

Quayside Care Home Service

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Type of inspection:
Unannounced

Completed on:
1 March 2023

Service provided by:
HC-One No. 1 Limited

Service provider number:
SP2016012770

Service no:
CS2016349826

About the service

Quayside care home is registered to provide care to a maximum of 174 older people. The provider is HC-One No. 1 Limited. There were 110 people living at the service at the time of this inspection.

Quayside care home is a purpose-built facility within the Yoker area of Glasgow and is close to local amenities and transport links.

The home has six separate units, each providing single bedroom accommodation. Two units, Waverly and Iona remained closed at the time of the inspection. All bedrooms have en-suite facilities. There is a communal sitting room and dining area in each unit.

All units are on ground level with accessible enclosed garden areas for the use of people who live in Quayside and their families. Parking is available within the grounds of the home.

About the inspection

This was an unannounced inspection which took place on 28 February and 1 March 2023. 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 18 people using the service and spent time in the company of others less able to provide verbal feedback. We spoke with 14 of their relatives or friends. We spoke with staff from all departments including housekeeping, catering and maintenance staff. We spoke with wellbeing staff, nurses, carers, nursing assistants senior carers, the administrator and the management team.

We observed practice and daily life, reviewed documents and spoke with one visiting health professional.

Key messages

- Staff were good at developing positive and supportive relationships with people living at Quayside.
- Staff were responsive to people's health needs.
- Systems in place helped to manage the quality of service and drive improvements.
- The carpets and furniture in some of the units urgently needed to be replaced and the environment would benefit from a cosmetic upgrade to enhance people's experience.
- Care plans needed to be improved further.

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?	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?

4 - Good

We evaluated this key question as good. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed care and housekeeping staff interacting naturally with residents. All demonstrated warmth and kindness towards people, contributing to them feeling valued and secure.

We saw that people were well presented and personal care was provided both promptly and discreetly, promoting people's dignity.

We observed the mealtime experience; overall, this was a pleasant one. People could enjoy the interaction with their peers. Residents received the support they needed, at a pace that suited them. We noted that some people were seated in anticipation of their meal for some time in advance of receiving this. This had the potential to contribute to a less enjoyable experience and we asked the manager to review this.

Visual food and drink options were presented and helped with decision making. This was especially beneficial for people living with dementia, supporting them to make choices they may otherwise have found difficult. We saw people enjoying the meals on offer. Tables were nicely set with tablecloths and condiments, enhancing the experience.

We suggested improvements to the presentation of textured meals to make these more visually appealing and appetising.

Drinks and snacks, including home baking, were on offer throughout the day. This helped promote hydration and ensure people were taking sufficient calories to maintain or increase their weight, appropriate to their assessed need. Monitoring charts for food and fluid intake were well completed throughout the day and overnight. This provided the information needed to ensure that interventions were effective and any concerns could be addressed to help maintain good health. 'Menu looks good and snacks regularly, mum is putting weight on no complaints about the food at all', was a comment made by one relative.

We saw that staff were responsive to people's health needs. The service benefitted from well established links to health professionals. It was clear that staff were proactive about accessing specialist support and advice in response to people's changing health care needs. This helped ensure that people received the most appropriate care.

We noted that clinical assessments were being carried out monthly to identify risks for individuals. This included the risks associated with weight loss, skin integrity issues and the risk of falls. The outcomes of clinical assessments were being used to inform effective and agreed plans of care to minimise identified risks.

Wound care was well managed with photographic evidence retained. This helped evaluate the effectiveness of treatment. Where necessary, referrals were made to the podiatrist for specialist input.

We met with visitors during the course of this inspection who were generally positive in their feedback about the quality of care provided by staff at Quayside. Improvements identified related to providing more stimulation to those residents who were less able.

Visitors said that they were always made to feel welcome and could visit whenever suited them, with the exception of mealtimes, unless providing support with this. This helped people maintain contact with those important to them.

We spoke with the wellbeing team and observed some of the activities on offer for people in each of the units. It was also good to see external input supporting activities to promote exercise and movement. Pet therapy was a regular feature that people enjoyed and visitors also appreciated being able to bring their pets along at visits.

Residents came together from other units for some activities. This helped them to connect to the wider community within the home, and activities on offer helped promote social contact and combat boredom and loneliness.

The manager and area manager spoke about forthcoming activities to bring family members together. We suggested they continue to explore ways to promote contact with both families and the local community.

How good is our leadership?

4 – Good

We evaluated this key question as good. There were several important strengths which, taken together, impacted positively on outcomes for people and clearly outweighed areas for improvement.

We reviewed a range of quality assurance systems that helped the provider both maintain and improve the standards of care provided at the service. This included systems to support staff practice and development, and systems to ensure residents, staff and visitors' safety and wellbeing.

