

Haydale Nursing Home Care Home Service

17 Corbett Street
Tollcross
Glasgow
G32 8LF

Telephone: 01417 788 678

Type of inspection:
Unannounced

Completed on:
9 June 2022

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361012

About the service

Haydale Nursing Home is registered to provide a care service to a maximum of 66 adults to include frail elderly and those with learning disabilities.

The service is owned and managed by Advinia Care Homes Ltd and is part of the Advinia Care Homes Limited group.

The service is situated in the Tollcross area of Glasgow, very close to shops, public transport links and other community resources.

There is a car park at the front of the property and enclosed gardens to the rear.
The service is provided over two floors with lift and stair access to the upper floor.

Dunlop is the older people's unit; Corbett supports older people and adults with learning disabilities and Sunnyside supports adults with learning disabilities.

Each floor has bedrooms with en-suite facilities (toilet and wash-hand basin), shared lounges/dining rooms, toilets, and bathrooms.

There were 50 people using the service during this inspection.

About the inspection

This was an unannounced inspection which took place on 06 and 07 June 2022.

The inspection was carried out by three 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 10 people using the service.
- Spoke with 4 relatives.
- Spoke with 16 staff and management.
- Observed practice and daily life.
- Reviewed documents.

Key messages

We observed kind and caring interactions between people living at the home and the staff.
 People living in the care home were supported to maintain relationships with those important to them.
 Staff were good at responding to the changing needs of people.
 The care home was clean and tidy with mainly good infection prevention and control practices.
 The management team were knowledgeable about aspects of the service which required improvement.
 The care planning systems needs to be improved, to reflect the more person-centred aspects of care planning and daily supports delivered

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced warmth, kindness, and compassion from staff. Care was given in a supportive manner at people's individual pace. This made people feel confident and not rushed with what they were doing.

People told us they felt happy living in the home and were able to make choices. One person supported told us, "I like living here and the staff are great".

Refreshments and snacks were available for people throughout the day. The meals served within the home were of a good quality and looked appetising. Equipment such as warming plates and plated guards was used where required to support people. Meal choices were available and different diets were catered for. People could choose where they ate their meals, dining rooms were one of the options. This offered people a social aspect to their mealtime. We did suggest the service review the overall mealtime experience and consider how meals were presented, have an available menu and the dressing of dining tables.

People were supported to maintain relationships with those important to them. Relatives spoke positively about the care homes approach to "Open with Care" guidance and visitors were able to visit without restriction. There were appropriate infection prevention and control (IPC) safeguards in place for visiting. This meant the risk of infection was reduced.

One person told us "Visiting is good, I can visit at any time". Another person said, "The home is amazing, I can't fault them". Another relative told us, "Things have got better in the service, although communication from management could be improved".

The service had also set up a social media page which relatives told us was useful for informing what had been recently happening in the service.

Activity and care staff coordinated various activities to meet the social and recreational needs of people supported. Some had been supported to access the local community and a variety of activities within the home had been arranged. These included walks in the local community, a music group and a gardening group. This helped to improve peoples' wellbeing and social connections.

The service had good links with the local health and care services. Changes in people's health and wellbeing were referred to health and social care professionals, including the GP and community health teams, in order to help keep people well. People could be confident of appropriate arrangements being in place to support them with their medication. Some work was still required to ensure the care plans include more detail to how individual needs will be met.

The service had enhanced their IPC practices. Cleaning schedules were in place and described the cleaning that occurs across the home. Frequently touched areas and deep cleans were being carried out in the service. We found the home and equipment, within it, to be clean and in a good state of repair. The housekeeping staff were knowledgeable about the cleaning products and the schedules for using them.

There was a clear process in place for the management of laundry, staff spoken to were knowledgeable of good practice guidance.

Staff had access to sufficient personal protective equipment (PPE), however, this was not always being used appropriately. This needed to be improved to help protect individuals from the risk of infection (see area for improvement 1).

Areas for improvement

1. The management of the service should ensure that all staff consistently practice to the IPC guidance around PPE use and the safe use of face masks.

This ensures 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 leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a new manager in place since the last inspection and a transitional period was planned for the manager, to be supported in the role. The management team had a clear understanding of their role in monitoring practice and identifying, directing and supporting improvement activities.

Observations of the environment and staff practice are regularly being undertaken to assess areas including, the environment, bedrooms, PPE stations, IPC staff practices with actions taken if issues picked up on.

