

Hogganfield Care Centre Care Home Service

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Type of inspection: Unannounced
Inspection completed on: 20 January 2017

Service provided by:
Hogganfield Care Limited

Service provider number:
SP2012011794

Care service number:
CS2012307040

About the service we inspected

Hogganfield Care Centre (referred to in the report as "the service") was registered with the Care Inspectorate on the 16 April 2015 to provide a care service for a maximum of 44 older people including 2 respite or short stay placements.

At the time of inspection because the lower ground floor accommodation was not in use and until the service completed the refurbishment, the service had capacity to provide accommodation for 38 people.

At the time of the inspection 31 people (referred to in the report as "residents") lived at the service. Seven of the residents were under the age of 65.

The service is owned and managed by Hogganfield Care Limited (referred to in the report as "the provider").

The service is situated in Glasgow and has an open outlook over Hogganfield Loch. It is close to local amenities and bus services to the surrounding areas including Glasgow City centre.

The accommodation is over three levels with communal lounges, a conservatory and dining areas. The upper and lower levels are accessed by lifts or stairs. All bedrooms are for single occupancy. There are separate kitchen, laundry and staff facilities in the home. There is a secure garden area for residents use. Some parking facilities are available at the front of the building.

The lower ground floor was not in use at the time of inspection as it required to be refurbished.

The aims and objectives of this service state every resident is "to be treated as an individual" and to receive "the encouragement to attain a high quality life irrespective of your health needs".

How we inspected the service

We wrote the report after an unannounced inspection that took place at the service on the 16 January 2017 between the hours of 10am and 8pm and the 20 January 2017 between the hours of 10am and 4pm.

The inspection was carried out by two inspectors. The inspection findings were discussed with the provider, manager and a representative of Glasgow City Council at the end of the inspection. The inspection findings were accepted as accurate.

This was the second inspection of inspection year 2016/2017. This report should be read along with the last report of 8 June 2016.

The focus of this inspection was to gain assurance that the service was progressing the action plan submitted following the last inspection detailing how it planned to address the requirements and recommendations made. This was to ensure the service was making the right changes and that improvements become embedded. We saw the service was making progress in implementing the action plan.

In order to measure progress we gathered evidence from various sources, including the relevant documentation which included:

- The action plan submitted by the provider to measure progress in meeting the requirements and recommendations from the last inspection.
- A sample of residents' care plans and associated records and risk assessments.
- Accidents and incidents records.
- Quality assurance system.
- Registration certificate and insurance.
- Medication Administration Records (MARs).

We observed:

- Staff practice and interaction with residents and fellow workers.
- The general environment.
- How meals were served
- How residents spent their day.

We had discussions with various people including: The manager, 2 registered nurses, the cook, laundry worker, 1 housekeeper, some care staff on duty.

Taking the views of people using the service into account

During the inspection we spent time around the communal areas to hear residents views about living at the service. Generally residents were happy living at the service.

Some residents were unable to easily verbalise their views of the service or how staff cared for them. In those instances we observed the interaction between staff and residents to form a view. We saw that residents were well presented and looked comfortable around staff when there was contact. We saw that staff were respectful, patient and gentle when engaging with residents.

Taking carers' views into account

We did not speak with any relatives during this inspection.

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

Previous requirements

Requirement 1

By the 30 November 2016 the provider must promote residents' wellbeing, good physical and mental health the service provider must ensure that activities are available for residents to take part in a day-to-day basis and that those activities are responsive to the age, abilities and preferences of residents.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulation 4 (1) (a).

Timescale: For completion by the 30 November 2016.

This requirement was made on 8 June 2016.

Action taken on previous requirement

Care staff provided opportunities for residents to participate in meaningful activities as a routine part of care duties.

During the inspection we saw activities take place for example balloon exercises which residents enjoyed. However for those residents who did not wish to join structured activities, less opportunities were available to engage in activities meaningful to them. Some staff were more skilled than others about creating natural opportunities for residents to spend their day in a meaningful way. As a result more dependent residents, or those spending time in the sitting rooms, for the most part spent the day napping or watching television.

