

Rawyards House Care Home Care Home Service

Motherwell Street
Airdrie
ML6 7HP

Telephone: 01236 761 611

Type of inspection:
Unannounced

Completed on:
6 November 2023

Service provided by:
RH Independent Healthcare Limited

Service provider number:
SP2003002430

Service no:
CS2003010591

About the service

Rawyards House Care Home has been registered with the Care Inspectorate since 1 April 2011 and is located in the Airdrie area of North Lanarkshire.

The service is provided by RH Independent Healthcare Ltd and is registered to provide care and support for up to 97 older people. Within its maximum number of placements, the service may also provide a care service to a maximum of 40 adults, who have dementia and a maximum of five who may be younger adults with a physical disability.

The accommodation is within a converted villa house and attached purpose-built extension, with an adjoining conservatory/lounge area. It is conveniently situated for public transport routes and is within walking distance of local shops and community amenities. There is access to outdoor seating areas depending on the weather and season.

All bedrooms are single occupancy most of which have en-suite facilities. Each unit had a lounge and separate dining room, or a lounge/dining room area. Smaller lounges are also in place. There is a lift in place to access all areas of the home.

At the time of the inspection, there were 72 residents using the service.

About the inspection

We undertook two unannounced follow up inspections which took place on 9 October 2023 and 6 November 2023 between the hours of 10:00 and 16:00. The inspections were to follow up on the requirements and areas for improvement that we made at our full inspection of 4 August 2023.

The inspection was carried out by one inspector 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 six people using the service;
- spoke with 15 staff members and management;
- observed practice and daily life;
- reviewed documents;
- obtained feedback from two visiting professionals.

Key messages

The falls recorded for the home have reduced after additional staffing were put in place;

Staff have opportunities to develop their role that is of benefit to colleagues and residents;

There are a variety of ways for residents and relatives to provide feedback on the service;

Management and staff are working positively with health care professionals who support 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	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 have re-evaluated the grade for the quality indicator "People's health and wellbeing benefits from their care and support" from a grade of 3 to a grade of 4 due to the improvements that have been made.

Further information can be found at the end of the report under the heading "Outstanding requirements".

How good is our leadership?

4 - Good

We have re-evaluated the grade for the quality indicator "Quality assurance and improvement is led well" from a grade of 3 to a grade of 4 due to the improvements that have been made.

Further information can be found at the end of the report under the heading "Outstanding requirements".

How good is our staff team?

3 - Adequate

We have re-evaluated the grade for the quality indicator "Staffing arrangements are right and staff work well together" from a grade of 2 to a grade of 3 due to the improvements that have been made.

Further information can be found at the end of the report under the heading "Outstanding requirements".

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

Requirements

Requirement 1

By 9 October 2023, to reduce risk of harm to people, action must be put in place to reduce the level of falls and incidents. In order to do this, the provider must:

- (a) Ensure that accident and incident records analyse trends and patterns that identifies when people are most at risk;
- (b) Ensure that risk reduction action plans are put in place as a result of (a)
- (c) Review and improve the level and frequency of monitoring people who are assessed as high risk of falls;
- (d) Ensure that analysis of information from audits are linked to staffing levels that are required.

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 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 requirement was made on 4 August 2023.

Action taken on previous requirement

There was evidence of good analysis of falls within the home that included the location, time of day and if the falls were witnessed. People who had a number of falls were referred to the falls team for support, and risk assessments were updated to reflect this. Monitoring equipment for movement and other measures/equipment were put in place to minimise risk to people. Staffing levels had been increased for the unit with the highest number of falls and risk. This had greatly reduced falls due to the additional monitoring that was available from staff.

This requirement has been fully met.

Met - within timescales

Requirement 2

By 9 October 2023 the service must ensure there are enough staff to meet the needs of people. In order to do this, the service must:

- (a) review staffing levels in the highest dependency unit
- (b) undertake observations at different times of the day to gather information around staff availability
- (c) consult and engage with staff during the reviews of staffing levels
- (d) analyse both (b) and (c) and take corresponding action that will result in (e) and (f)
- (e) ensure staff have enough time to engage with residents in a meaningful way
- (f) ensure there is enough staff to monitor and support people at high risk of falls/accidents/injuries.