There was evidence of senior staff leading reflection and learning following accidents and incidents, to drive a culture of continuous improvement. Staff at all levels felt that the organisation was supportive and learning from mistakes was encouraged.

Care plan audits were taking place, though not fully completed, good progress was being made and there was some evidence of improvements made to care plans from these. We discuss this more in key question 5.1.

There were good systems for monitoring and auditing standards of care and the environment. Including, clinical care planning and regional manager overview. Quality assurance audits were in place which meant standards within the home were being evaluated to drive change. This meant people experiencing care could be confident the home had a culture of continuous improvements.

We had not been notified of recent significant breakdown of equipment in the service such as, the dishwasher, bath and the contingencies in place to manage these. The management team acknowledged this and agreed this needed to be improved on.

The management team demonstrated a clear understanding about what is working well and what improvements are needed, to ensure that the needs, outcomes and wishes of people living in the service are the main drivers for change.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The staff team were a mix of experienced staff who had worked at the home for a considerable time, and some staff who had commenced at the home within the last year.

Staff were courteous, friendly, and interactions between staff and residents were warm and caring. People benefited from positive relationships, and this made the care home a pleasant place to be supported.

Staffing arrangements were decided by regular assessment of peoples' nursing and care needs. We found that there were sufficient staff to respond to peoples' needs, particularly where people experienced stress and distress. Staff at all levels felt that they had the knowledge and skills to do the job, but at times felt staffing resources impacted on their performance or how they supported people. The management team was working to try and resolve this.

Staff described how they would recognise the symptoms of COVID-19 in themselves and in a person being supported. They knew when it was safe to go to work and when to stay at home.

Staff spoke positively about the current teamwork in the service.

The majority of the staff had completed training via an online platform or in person. This included core areas such as, safe people handling, infection control, dementia, diabetes, adult support and protection and fire safety. There was also evidence of personal planning training and reflective accounts from a recent upheld complaint, these were found to be of a good quality. This helps staff to improve practices.

To ensure people receive support in accordance with current best practice guidance, staff would benefit from training in conditions people supported in the service live with such as, Parkinson's and Multiple Sclerosis. A staff training needs analysis would help to prioritise specific staff with training relevant to their role and training needs.

Staff recruitment procedures sampled were found to be safe. Staff are mainly registered with NMC or SSSC and there is a regular management overview of this.

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

The home was clean and tidy and housekeeping staff worked hard to maintain this.

Communal areas offered people the opportunity to meet others and provided space for people to spend time out of their bedrooms. These were well furnished and clean.

The layout of the building gave staff and residents a degree of flexibility for activities, quiet time, and social gatherings. The large garden area at the back of the building, had various seating areas available within the outdoor space to relax in and this was being well used during the inspection. People could access the garden independently to spend time outside in the fresh air and a group activity took place in the afternoon as well as family visits.

People's bedrooms were generally clean and tidy. The bedrooms we visited were good in size and some contained people's home furnishings. Personal belongings decorated people's bedrooms to make them more personalised. This helped make the care home a pleasant place to live.

Records for the ongoing maintenance of the environment and equipment were organised well. Environmental and equipment checks had been regularly completed by maintenance staff.

We did have some environmental concerns we had to bring to the attention of the management and staff team. Appropriate actions were taken to address these during the inspection. We did suggest that there was a need for a wider environmental audit and improvement plan of the service due to some of the issues picked up during the inspection.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

People had personal plans in place to varying degrees which outlined how their health and care needs would be met. The service had recently moved to electronic personal plans and staff used handheld devices to input information on the care and support delivered to each individual. However, there was not enough of the devices available in the service for staff to input the care delivered. During the inspection, the management team looked to source more devices.

We found not all the personal plans were being regularly evaluated and updated when changes took place. Management audits were picking up on some of the gaps in personal plans and improvements were seen to have taken place once identified.

Some staff felt the service has been impacted on by all the recent changes that had occurred in the personal planning and medication systems. The pace of change may have affected the quality of these due to the timing of putting these in place.

On sampling food, fluid and personal care chart recordings, there were gaps in these and times when individuals had not met the individual fluid target level. There appeared to be no oversight or actions taken to address this or ensure the individual had enough to drink. To be confident that individuals received appropriate support with their nutritional and hydration needs this should be improved (see requirement 1).

