

# Haydale Nursing Home Care Home Service

17 Corbett Street  
Tollcross  
Glasgow  
G32 8LF

Telephone: 01417 788 678

**Type of inspection:**  
Unannounced

**Completed on:**  
18 October 2023

**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 54 people using the service during this inspection

## About the inspection

This was an unannounced follow up inspection which took place between 17 and 18 October 2023.

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 two people using the service
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- The dining experience had improved for those living in the care home.
- The cleanliness of the environment had been maintained.
- The service met ten requirements made following complaint investigations.

## How well do we support people's wellbeing?

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to the dining experience for those living in the care home.

Overall, sufficient improvement had been made to meet this requirement. We have made a new area for improvement (see area for improvement 1).

We have not changed the evaluation of this key question.

Please see the section of this report titled "What the service has done to meet any requirements made at or since the last inspection" for further information.

## Areas for improvement

1. To promote a positive dining experience and support good nutrition and well-being for people, the provider should review the frequency of audits relating to the dining experience and the completion of food and fluid charts.

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).

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

## Requirements

### Requirement 1

By 3 September 2023, the provider must ensure individuals' nutritional needs are met and that individuals have access to a varied and nutritionally balanced diet. To do this the provider must, at a minimum ensure that:

- a) ensure that people can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.
- b) menus displayed must accurately reflect meal choices on offer on the day.
- c) any changes to the menus should be discussed with residents with a choice of alternative options made available.
- d) the frequency of mealtime experience audits should be increased to monitor staff practice and support an improved dining experience.

This is to comply with Regulation 4(1)(a) (welfare of service 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: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37)

An extension to this timescale was agreed to 16 October 2023.

**This requirement was made on 19 July 2023.**

## Action taken on previous requirement

People should expect to enjoy their meals in a relaxed environment. We found that the dining experience was more organised and a relaxed experience for individuals. Staff provided opportunities for people to maintain their skills and independence. Staff deployment had been reviewed to support a positive dining experience.

Written menus continued to be in place in the dining area. Menus displayed reflected the date and meal choices available. The service had introduced pictorial and text menus for each table. This allowed individuals to be informed ahead of the mealtime what was on offer. The provider continued to explore alternative formats such as pictorial menu boards for the walls.

The service had undertaken additional dining experience audits. Overall, we could see learning had been taken from the audits to inform staff practice. This included the offering of visual choices to aid selection of what individuals would like to eat for their meal. We did share with the service that there was a missed opportunity for this on an occasion. We asked the service to continue with more frequent audits to ensure that staff practice was maintained (see area for improvement 1, Key Question 1). We saw that the service had increased the fresh fruit and vegetable stock. A new menu had been introduced in consultation with those living in the service. The service had scheduled to meet with local dieticians to ensure that the menu was nutritionally balanced.

## Met - within timescales

### Requirement 2

By 16 October 2023, 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, mattresses, bedding 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 there is sufficient staff on shift to ensure the home is kept clean at all times and in a good state of repair.
- d) Ensure that the contingency plan in place is utilised in the event of staff shortages within the housekeeping team.

This is to comply with Regulation 4(1)(a) and (d) (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 experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22).

**This requirement was made on 19 July 2023.**

#### Action taken on previous requirement

We found that the care home was clean and tidy but some areas would benefit from redecoration. A refurbishment plan was underway to improve the environment for people living in the care home. The service had replaced lounge chairs. The service had introduced new cleaning schedules and staff were completing these to evidence the work that had been undertaken. We asked the manager to continue to monitor these going forward.

The service had maintained the increase in the number of domestic and ancillary staff. The contingency plan for the reporting of absence and to replace staff who were unable to attend work continued to be in place. This included sourcing staff internally and using external staff when required to ensure that staffing levels were appropriate to meet the needs of the care home.

**Met - within timescales**

### Requirement 3

The provider must ensure that there are appropriate staff numbers in all areas of the care home, and staff are deployed to fully meet the health, welfare, and safety needs of people.