There was acknowledgment that this was an area that needed to improve.

We will repeat the requirement.

Not met

Requirement 2

By the 30 November 2016 the provider must put in place and implement a system and be able to demonstrate that the skin care needs of service users are regularly assessed and adequately met.

In particular you must:

- (a) ensure that the assessment and monitoring of skin problems and wounds, including those caused by trauma, is appropriate and up to date
- (b) Review, revise and improve wound care documentation to ensure that a clear complete and accurate record of care is kept

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI 2011/210 regulation 4(1)(a).

Timescale: for completion by the 30 November 2016

This requirement was made on 8 June 2016.

Action taken on previous requirement

The provider had met this requirement.

We looked at a selection of care plans to measure how residents skin care was provided. We saw that systems were in place to assess and regularly monitor residents skin care and these systems were implemented.

As a result residents had healthy skin at the time of inspection. Staff had worked hard to achieve this.

Met - within timescales**Requirement 3**

By the 30 November 2016 the provider must ensure residents health and welfare and make certain there is a medication recording system that is safe, up to date, and accurate. To do this it must ensure:

- a) the suitability of "as required" medication must be reviewed when given routinely over a prolonged period
- b) covert medication care plans are reviewed and up to date
- c) complete carer notes on the reverse of the MARs to establish why some medication is administered and the outcome for the resident.
- d) the administration of topical creams is signed to track if applied as prescribed.
- e) that handwritten narratives are dated and signed when changes made and should record who authorised the changes.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of users.

Timescale: For completion by the 30 November 2016.

This requirement was made on 8 June 2016.**Action taken on previous requirement**

Some aspects of medication management had improved. For example as required medication was not given for prolonged periods. Handwritten narratives were legible although staff needed to ensure these were double signed. Staff were getting better at completing carer notes on the reverse of the medication administration record, although some staff need more guidance about when these notes should be completed. No residents received covert medication and registered nurses were aware of the process and care plan that needed to be implemented to support this. However we still saw a covert medication plan was in place although not in use. Staff need to get better and discontinuing plans when not in use to avoid confusion.

The main area that needed to improve was the management of homely remedies. (Homely remedies are medicines for minor ailments that can be bought over the counter). We found examples of inaccurate records about which residents received medication, total number of tablets in stock did not always correspond, staff understanding of the purpose and use of homely remedies was not good. By the end of the inspection measures had been implemented to rectify these areas.

We will repeat the requirement.

Not met

Requirement 4

By the 30 November 2016 the provider must ensure that the use of bedrails is managed in a safe manner that protects the health, welfare and safety of service users. In order to do so the provider must ensure that ongoing risk assessment of suitability of the use of bedrails is carried out.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4(1)(a) - a Regulation about the health, welfare and safety of users.

Timescale: For completion by the 30 November 2016.

This requirement was made on 8 June 2016.

Action taken on previous requirement

The provider had not met this requirement.

We saw that systems were in place to record checks completed on bedrails. However the record of checks were not correctly completed because each beds unique number was not recorded. This needs to be rectified.

We saw one bed with metal bedrails but no supporting risk assessments. The manager agreed to remove the bedrails as they were not in use.

There was acknowledgement that further work was needed to ensure bedrails were managed as safely as possible.

We will repeat this requirement.

Not met

Requirement 5

By the 30 November 2016 the provider must ensure that the care home is fit to be used for the purpose of a care home and protects the health, welfare and safety of residents. In order to do the service provider must ensure the following:

- implement cleaning schedules to guide care staff in cleaning and checking equipment used by residents such as commodes, shower chairs, wheelchairs, bedrail covers, and bedframes.
- ensure staff use protective clothing appropriately.
- modesty curtains must be suitable to protect residents privacy.
- supply the Care Inspectorate with an action plan which will address the redecoration and refurbishment of the care home including timescales for completion of work to be carried out.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulation 4(1)(a) and Regulation10 (2) (a)

Timescale: For completion by the 30 November 2016

This requirement was made on 8 June 2016.

Action taken on previous requirement

The provider had not met this requirement.