We saw that the clinical service managers and the service manager had an overview of clinical concerns. Daily flash meetings provided a forum to discuss any new concerns and to anticipate and manage risks proactively.

Infection prevention and control was well managed with the support of a knowledgeable and hard working housekeeping team. This contributed to reducing the potential for transmission of infections.

Having maintenance staff on site ensured that repairs that did not require specialist trades could be quickly attended to.

Units were well managed with the effective deployment of staff and good teamworking.

The manager acknowledged that staff had not received supervision as frequently as expected. However, an open door policy and the direct observation of staff practice helped ensure expected standards were maintained. We heard that a new supervision approach was being introduced.

There was opportunity for staff to express their concerns and suggestions at team meetings. To ensure opportunity for the valuable contribution of all staff, the manager was looking to facilitate team meetings with the night staff, as they were not well represented at the team meetings.

There were forums for residents to express their views and we were pleased to hear that it was the manager's intention to reinstate relatives' meetings.

How good is our staff team?

4 - Good

We evaluated this key question as good. There were several important strengths which, taken together, impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff were skilled at providing kind and compassionate care. We discussed the benefits of additional, advanced dementia training for staff. This will ensure that the workforce have the skill and knowledge, underpinned by research and best practice, to provide the most effective support and promote positive outcomes for people living with dementia.

Staff were provided with training in areas identified as key to them being able to perform within their role with confidence and keep people safe from harm. This included moving and handling, and adult support and protection training.

The management team encouraged staff to keep up to date with training and compliance rates in some topics were high.

International Dysphagia Diet Standardisation Initiative (IDDSI) training had been delivered to staff. This helped ensure staff had the most up to date information to provide continuous effective care for people with swallowing difficulties.

The roles of senior carer and nursing assistant provided leadership opportunities for staff and complemented the skills and knowledge of nursing staff and the wider team. The manager was keen for staff to develop within champion roles and this will benefit the individual staff member, the care team and people experiencing care.

How good is our setting?

4 - Good

We evaluated this key question as good. There were several important strengths which, taken together, impacted positively on outcomes for people and clearly outweighed areas for improvement.

Each unit had capacity to support 30 people in single bedroom accommodation. Bedrooms had en-suite facilities, promoting people's privacy and dignity.

People could choose to have a bath or shower and equipment was available to facilitate this for those who had poor mobility. Equipment for this use was clean and well maintained.

People could choose to spend time with others in the communal lounge/dining areas. Due to the limitations on space, it was requested that visits took place in people's bedrooms. We discussed the repurposing of smaller rooms within the units to provide additional spaces for residents and visitors to use. Accessible, enclosed gardens were also available for resident and visitor use, with appropriate seating provided.

Corridors were well lit, with contrasting handrails to support the mobility of people with visual and cognitive impairment. Within toilets, contrasting toilet seats helped support people living with dementia to be as independent as possible.

A nurse call system within each unit gave staff and residents the confidence that they could summon assistance where necessary.

Despite the efforts of housekeeping staff, carpets in some of the units were badly stained and retained malodours. This impacted on the overall experience for people living in those units, their visitors and staff, and urgently needed to be replaced to support effective infection prevention control management. We were assured that the planned refurbishment, which was delayed, was now imminent. In view of this, we have not considered it necessary to take further action. We will continue to monitor progress.

For relatives we spoke with, the quality of care and positive attitude of staff helped them to see beyond the issues within the environment.

During our visit, and after discussion with senior management, a repair to a leaking roof in one of the units was instructed.

There were some areas in need of cosmetic upgrade, including some of the bedrooms, senior management told us that they would address this.

We identified some damaged furniture, making effective cleaning difficult and asked the provider to take action to repair or replace these.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. There were several important strengths which, taken together, impacted positively on outcomes for people and clearly outweighed areas for improvement.

Each resident had a care plan that was individual to them. Information within care plans was up to date and regularly evaluated. This helped ensure people continued to receive the support they needed in a way that was right for them. Where risks had been identified through ongoing monitoring and clinical observation, there were associated care plans in place to help reduce these.

The outcomes from the care people received needed to be better recorded to ensure that the interventions and support in place were effective and meeting people's wishes and expectations. This was an area for improvement we identified at the last inspection. We concluded that this had not been met and have repeated it. See area for improvement 1.

The introduction of electronic care planning was anticipated. Although the management team were not, at the time of this visit, familiar with the content of this, were optimistic that there would be an emphasis on outcomes. See area for improvement 1.

Whilst care plans were clinical in focus and did not always give a sense of an individual and their assets beyond their assessed clinical needs, staff had a broader knowledge of the people they were supporting. This included important details about people's preferences and wishes that wasn't always reflected within care plans.

One page profiles were being introduced to guide staff and those we saw provided a useful summary of the support people needed.