This is in order to comply with regulation 15(a)(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 (HSCS) which state that: "My needs are met by the right number of people." (HSCS 3.15).

This requirement was made on 4 August 2023.

Action taken on previous requirement

There was insufficient progress and evidence to meet this requirement on 9 October 2023. We extended the date for this to be met to 6 November 2023.

The service had consulted with nurses and key staff in the highest dependency unit with regard to non direct care tasks that took time away from caring for residents. This included medication rounds, reviews of care, preparing notes for handovers and telephone calls and checking in medication. The service was able to demonstrate an additional staff member was needed each day to support the unit and this was actioned. We spoke with staff who told us this has made a difference to responding to people promptly and as previously highlighted, has reduced falls due to increased monitoring for people at risk. We spoke with staff from all of the units within the home who told us there was time to spend with residents meaningfully, over and above practical tasks. Observations of staff had been undertaken that evidenced staff were able to support residents with a pastime of their choice.

Met - outwith 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

People who are losing weight should have records in place to record their eating and drinking with planned action to be taken when intake is poor.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states "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 4 August 2023.

Action taken since then

Records evidenced an overview of people's weight loss for each unit. The overview indicated people who needed to be weighed weekly, who required food charts, and fortified diets to help increase weight. People were referred to the dietician where this was required in accordance with guidelines. We noted people were able to have a variety of snacks between meals and people could have meals at a time that they preferred, for example if people had a late breakfast they could then have a later lunch.

This area for improvement was met at our inspection follow up of 9 October 2023.

Previous area for improvement 2

Staff should have opportunities to develop their roles to support both staff and residents and drive key areas of improvement.

This is to ensure that 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).

This area for improvement was made on 4 August 2023.

Action taken since then

We spoke with staff who had taken on developmental roles within the home in areas of continence, nutrition, infection prevention and control and dementia. Additional training was provided. Staff told us that advice would be sought from colleagues when required. We spoke with other staff who told us they were undertaking enhanced SVQ qualifications. These areas of development provided additional skills, leadership and confidence to staff that would enhance people's care experiences.

This area for improvement was met at our follow up inspection of 6 November 2023.

Previous area for improvement 3

To support good communication and outcomes for people, actions should be recorded as a result of meetings that take place with staff, residents and relatives.

This is to ensure that care and support is consistent with the 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 4 August 2023.

Action taken since then

We looked at records of meetings for staff, residents and relatives at both of our follow up inspections on 9 October 2023 and again on 6 November 2023. The records included action plans and when actions were completed, this ensured people's voices were heard with regard to service improvement.

This area for improvement has been fully met.

Previous area for improvement 4

People and/or their welfare representatives should be offered a variety of methods to provide their feedback on the quality of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve." (HSCS 4.8).

This area for improvement was made on 4 August 2023.

Action taken since then

The service have introduced feedback cards for relatives, suggestion boxes and surveys. Meetings also take place for staff and residents.

This area for improvement was met at our follow up inspection of 6 November 2023.

Previous area for improvement 5

Anticipatory care planning should be discussed with all relevant parties and recorded to ensure end of life care meets the needs and wishes of people. This ensures that in the event of an unexpected decline in health, there is a plan in place to address this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.7

which states 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.'

This area for improvement was made on 4 August 2023.

Action taken since then

The service are working through plans for people and gathering information that is important to people and their families. This is a work in progress.

Previous area for improvement 6

To promote good health and monitoring for people, sharing of consistent and accurate information and acceptance of external health supports should be undertaken.

This ensures care and support is consistent with the Health and Social Care Standards, which states "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).

This area for improvement was made on 4 August 2023.

Action taken since then

We obtained feedback from two health professionals who support the service which was positive. We heard that communication has improved and staff try hard to follow advice that is given. Leaders were described as knowledgeable and empathetic towards residents who also tried various interventions to support people with remaining well.

This area for improvement has been met.

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
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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