

Greyfriars Care Centre Care Home Service

2 Hamilton Road
Glasgow
G32 9QD

Telephone: 01417 783 132

Type of inspection:
Unannounced

Completed on:
4 August 2022

Service provided by:
Keane Premier Healthcare Glasgow
Limited

Service provider number:
SP2018013243

Service no:
CS2018371797

About the service

Greyfriars Care Centre is registered to provide a care service to a maximum of 27 older people. This is inclusive of five places for long term/respite care for those aged 55 years and above. The provider is Keane Premier Healthcare Glasgow Limited.

The service provides care to older people who are physically frail and can also provide care for people who have mental health problems who require nursing assistance with personal care and social needs.

The home is situated in a residential area in the east end of Glasgow. It has access to its own minibus and is located within easy reach to public transport and local shops.

The accommodation comprises of 26 single bedrooms over three floors. All bedrooms have en-suite facilities, two have ensuite showers.

Communal sitting areas are provided on each floor within the home. There is an enclosed fenced garden at the side of the building. A small care park provides parking for visitors.

About the inspection

This was a full, unannounced inspection which took place on 2, 3 and 4 August 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 five people using the service and spent time in the company of others who were less able to provide verbal feedback. We spoke with eight relatives or friends of people living at the service. We spoke with 11 staff and management, observed practice and daily life and reviewed documents.

Key messages

- Various activities were available to residents both in house and within the community to provide routine and stimulation.
- Gentle exercise and movement was encouraged.
- Care staff were kind and considerate in their interactions with residents.
- Some quality assurance systems needed to improve to ensure positive outcomes for residents.
- Care plans needed to improve to reflect people's current needs and wishes.
- The new manager and deputy manager were keen to progress the improvements needed at this 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?	4 - Good
How good is our leadership?	3 - Adequate
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, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

We observed residents taking part in a variety of activities during our visit, some helped promote movement, gentle exercise and hand eye coordination. This helped stimulate social interaction, communicating and concentration.

Some residents had enjoyed activities out of the service, including trips in the minibus and walking football at Hampden football stadium. We heard about themed activities that related to topical events such as Wimbledon and the Commonwealth Games. This helped keep people connected and orientated to current affairs.

We were interested to hear about how the service had used technology, specifically the use of the VR (virtual reality) headset to provide different opportunities to people with dementia.

There were minimal restrictions to visiting in line with current guidance. Relatives we spoke with were happy with the quality of visiting. This meant that residents could stay connected to those important to them, helping to have a positive impact on their wellbeing.

Relatives spoken with were positive about the communication from the service and we saw that an open day, relatives' meetings and a social media page helped keep people informed.

We observed that care staff were kind and caring in their interactions with residents who appeared relaxed in their company. Relatives were positive in their feedback about staff. One relative commented "not only do they have a good relationship with my mum and the residents, I also trust them".

Staff we spoke with were knowledgeable about people's needs and wishes. This contributed to people receiving care that was right for them.

Staff carried out regular clinical observations to identify and manage any health risks at an early stage. Daily flash meetings and clinical meetings helped ensure that concerns were communicated and actions prioritised.

We observed mealtime experiences. Overall these were positive with residents appearing to enjoy meals that looked appetising. Staff provided support to people who needed assistance. We did highlight some areas that could be improved this included providing menu choices in different formats and reviewing the time of the evening meal.

Housekeeping staff worked tirelessly to ensure that the home was clean and free from offensive odours. This contributed to a safe environment for residents, staff and visitors.

We observed that all staff used PPE (personal protective equipment) appropriately and there were sufficient supplies available throughout the home.

How good is our leadership?**3 - Adequate**

We evaluated this key question as adequate. While some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

We sampled a range of quality assurance systems that helped promote improvements at the service. This included the findings from audits and input from external partners. The services improvement plan reflected the improvements identified through these processes and we could see that progress had been made.

Staff supervision was up to date and improvements had been made to infection prevention and control training compliance rates. This ensured that staff had access to development opportunities and guidance to assist them in their role.

Shift handovers, daily flash meetings and staff meetings all contributed to keeping staff informed and up to date with any changes.

Systems could be improved to ensure that referrals to external health professionals are followed up timeously and care plans consistently updated following incidents, falls and changes in people's health.

Whilst, we found that there were systems in place for recording accidents and incidents there were gaps in information within daily notes. This meant that key information was not always available to inform risk assessments or onward referrals. We discuss this further under the section 'How well is our care and support planned'.

Useful aids such as the falls safety cross was being used however had been reinstated after a period where there were gaps.

We discussed at length the consequence of an admission to the service that had not been well managed. We could not see satisfactory evidence that consideration had been given to the appropriateness of the environment for the individual or that staff had sufficient skills and knowledge to meet their needs. See requirement 1.

We asked the provider to review handwashing arrangements in domestic service rooms and sluices to ensure that this was consistent with current guidance on Infection Prevention and Control (IPC) management. We also suggested that further development of the IPC audit was needed to ensure that supplies of continence products and PPE are stored appropriately.

We felt reassured that the new manager and deputy manager had already identified the areas for improvement that we have highlighted within this report and were keen to address these.

Requirements

1. By 9 September 2022, the provider and management must demonstrate that they can effectively assess and meet the needs of all residents admitted to their service. To do this they must, at a minimum:

- Review the pre admission assessment and admission policy.
- Ensure that there is a robust process to agree admission for people who have complex needs.
- Clarify the role of senior management in the admission process.
- Ensure that all pre admission paperwork is fully completed and available prior to admission.
- Evidence the input from all stakeholders prior to admission.