Efforts had been made to make the environment more homely and bedrooms were gradually being redecorated. Cleaning schedules were in place and the building was generally clean and tidy. Modesty curtains were not required because all bedrooms were for single use. A refurbishment programme had been developed and we had received a copy.

The communal areas were in need of redecoration and this was programmed for later this year. The ground floor bathroom was due to be upgraded by the end of March. The lower ground floor was not in use until the accommodation was refurbished.

We will repeat the requirement and monitor progress with the refurbishment programme at the next inspection.

Not met**Requirement 6**

By the 30 November 2016 the provider must ensure compliance with legislation and Care Inspectorate guidance on notification reporting and ensure that notifications are made timeously.

This is in order to comply with Regulations 21-24 of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) and section 53(6) of the Public Services Reform (Scotland) Act 2010.

Timescale: For achieving this improvement By 30 May 2016.

This requirement was made on 8 June 2016.

Action taken on previous requirement

The provider had not met this requirement.

While examining accident and incident recording we saw events which should have been reported to the Care Inspectorate but were not.

We will repeat the requirement.

Not met**Requirement 7**

By the 30 November 2016 the provider must comply with condition 4 of the conditions of registration. To do so:

The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of the individual are to be met. In order to do this the service must ensure that the personal plans:

- accurately reflect all the current needs of individuals.
- include information about care and support that is up to date and regularly evaluated.
- fully reflect the advice from healthcare professionals regarding the support for service users specific healthcare needs

- are dated and signed by the writer.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulations 5(1)

This requirement was made on 8 June 2016.

Action taken on previous requirement

We looked at personal plans for several residents.

The content of some plans had been updated to accurately reflect the care staff were to provide. In these instances the information was person centred and showed residents were treated as individuals. There was information about residents likes and dislikes and how they preferred staff to care for them.

However most residents care plans had still to be updated and as a result did not fully reflect accurate information about all aspects of their care needs. Staff knowledge of residents care needs was not always reflected in care plans.

We noted a continued need to develop the plans to ensure these and risk assessments were updated when care needs changed and following accidents and incidents. Plans need to be regularly evaluated to ensure the plans were relevant.

We will repeat this requirement.

Not met

Requirement 8

By the 30 November 2016 the provider must comply with condition 4 of the conditions of registration. In order to do so the provider must:

- continue to develop registered nurses and senior carers' leadership skills to help them in directing the daily running of the service.

National Care Standards for care homes for older people. Standard 5 - Management and staffing arrangements
This is in order to comply with the Public Services Reform (Scotland) Act 2010, section 60(2).

Timescales: From completion by 30 November 2016

This requirement was made on 8 June 2016.

Action taken on previous requirement

The provider had made some progress towards meeting this requirement.

We saw that senior staff were better at organising the daily running of the service and making decisions within their scope of competency. As a result the service was better organised and the team worked in a more cohesive style.

There were plans to develop a mentorship programme and to hold senior staff meetings to help further develop skills. We will measure the impact of these at the next inspection.

We noted a continued need for senior cares to develop their understanding of leadership role.

We will repeat this recommendation.

Not met

Requirement 9

By the 30 November 2016 the provider must review how staff serve meals in the dining room and ensure residents have a pleasant dining experience. In order to do so the manager must:

- a) reinforce good practice with staff when they are serving and assisting residents with their meals.
- b) assess staff competency in the dining room and assisting residents to eat meals.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of users.

Timescale: For completion by the 30 November 2016.

This requirement was made on 8 June 2016.

Action taken on previous requirement

The provider had met this requirement.

We reached this conclusion after observing how staff managed meal times and supported residents. We saw that staff were better organised, worked at residents pace and were attentive when assisting residents to eat. Staff created a relaxed and pleasant environment which offered residents more opportunities to enjoy meal times.

Staff had worked hard to improve this aspect of the service.

There remained some elements which could be managed in a more consistent way such as offering condiments to residents not dining in the dining room, covering all food when being transported. The manager and staff will continue to further refine how meals are served.

Met - within timescales

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

Previous recommendations

Recommendation 1

It is recommended that the provider continues the programme to review and update Adult with Incapacity Act (AWI) and Do not attempt cardio-pulmonary resuscitation (DNACPR) certificates until completed. Anticipatory

care plans should be devised as appropriate.