To be completed by: 16 October 2023

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: "My needs are met by the right number of people".

This is in order to comply with:

Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made as a result of an upheld complaint investigation.

**This requirement was made on 27 September 2023.**

## Action taken on previous requirement

We sampled rotas which confirmed when sickness occurred, appropriate actions had taken place to backfill staff to ensure safe staffing levels were in place. We were satisfied that a clear process was now in place for staff to follow in the event of someone calling in sick or if the home does not have the required number of staff on duty.

We asked the manager to ensure the home daily walk about record is fully completed with actions taken when staff call in sick or do not arrive on shift.

## Met - within timescales

### Requirement 4

To ensure the wellbeing and comfort of people experiencing care, the service provider must ensure people's support with continence is well managed. To achieve this, at a minimum, the provider must ensure:

- a) Care plans accurately reflect the continence support required.
- b) People's continence garments are appropriate to meet their needs and reviewed when required.
- c) There are adequate supplies of appropriate products to meet people's continence requirements.

To be completed by: 16 October 2023

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: "My care and support meets my needs and is right for me."

This is in order 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 requirement was made as a result of an upheld complaint investigation.

**This requirement was made on 27 September 2023.**

## Action taken on previous requirement

We sampled relevant care plans and confirmed support with continence reviews had been completed and where required, referrals had been made to the continence team. Care plans provided detailed information about the support required with continence and details of continence garments used. The manager confirmed the process followed when ordering continence products and to improve this further, we suggested a written process is in place for staff to follow. We were satisfied from our sampling of information appropriate actions had been taken to meet this.

## Met - within timescales

### Requirement 5

People experiencing care must have confidence that their home is safe and secure. To ensure this, the service provider must, at a minimum:

- a) Ensure management oversight and written evidence of checks of the building to ensure it remains safe and secure.
- b) Ensure access to the rear garden areas are safe and secure at all times.
- c) Complete an environmental risk assessment to identify areas which require attention.
- d) Conduct full investigations following serious incidents of safety and security.
- e) Ensure written evidence of discussions with staff to confirm their responsibilities of ensuring the building and garden areas are safe and secure at all times.

To be completed by: 29 September 2023

This is to ensure care and support is consistent with Health and Social Care Standard 5.17: "My environment is secure and safe."

This is in order 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 requirement was made as a result of an upheld complaint investigation.

**This requirement was made on 27 September 2023.**

#### Action taken on previous requirement

Following our complaint investigation, the manager had been asked to implement a safety and security action plan to confirm the immediate action taken to ensure the home was safe and secure. The manager emailed the action plan as requested.

We sampled records to confirm appropriate checks were now being completed by managers and staff during the day and at night to ensure the home remained safe and secure. We viewed records of discussions with staff to ensure they were clear of their responsibilities.

To further improve the rear garden safety, we suggested a keypad lock system to each gate at either end of the care home and during feedback, the regional manager confirmed this would be explored further.

#### Met - within timescales

#### Requirement 6

The provider must ensure that there are appropriate staff numbers in each unit, and staff are deployed to fully meet the health, welfare, and safety needs of people.

To be completed by: 16 October 2023

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: "My needs are met by the right number of people".

This is in order to comply with: Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made as a result of an upheld complaint investigation.

**This requirement was made on 27 September 2023.**

## Action taken on previous requirement

We sampled rotas which confirmed when sickness occurred, appropriate actions had taken place to backfill staff to ensure safe staffing levels were in place. We were satisfied that a clear process was now in place for staff to follow in the event of someone calling in sick or if the home does not have the required number of staff on duty.

We asked the manager to ensure the home daily walk about record is fully completed with actions taken when staff call in sick or do not arrive on shift.