- Demonstrate the learning from previous any unsuccessful admissions.

This is to comply with Regulation 4(1)(a) 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 which state that: "My care and support meets my needs and is right for me" (HSCS 1.19) and "I am in the right place to experience the care and support I need and want" (HSCS1.20).

How good is our staff team?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

We observed that staff engaged naturally with residents and were respectful in their interactions. This helped residents feel safe and valued. One relative commented "the staff are phenomenal" another said "staff go above and beyond their role".

During our visit, staff were available in sufficient numbers to meet people's assessed needs. The service regularly reviewed people's dependencies to ensure appropriate staffing levels and skill mix.

There were opportunities for career progress within the service and this helped promote leadership and retention. The provider agreed to revisit champion roles.

Staff spoke positively about the training they received and induction training touched on key areas including adult support and protection and dementia. This ensured that staff had access to development opportunities to be able to support people with both confidence and competence.

Staff we spoke with were knowledgeable about the people they were supporting and familiar with their routines and preferences. This promoted person centred care.

Staff had opportunity to express their views through supervision, staff meetings and managers were accessible.

The nurse role provided additional skills and knowledge that enhanced the care provided by support staff, further promoting positive outcomes for people living at the service.

How good is our setting?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

We found communal areas to be bright and comfortable and corridors were well lit helping people to move around safely.

To orientate people, we asked the provider to introduce references to the day and season. Some signage was pictorial and at eye level, this helped to direct people to where they wanted to go.

We felt that information about activities and meal choices needed to be more prominent and provided in formats suitable to meet everyone's needs.

We asked the provider to revisit the "Kings Fund Tool" to identify further action needed to improve the environment and support the needs and outcomes of people living with dementia.

Bedrooms, although small, were tidy and personalised and all had an ensuite toilet, promoting people's comfort and dignity.

Accessible outdoor spaces were available and we saw residents enjoying lunch and visits taking place outdoors. This meant that there were opportunities for people to spend time in different surroundings.

There were systems in place to maintain the environment and equipment used within the home and this helped promote a safe environment. Whilst overall, the home was clean and tidy, we highlighted some furniture that would benefit from further cleaning.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

This was another area where the new management team had already identified the improvements needed.

We sampled care plans and found that the quality of information was variable. Some were detailed whilst others were light on information. Some we looked at did not reflect accidents that had taken place and there were instances where there had been a delay in updating the plan following a change in health. See area for improvement 1.

We saw some care plans that had not been updated for a considerable length of time. This meant that staff did not have the most up to date and relevant information to guide the appropriate care needed. See area for improvement 1.

People's wishes in the event of changes in their health could be more detailed. This will ensure that people receive the support they need at this time. See area for improvement 1.

We discussed the need to standardise paperwork to ensure a consistent quality of information. Some care plans had not been dated or signed.

We found that information about incidents was not always recorded in daily notes. This could mean that important information may not be passed on to staff, health partners and relatives.

The monthly evaluation of care needed to be more descriptive, outcome focused or evaluative. This will be a more robust approach to ensuring that the care people receive continues to be right for them.

There was evidence that advice was being followed following contact with health professionals. Generally contact with family was well documented where there were changes in a person's health or following an accident.

Where people were prescribed "as required" medication, more detail about the outcome of administration would help to evaluate the effectiveness and provide useful information to assist in the review of medication.

Areas for improvement

1. The service should improve personal plans and associated review documents to ensure that they are detailed, up to date and outcome focused. This will ensure that care and support is informed by plans that reflect each person's current and future needs, choices and wishes.

This ensures 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)

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

When a person experiencing care is identified as at risk of malnutrition or dehydration staff should ensure that accurate records are kept in regard to food and fluid intake. Records should be monitored and reviewed and should be recorded in a manner that is easy to audit.

This is to ensure care and support is consistent with Health and Social Care Standard which states "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

This area for improvement was made on 10 January 2022.

Action taken since then

This area for improvement was made following an upheld complaint.

We sampled food and fluid monitoring records and found that there were regular entries by staff. Food monitoring charts were detailed and the fluid charts we looked at had targets set and daily intake was totalled. Whilst people were generally meeting or exceeding their targets we identified gaps in overnight recording. The manager agreed to address this.

This area for improvement has been met.

Previous area for improvement 2

To ensure effective communication with the family of people experiencing care, the care plan should confirm when the family should be contacted and all communication should be accurately recorded.

This is to ensure care and support is consistent with Health and Social Care Standard which states "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

This area for improvement was made on 10 January 2022.

Action taken since then

This area for improvement was made following an upheld complaint.

We saw good evidence of contact with families recorded in people's care plans. We were advised that staff would contact families following an incident, accident or change in a persons health unless families had stated otherwise.

This area for improvement has been met.

Previous area for improvement 3

People experiencing care should be confident they are supported and cared for by staff who involve other healthcare professionals as required. To ensure people's care needs are effectively supported when falls occur and injuries are sustained, the care service should ensure external health professionals are contacted and appropriate treatment is provided.

This is to ensure care and support is consistent with Health and Social Care Standard which states "I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13).

This area for improvement was made on 10 January 2022.

Action taken since then

This area for improvement had been made following an upheld complaint.

We saw evidence that the staff at the service consulted health partners where there were concerns about changes in people's health, including where people had reached the threshold for onward referral following a fall or falls. Overall, advice from health partners was being followed. We did find an occasion where a referral to a health partner had not been followed up. We have asked the provider to strengthen their quality assurance systems to minimise the risk of this happening again.

We were satisfied that this area for improvement had been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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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Care Inspectorate
Compass House
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Dundee
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