should be repaired. The shower was not accessible. The communal shower room on the first floor required upgrading. (See requirement 1)

We were concerned that window restrictors were not secure. We directed the provider to the Health and Safety Executive's current guidance. (See requirement 1)

Vulnerable individuals had access to unoccupied parts of the building and potentially hazardous areas including, fire escape stairways. A risk assessment should be undertaken, and appropriate risk reduction measures implemented to promote a safe environment for people. (See requirement 1)

Evidence of appropriate environmental safety checks was not provided. To provide assurance that furnishings, fixtures, fittings, and equipment are safe and in good working order, maintenance checks should be undertaken in accordance with legislative requirements/best practice guidance. (See requirement 1)

Where audits had been completed by external professionals, we did not see that action plans to address deficits had been completed. We were concerned about aspects of fire safety. These were reported to Scottish Fire and Rescue Service during the inspection. (See requirement 1)

Mattresses and bedding were clean with replacements provided where necessary. Some furnishings, fixtures, fittings and flooring in shared spaces and in some bedrooms were unacceptable. To promote the comfort safety and dignity of people furnishings and equipment should be adequately cleaned. (We have made a requirement relating to this in key question 1 of this report)

To ensure the comfort and dignity of people a comprehensive audit of the care home environment should be completed. The outcome of this should be used to inform a detailed environmental improvement plan. (See requirement 1)

Requirements

1. By 8 August 2022, the provider must ensure that people experience an environment that is safe, well looked after with tidy and well-maintained premises, furnishings and equipment. To do this the provider must, but not be limited to:

- a) Undertake a comprehensive environmental audit to identify where improvements are required and implement a detailed environmental improvement plan.
- b) Undertake an environmental risk assessment and implement appropriate risk reduction measures.
- c) Ensure the laundry room is in a good state of repair and fit for purpose.
- d) Ensure sufficient hot water in people's bedrooms and communal bathrooms, if this is not possible set out a plan and agreed timescale by which this can be achieved.
- e) Review maintenance systems to ensure essential health and safety checks are carried out and remedial actions are taken where deficits are identified.
- f) Ensure windows restrictors comply with current HSE guidance.

This is to comply with Regulations 4(1)(a)(d) (Welfare of Users) and Regulation 10(a)(b)(c)(d) (Fitness of Premises) 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: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement.

People should expect their personal plan to reflect their needs, wishes and choices. Care plans lacked sufficient, up to date and person-centred detail, to direct staff to provide appropriate safe and consistent care. This meant that people could not be assured that they would receive the care and support that was right for them.

Expected health assessment tools were not being used to update care plans and risk assessments. This has the potential to lead to negative health outcomes for people.

Management audits of care plans had not been completed. These should be completed to identify deficits and inform an action plan to improve practice in this area.

Requirements

1. By 8 August 2022, the provider must ensure service users' health, safety and social care needs are appropriately assessed, documented and effectively communicated between all relevant staff and met. This must include, but is not limited to ensuring that:

- a) Staff complete and record an accurate assessment of individuals' health, physical and mental health needs. This must include, but is not limited to - risk of falls, nutritional needs, continence/ skin care needs, covert medication and stress and distress.
- b) Support plans are implemented, and care is delivered in accordance with the assessed needs of each individual service user.
- c) Improved monitoring and review systems are implemented to evaluate the effectiveness of care interventions and the outcomes used to direct staff on how to support people.

This is to comply with Regulations 4(1)(a) (Welfare of Users) and 5 (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

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

To enable people to spend their day doing what they enjoy and what they want to do, the manager should support staff to deliver more meaningful activities and regular access to the outdoor spaces for people living in the home.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

This area for improvement was made on 1 July 2019.

Action taken since then

Key Question 1 of this report details our findings. This is now subject of a requirement.

Previous area for improvement 2

The service should support staff to undertake the Step into Leadership programme relevant to their role to ensure that the service remains well-led and managed.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I use a service and organisation that are well led and managed". (HSCS 4.23)

This area for improvement was made on 1 July 2019.

Action taken since then

Key Question 2 and 3 of this report details our findings relating to leadership and staff training. This is now subject of a requirement.

Previous area for improvement 3

The service should encourage people to take part in the selection of new staff and enable them to have confidence in the organisation that provides their care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I can take part in recruiting and training people if possible". (HSCS 4.9)

This area for improvement was made on 1 July 2019.

Action taken since then

Recruitment practice followed safe recruitment guidance, however, there was no evidence that people had been encouraged to take part in the selection process of new staff.

This area for improvement was repeated.

Previous area for improvement 4

The service should review the induction process for new staff to ensure it is standardised and provides staff with the skills and competence required for their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "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 1 July 2019.

Action taken since then

Key Question 3 of this report refers to our findings on staff training and induction.

This area for improvement was repeated.

Previous area for improvement 5

The service should explore the best way to get the most from the garden areas and enable people to freely and safely access the garden to use this outdoor space.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "If I live in a care home, I can use a private garden". (HSCS 5.23)

This area for improvement was made on 1 July 2019.

Action taken since then

Although, the weather was pleasant during the inspection people were not encouraged to use the outdoor space. The garden paving was uneven and presented a risk to people. To ensure people benefit from safe outdoor space remedial work is required. Key Question 4 of this report details our findings on the environment. This is now subject of a requirement.

Previous area for improvement 6

The manager should support staff to record and report in a way that is person-centred, outcome focused and identifies people's plans and goals.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "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 1 July 2019.

Action taken since then

Key Question 5 of this report details our findings on assessment and personal planning. This is now subject of a requirement.

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
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	2 - Weak
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	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

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