Requirements

1. By 01 September 2022, the provider must ensure that each person's personal plan sets out how their health, safety and welfare needs should be met. To do this, the provider must, as a minimum:

- a) Ensure that people's personal plans are accurate, sufficiently detailed, reflect the care planned or provided and are regularly evaluated to ensure they remain effective.
- b) Ensure staff are confident in maintaining clear and accurate recordings of all care interventions, including daily supports, in line with providers policy and procedure, and best practice guidance.
- c) Ensure that people are fully involved in developing and reviewing their personal plan. A copy of the plan should be available to the person when they wish.

This is to ensure that care and support is consistent with 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 'My care and support meets my needs and is right for me' (1.19).

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).

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

Requirements

Requirement 1

By 31 March 2022 the provider must ensure that each person's care plan sets out how their health, safety and welfare needs should be met.

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

- a) Ensure that documentation, including pre admission assessments are accurate, sufficiently detailed and reflect the care planned or provided,
- b) Care plans must be evaluated to ensure the care and support remains effective,
- c) Provide training so that staff are aware of their responsibility in maintaining accurate records, the use of healthcare assessment tools including pain assessment tools and MUST (malnutrition universal screening tool),
- d) Ensure that staff know and adhere to the provider's policy,
- e) Demonstrate that managers are involved in monitoring and the audit of records.

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 that care and support is consistent with 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).

This requirement was made on 1 December 2021.

Action taken on previous requirement

During the inspection, we could see the provider had moved the personal plan documentation to an electronic based system. The management team explained to us the new admission checklist designed and how this is used. Audits are completed shortly after 72-hour period to ensure people's needs are known and how these are to be met.

The providers admission and discharge policy has been signed by required staff. Some staff had been provided with a range of essential online training courses and face to face training opportunities and this included, person centred training and effective record keeping.

However, we found that there was at times a lack of detail of support around the care and support provided consistent to meeting the individual's care needs. These included, no body maps completed on admission, lack of support plans in key areas such as medication and continence. Daily recordings of care and support needs to be improved to evidence the care delivered and any actions taken when care and support is refused, or persons nutritional targets are not met.

This requirement has not been fully met. We have therefore repeated the parts not met. (see 'Assessment and care planning reflects people's outcomes and wishes', Requirement 1).

Not met

Requirement 2

By 31 March 2022 the provider must make proper provision to ensure the health, safety and welfare of people using the service.

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

- a) Record and report all accidents and incidents that are detrimental to the health & welfare of people using the service to the relevant regulatory bodies, including the Care Inspectorate,
- b) Investigate the root cause of all accidents and incidents in a timely manner,
- c) Put in place preventative support plans for service users involved in accidents and incidents that demonstrate that the service has used the learning to improve outcomes for individuals.

This is in order 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This requirement was made on 1 December 2021.

Action taken on previous requirement

During the inspection, we could see from records, any accidents and incidents had resulted in a root cause analysis being completed. Measures and equipment were put in place where appropriate.

The management team have a weekly clinical oversight meeting and reports are generated. Good communication between management and the clinical team. Outcomes from other audits are fed into this oversight meeting such as personal plan audits.

From the evidence sampled, we concluded that this requirement has been met.

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

The provider should ensure that people experiencing care's nutritional needs are met effectively. In order to achieve this, the provider should, as a minimum:

- a) Ensure that dietary recommendations are accurately met;
- b) Ensure that daily food charts reflect accuracy on what a resident's intake is, along with other supporting evidence;
- c) Ensure that staff have a clear understanding of accurate recording in relation to residents' dietary monitoring.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

This area for improvement was made on 1 December 2021.

This area for improvement was made on 1 December 2021.

Action taken since then

During the inspection, we found that there was at times a lack of detail of the support care and support provided in meeting individual's nutritional and hydration needs. We have therefore incorporated this area for improvement into a requirement (see 'Assessment and care planning reflects people's outcomes and wishes', Requirement 1).

Previous area for improvement 2

To ensure good outcomes for people experiencing care, the service should ensure they have the appropriate equipment available to meet the needs of people experiencing care and support.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 9 November 2021.

This area for improvement was made on 9 November 2021.

Action taken since then

During the inspection, we saw that there were a wide range of equipment on offer for people. Please see "How well do we support people's well-being" for more detail. This area for improvement has been met.