**Met - within timescales**

## Requirement 7

For the safety and wellbeing of people experiencing care, the service provider must review and update all care plans. In order to achieve this, at a minimum, the provider must ensure:

- a) They record and share a SMART style action plan which confirms how they will approach and complete updating all care plans.
- b) Care plans and all associated records are accurate and sufficiently detailed, to reflect the care and treatment provided.
- c) Care plans confirm people's likes, dislikes, wishes and choices.
- d) Care plans contain information about the equipment used to support people's care needs.
- e) Staff can demonstrate in their practice knowledge of the needs and preferences of people they support and all associated risk management.
- f) Staff are familiar with and follow best practice, in respect of record keeping.
- g) Daily documentation related to care plans is assessed by a senior staff member at least once in every 24 hours to ensure the health, welfare and safety needs of people are being met.

To be completed by: 16 October 2023

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: "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."

This is in order to comply with:

Regulation 5(2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made as a result of an upheld complaint investigation.

**This requirement was made on 27 September 2023.**

#### Action taken on previous requirement

From our sampling of care plans, we confirmed information had been clearly recorded about the support people required. The daily huddle/handover record had been adapted and included more relevant information about people's care and support needs. We sampled care plans which confirmed the support equipment people required and a resident of the day checklist had been implemented which provided specific details of the checks completed by staff. Support plan audits provided clear information about any actions required and we viewed records of discussions with some staff about accurate record keeping.

We discussed the importance of ensuring care plans confirm who has contributed and reviewed them, including the person supported, next of kin, family, and friends. The manager agreed to ensure this information is recorded within the care plans.

#### Met - within timescales

### Requirement 8

To ensure people experiencing care are supported to maintain good skin integrity, the provider must ensure there is a robust pressure ulcer prevention and management system in place, which is in keeping with the best practice guidance from Healthcare Improvement Scotland - Prevention and Management of Pressure Ulcers Standards – October 2020.

To do this, the provider must at a minimum:

- a) Review the skin integrity of every person living in the care home.
- b) Review clinical risk assessments to ensure they provide an accurate reflection of the condition of each person's skin.
- c) Change of position charts are completed in line with the care needs identified in the individual's care plan.

To be completed by: 16 October 2023

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

This is in order 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 requirement was made as a result of an upheld complaint investigation.

**This requirement was made on 27 September 2023.**

## Action taken on previous requirement

We sampled relevant care plans to consider people's skin integrity. Care plans and risk assessments were up to date and provided clear and detailed information about the support people required, including any prescribed creams and application preferences.

We sampled Waterlow assessments which had been completed and linked to the relevant care plans. Daily huddle/handover records were now signed by senior staff on duty and the record had been adapted to include any discussions, where relevant, about people's skin integrity. We identified gaps in recording of positional changes which the manager agreed to review.

## Met - within timescales

### Requirement 9

The provider must ensure people's nutritional needs are well supported to maintain their health and wellbeing. To do this, the provider must, at a minimum ensure:

- a) The care plan must contain clear and accurate information about the support required with food and fluids.
- b) Weight monitoring is carried out in accordance with the care plan.
- c) Food and fluid records are accurately completed confirming amounts taken.
- d) Food, fluid, and weight records are monitored and reviewed by senior staff to identify any additional support which may be necessary.

To be completed by: 16 October 2023

This is to ensure care and support is consistent with Health and Social Care Standard 1.34: "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected".

This is in order 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 requirement was made as a result of an upheld complaint investigation.

**This requirement was made on 27 September 2023.**

## Action taken on previous requirement

From our review of information sampled, we confirmed when needed, appropriate records were now in place in care plans to monitor people's nutritional needs and ensure their health and wellbeing was well supported. A clear system was in place to inform the kitchen staff about people's individual support with fluid and nutrition.

Fluid monitoring records sampled, confirmed targets had not always been met and people had not been weighed in accordance with their care plan.

The daily huddle/handover record had been adapted to include information about people's fluid intake and to improve this further, we suggested people's nutrition, where relevant, should also be documented on this record. Although we viewed some information recorded on the daily huddle/handover records of senior staff oversight about the monitoring and additional support required, we confirmed further improvements were necessary.