We saw detailed information within the end of life wishes plans we sampled. This meant that people could be reassured that information about the care they hoped to receive in the event of a change in their health was recorded.

Relatives and representatives were involved in both formal reviews of people's care and informal discussions such as telephone updates. This meant there was opportunity for their valuable insights to inform the care people received.

Areas for improvement

1. To help residents identify what outcomes they wish to achieve with the support of staff, the service should develop, in partnership with residents and carers, outcome focused care plans and care reviews.

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).

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 ensure people's nutritional needs are well supported, the service should ensure accurate food and fluid monitoring. Monitoring charts should be reviewed regularly by senior staff to ensure they are completed accurately. In addition, records should demonstrate the follow up actions taken when referrals are made to external health professionals, to ensure they are up to date and reflective of changing healthcare needs.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: '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 17 October 2022.

Action taken since then

We made this area for improvement following a complaint that we upheld.

We sampled the food and fluid intake records of people who were being monitored. We found that these were well completed, evidencing that people were regularly encouraged to eat and drink. Where fluid

targets had not been achieved, this was highlighted at the handover to allow staff to take appropriate action. Records were frequently monitored by senior staff.

This area for improvement has been met.

Previous area for improvement 2

To ensure there are accurate records and effective communication with families/legal guardians and relevant representatives, the service should ensure all information shared and received is accurately recorded.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This area for improvement was made on 17 October 2022.

Action taken since then

We made this area for improvement following a complaint that we upheld.

We sampled the records of communication that staff had with relatives, friends and representatives. There was evidence of appropriate regular updates and people we spoke with concurred with this.

Following feedback we received, we asked the manager to ensure that staff are mindful only to share information with people who have the authority to receive it.

This area for improvement has been met.

Previous area for improvement 3

To ensure the health and safety of people living in the service and the effective maintenance of the premises, the provider should report and record all maintenance issues, including the remedial action taken as a result.

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

This area for improvement was made on 13 July 2022.

Action taken since then

We made this area for improvement following a complaint that we upheld.

We saw robust systems in place for the management of repairs. Where these could not be dealt with by maintenance staff on site, specialist trades were contacted.

The manager had added additional checks to an external environmental audit to improve quality assurance in that area.

This area for improvement has been met.

Previous area for improvement 4

To ensure the health and wellbeing of people experiencing care, staff should monitor and take prompt action to ensure access to medical services, so that any required treatment can be commenced without delay.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: '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 area for improvement was made on 13 July 2022.

Action taken since then

We made this area for improvement following a complaint that we upheld.

Where people required medical attention, this was sought timeously. The service benefitted for the established links with health partners.

This area for improvement has been met.

Previous area for improvement 5

The service should ensure all concerns and complaints are logged and that the policy is followed. This will result in service users' families being able to support services to improve outcomes for service users. It will also provide a record for auditing purposes.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9).

This area for improvement was made on 16 May 2022.

Action taken since then

This area for improvement was made following a complaint that we upheld.

Whilst there were no new complaints to sample, we were satisfied that, after reflection by the manager, there was a system in place to log all concerns and complaints.

This area for improvement has been met.

Previous area for improvement 6

To help residents identify what outcomes they wish to achieve with the support of staff the service should:

(1) develop, in partnership with residents and carers, outcome focused care plans and care reviews.

(2) ensure consent forms for the use of equipment that may be used for restraint, including a locked door policy, should be signed by the resident or their representative.

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).

This area for improvement was made on 26 November 2021.

Action taken since then

We saw that where equipment used may be for restraint, such as bed rails, this had been agreed by the person's relative or representative, therefore this part of this area for improvement has been met.

We saw that whilst care plans contained detailed information about how best to support people, the difference that support made was not consistently well documented. The manager was anticipating the introduction of an electronic care planning system, and whilst optimistic about the positive impact these would have, could not confirm that they would have a focus on outcomes. We have repeated this part of this area for improvement.

Previous area for improvement 7

The service should ensure that charts used to monitor fluid intake are consistently completed by staff and the information used to inform the planning of care and support.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 26 November 2021.

Action taken since then

Fluid charts sampled were well completed. Where targets were not being met, this was passed on to staff at each shift for appropriate action to be taken. Information obtained through monitoring was reflected within the eating and drinking support plans, and interventions were updated accordingly including any referrals made to health partners.

This area for improvement has been met.

Previous area for improvement 8

The service provider should carry out a formal evaluation of training to assess and monitor the quality of staff practice and competency to ensure that training influences and improves the support staff offer people living in the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 26 November 2021.

Action taken since then

We reviewed records of observed staff practice that the management team had completed. These had been used to identify staff competence in a number of areas and helped target any additional support staff needed. In addition to this, growth conversations were being introduced to support staff in their development and reflect on their practice.

This area for improvement has 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
1.2 People get the most out of life	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
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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