Previous area for improvement 3

To ensure good outcomes for people experiencing care, the service should ensure the care plan contains clear and accurate risk assessed information about an individual's care and support needs.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services (HSCS 1.28).

This area for improvement was made on 9 November 2021.

This area for improvement was made on 9 November 2021.

Action taken since then

During the inspection, we found personal plans sampled did have risk assessment information about person's individual care and support needs, these were regularly being evaluated and updated. This area for improvement has been met.

Previous area for improvement 4

To ensure good outcomes for people experiencing care the service should ensure individuals are registered with a GP when they are admitted to the service without delay.

This is to ensure care and support is consistent with 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).

This area for improvement was made on 9 November 2021.

This area for improvement was made on 9 November 2021.

Action taken since then

During the inspection, we found no evidence that people when admitted had not been registered with a GP. We therefore considered this area for improvement to be met.

Previous area for improvement 5

To ensure good outcomes for people experiencing care, the service should ensure staff are appropriately trained to meet the health and care needs of individuals they care for.

This is to ensure care and support is consistent with 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).

This area for improvement was made on 9 November 2021.

This area for improvement was made on 9 November 2021.

Action taken since then

This area for improvement was assessed as being met. See 'Staff have the right knowledge, competence and development to care for and support people?' for details.

Previous area for improvement 6

To ensure good outcomes for people experiencing care, the service should ensure the care plan and risk assessments contain clear and accurate information about the equipment individuals require.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.17).

This area for improvement was made on 9 November 2021.

This area for improvement was made on 9 November 2021.

Action taken since then

During the inspection, we found personal plans sampled did have risk assessment information about equipment individuals required to help meet their needs, these were regularly being evaluated and updated. This area for improvement has been met.

Previous area for improvement 7

To ensure good outcomes for people experiencing care, the service should consider how COVID-19 infection control guidance can be adhered to, when individuals are admitted to the service and in isolation.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 9 November 2021.

This area for improvement was made on 9 November 2021.

Action taken since then

This area for improvement was assessed as being met. See 'How well do we support people's wellbeing?' for details.

Previous area for improvement 8

To ensure good outcomes for people experiencing care, the service should keep accurate records and follow up actions of all complaints/concerns raised.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me (HSCS 4.21).

This area for improvement was made on 9 November 2021.

This area for improvement was made on 9 November 2021.

Action taken since then

No complaints have been received since the last inspection; the management team were able to demonstrate how complaints would be managed. This area for improvement was assessed as being met.

Previous area for improvement 9

People should receive support with personal hygiene that respects their preferences and choices and maintains their dignity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'. (HSCS 1.23)

This area for improvement was made on 5 March 2021.

This area for improvement was made on 5 March 2021.

Action taken since then

During the inspection, we found that there was inconsistency at times of the care and support provided in meeting individual's personal care needs. We have therefore incorporated this area for improvement into a requirement (see 'Assessment and care planning reflects people's outcomes and wishes', Requirement 1).

Previous area for improvement 10

The service should further support people to be fully involved in all aspects of the service. This includes, being involved and giving their views in the recruitment of new staff. They could also be involved in giving their views of existing staff through staff annual appraisals and supervision meetings. This supports 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 (HSCS) which state: 'I can take part in recruiting and training people if possible'. (HSCS 4.9)

This area for improvement was made on 5 March 2021.

This area for improvement was made on 5 March 2021.

Action taken since then

Progress has been limited in meeting this area for improvement, due to the restrictions in place as a result from the COVID-19 pandemic. We have therefore repeated this to be assessed at the next inspection of the service.

Previous area for improvement 11

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 (HSCS) 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 5 March 2021.

This area for improvement was made on 5 March 2021.

Action taken since then

This area for improvement was assessed as being met. See 'Staff have the right knowledge, competence and development to care for and support people?' for details.

Previous area for improvement 12

In order to ensure that people receive care and support which is personal to them, the manager should ensure that people are fully involved in developing and reviewing their personal plan. A copy of the plan should be available to the person when they wish.

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

state: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change'. (HSCS 1.12)
'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'. (HSCS 2.11)

This area for improvement was made on 5 March 2021.

This area for improvement was made on 5 March 2021.

Action taken since then

During the inspection, we found that there was at times a lack of evidence of people being involved in developing and reviewing their personal plan. We have therefore incorporated this area for improvement into a requirement (see 'Assessment and care planning reflects people's outcomes and wishes', Requirement 1).

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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