Although we viewed evidence of improvements made, as a result of our findings, an area for improvement about people's dining experiences, food and fluid monitoring will be made.

**Met - within timescales**

## Requirement 10

To ensure people's health and wellbeing needs with catheter care are well supported, the provider must, at a minimum, ensure:

- a) The care plan contains clear information about the support people require with a catheter, which includes, any equipment required, the correct positioning of the catheter bag and how often the catheter bag is required to be checked and emptied.
- b) All care staff are trained at appropriate levels to ensure they are aware of their responsibilities to provide good catheter care and support.
- c) Daily documentation related to catheter care and support is assessed by a senior staff member at least once in every 24 hours to ensure the health, welfare and safety needs of people are being met.

To be completed by: 16 October 2023

This is to ensure care and support is consistent with Health and Social Care Standard 3.21: "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."

This is in order 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 requirement was made as a result of an upheld complaint investigation.

**This requirement was made on 27 September 2023.**

### Action taken on previous requirement

We were satisfied from our review of information sampled, that care plans provided clear information about the support required and records confirmed daily communication during huddle/handover meetings about catheter care. We also sampled records of discussions which had taken place with staff to confirm they were aware of their responsibilities with catheter management.

**Met - within timescales**

## Requirement 11

To ensure the wellbeing and comfort of people experiencing care, the service provider must ensure people's support with continence is well managed. To achieve this, at a minimum, the service provider must ensure:

- a) Care plans accurately reflect the continence support required.
- b) People's continence garments are appropriate to meet their needs and reviewed when required.
- c) There are adequate supplies of appropriate products to meet people's continence requirements.

To be completed by: 16 October 2023

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: "My care and support meets my needs and is right for me".

This is in order 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 requirement was made as a result of an upheld complaint investigation.

**This requirement was made on 27 September 2023.**

### Action taken on previous requirement

We sampled relevant care plans and confirmed support with continence reviews had been completed and where required, referrals had been made to the continence team. Care plans provided detailed information about the support required with continence and details of continence garments used. The manager confirmed the process followed when ordering continence products and to improve this further, we suggested a written process is in place for staff to follow. We were satisfied from our sampling of information appropriate actions had been taken to meet this requirement.

**Met - within timescales**

## Requirement 12

The provider must ensure that there are appropriate staff numbers in each unit, and staff are deployed to fully meet the health, welfare, and safety needs of people.

To be completed by: 16 October 2023

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: "My needs are met by the right number of people".

This is in order to comply with: Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made as a result of an upheld complaint investigation.

**This requirement was made on 27 September 2023.**

**Action taken on previous requirement**

We sampled rotas which confirmed when sickness occurred, appropriate actions had taken place to backfill staff to ensure safe staffing levels were in place. We were satisfied that a clear process was now in place for staff to follow in the event of someone calling in sick or if the home does not have the required number of staff on duty.

We asked the manager to ensure the home daily walk about record is fully completed with actions taken when staff call in sick or do not arrive on shift.

**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 staff supervision is carried out in accordance with the provider's policy and procedures to ensure staff are supported to discuss and develop their roles and reflect on practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 19 July 2023.**

#### Action taken since then

This area for improvement had not progressed since the last inspection. We will monitor the progress with this at future inspections.

This area for improvement has not been met.

#### Previous area for improvement 2

To ensure families and representatives concerns and complaints are taken seriously, the provider should ensure they adhere to their own complaints handling policy and any agreed actions are implemented.

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

This area for improvement was made on 27 September 2023.

## Action taken since then

We viewed records which confirmed the service were using a clear process for complaint handling. Records confirmed staff had access to a robust system for recording concerns, complaints, and compliments with records of appropriate follow up actions taken when necessary. Records confirmed senior management had oversight of all concerns/complaints which meant effective communication to ensure complaints were managed in accordance with the service policy and procedures.

This area for improvement has been met.

## Complaints

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

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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