This is in accordance with the National Care Standards Care homes for Older People, Standard 5-Management and staffing arrangements.

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

Progress had been made towards implementing the recommendation.

Examination of records showed a register had been devised to provide an overview of when legal certificates required to be reviewed and updated. Information about residents AWI were in place. The manager was working with the general practitioner to review DNACPR certificate and develop supporting anticipatory care plans.

We will repeat the recommendation to allow the service time to fully implement the recommendation.

Recommendation 2

The provider should ensure that all residents have a key to their bedroom door if they so wish unless there is a documented reason to the contrary. All en-suite doors should have a lock which works.

This is in accordance with the National Care Standards for care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

We saw risk assessments were in place for some residents detailing decisions about their access to bedroom keys. However assessments were not in place for all residents and consequently it was difficult to track how decisions were reached for those residents.

We will repeat the recommendation.

Recommendation 3

It is recommended that the provider ensure that a system is in place to make sure that all residents are able to summon staff assistance when in the sitting rooms. Residents care plans and risk assessments must reflect residents' care needs in this area.

This is in accordance with the National Care Standards for care homes for older people, Standard 4 - Your environment and Standard 9 - Feeling safe and secure.

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

There was an expectation that staff would be present in sitting areas when residents were present. However we saw times when this did not happen because staff were providing direct care to other residents. During these time staff carried out periodic checks on residents safety. However resident care plans and risk assessments had not been developed to reflect if this arrangement met individual residents needs.

We will repeat the recommendation.

Recommendation 4

It is recommended that the provider improve the signage around the building and to residents' bedroom doors to make it easier for residents to navigate around the building and locate their bedrooms. This is in accordance with the National Care Standards for care homes for older people, Standard 4 - Your environment

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

Work was still needed to improve the signage around the building to help residents living with dementia navigate their way around.

We were told this would be addressed as part of the wider building refurbishment programme.

We will repeat the recommendation.

Recommendation 5

It is recommended that the provider ensure the training plan is implemented to completion. Staff should be monitored to measure the impact the training has on practice.

This is in accordance with the National Care Standards, Care homes for Older People, Standard 5 - Management and staffing.

This recommendation was made on 8 January 2016.

Action taken on previous recommendation

A matrix had been developed to provide an overview of staff training. One to one staff supervisions had commenced to give staff a chance to meet with their supervisor to discuss their training and development needs. A competency assessment tool had been devised to support staff to develop their skills.

However these were in the early development stages and it was too early to fully measure how effective these would be in supporting staff development. The training plan for 2017 had still to be developed.

There was acknowledgement that further work was needed to fully evaluate the effect training had on staff practice.

We will repeat the recommendation.

Recommendation 6

It is recommended that all staff be educated about dementia in line with "Promoting Excellence Framework" taking account of their roles and responsibilities.

This is in accordance with the National Care Standards, Care Homes for Older People , Standard 5 - Management and staffing

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

There was acknowledgment that this training was needed to support staff in caring for residents living with dementia but the training had still to be provided. However, we noted that staff demonstrated better practice when supporting residents living with dementia. Staff showed more awareness of the importance of working at residents own pace and creating a calm environment for residents to live in. Staff were more able to reassure residents when they were distressed. Formal training would help staff develop their skills further.

We will repeat the recommendation.

Recommendation 7

It is recommended that the provider continues to fully implement the quality assurance systems to assess and monitor the quality of all aspects of the service.

This is in accordance with the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

A selection of audits methods and tools had been developed to monitor the quality of the service. As a result we saw improvement in aspects of the service particularly residents dining experience and resident skin care. How staff provided residents basic care had also improved. These are important improvements.

There was acknowledgement that the quality assurance system needed to be fully developed in order to provide an overview of all aspects of the service, identify gaps in service quality and use that information to develop strategies to address the shortfall.

We will repeat the recommendation.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
8 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
3 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
31 Aug 2015	Unannounced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 2 - Weak 1 - Unsatisfactory 1 - Unsatisfactory

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