

Baillieston Care Home Care Home Service

Baillieston Care Home
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Clyde Care Limited

Service provider number:
SP2016012834

Service no:
CS2022000213

About the service

Baillieston Care Home is a purpose built two storey building within the residential area of Baillieston, Glasgow. The service is provided by Clyde Care Ltd.

The home provides care and support for up to 60 older people. At the time of the inspection, the home had 53 people living in the service.

The home is accessible to public transport routes and motorway. There are local amenities including shops near the care home.

The service provides a secured garden area easily accessible from the ground floor lounge.

About the inspection

This was an unannounced follow up inspection which took place on 27, 28 and 29 February 2024, and 2 and 4 March 2024. This was to review progress made with the requirements given at the last inspection on 18 December 2023. The inspection was carried out by three inspectors from the Care Inspectorate.

On 1 March 2024, a letter of serious concern was issued to ensure:

- a) service users were provided with the requisite support to achieve sufficient food and fluid intake, accurate completion of food and fluid charts and food supplied was in date and safe for consumption.

We returned on 2 March 2024. Improvements were made in this area, however, insufficient improvements were made to meet the nine requirements.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service, and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with 10 people who used the service and two relatives
- spoke with 10 staff members and the management
- spoke with six external professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Staffing arrangements require review to ensure there are sufficient numbers of skilled staff to meet people's physical and emotional needs.
- Improved monitoring of the cleanliness of the home was needed to ensure it is safe and minimises the risk of infection.
- People would benefit from more frequent meaningful conversation and activities.
- Assessment and personal planning must be improved.
- Management oversight and quality assurance process require development.
- The service development plan needed to improve to reflect the required improvements.
- The home must have in place appropriate systems to manage and safeguard people's finances.

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

Requirements

Requirement 1

By 23 February 2024, the provider must review how they plan and enable people to participate in a range of activities of their choosing, both indoors and outdoors.

To do this, the provider must, at minimum ensure:

1. An assessment is carried out with each person using the service which takes account of previous and current interests, wishes and preferences;
2. A programme of activities is developed which offers each person the opportunity to participate individually and within a group setting, shaped by each person's wishes and abilities. Activities should be offered within or external to the home with appropriate numbers of staffing to support this; and
3. Records are developed and maintained to reflect outcomes achieved as a result of the activities offered.

This is to comply with Regulation 4(1) (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 people get the most out of life and takes account of the Health and Social Care Standards (HSCS) which states that:

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (1.12)

and

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities each day, both indoors and outdoors' (1.25).

This requirement was made on 18 December 2023.

Action taken on previous requirement

Meaningful activity is known to promote wellbeing. We found that there was a revised programme of activities which changed every four weeks, and an activity planner was displayed on both floors. A newsletter was being populated which came about after relatives asked for this at a recent relatives' meeting. Activity workers now attended the daily flash meetings and will be invited to team meetings. This will help to ensure that the wider staff team are aware of the importance of supporting socialisation and meaningful activity.

We observed the activity workers engaging positively with people and they were enthusiastic about developing their role. The activity room had been improved and the temperature was more acceptable. This made it a more accessible and welcoming area. There was a pleasant atmosphere and we saw staff chatting to people where time allowed. We saw a group of people enjoy a sing-a-long and chair exercises.

However, we observed that some people were left without any engagement or social interactions for long periods of the day. Activity plans and assessments had not been completed for all people living in the home, and we found that daily notes about activities did not relate to personal outcomes. We found that personal information was retained in the activity room, which was often left insecure. Training had not yet been identified to support the activity workers. This could inform their activity planning, improve their skills and knowledge on meaningful engagement, and best practice for working with those living with dementia.

Although some progress in this area was acknowledged, the requirement has not been met.

We have extended the date of this requirement until 31 May 2024.

Not met

Requirement 2

By 23 February 2024, the provider must improve the management of mealtimes to effectively support people's nutrition and hydration needs and preferences.

To do this, the provider must, at a minimum, ensure;

1. Staff are effectively led and deployed to support service users to eat and drink.

This is 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:

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

This requirement was made on 18 December 2023.

Action taken on previous requirement

People can expect to be supported with their eating and drinking needs. We observed people being left for long periods without assistance, and people who were cared for in their bedrooms waited long periods before receiving meals. People who chose to dine in the lounges were left for long periods without prompting, their food was left to go cold and then removed. This placed people at risk of malnutrition or dehydration.

We noted a lack of staff presence in the ground floor dining room, despite a number of people requiring assistance to eat and drink. Some people were not provided with the required supports for nutrition and hydration. This placed people at risk of weight loss and dehydration.

Some people were left in their wheelchairs during mealtimes. This placed people at increased risk of skin breakdown and discomfort.

The use of an agency chef resulted in menus differing from what was served to people. We could not find evidence of dining audits to evaluate the mealtime experience and there were no pictorial menus.

We examined the dietary intake records of people who had experienced weight loss and those who required assistance or were left unattended. We found that recordings were inaccurate and did not provide a true reflection of nutrition and hydration. There was no evidence of any action where there were deficits around food and fluid intake.

We observed bread beyond its best before date being served to people. Food storage containers were not labelled with the date food was prepared, or by which it should be consumed. This meant that staff were not aware if food was safe for consumption or out of date.

We identified that immediate action was required to resolve this, and we issued the provider with a letter of serious concern on 1 March 2024. We made a requirement to ensure that the nutrition and hydration needs of people were appropriately met, and that people had access to fresh, in date food. Due to the severity of the concerns, we required that action be taken immediately and completed within 24 hours. During our subsequent visit to the service on 2 March 2024, we found some improvement in these areas of concern, however, improvement was insufficient to meet the terms of requirement.

The requirement made at the inspection on 18 December 2023 has not been met, and is now subject to an Improvement Notice issued to the service on 22 March 2024.

Not met

Requirement 3

By 23 February 2024, the provider must demonstrate that comfort and dignity for people living in the service is promoted.

To do this the provider must, at a minimum ensure:

1. That all bedding is in a good state and regularly cleaned.
2. People are supported to manage their intimate personal care at the right time.

This is 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 states that:

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22)

and

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

This requirement was made on 18 December 2023.

Action taken on previous requirement

People can expect their care and support to meet their needs. Most people using the service looked clean, had on clean clothes and appropriate footwear, however, this was not consistent for everyone. We saw evidence of personal care being carried out. There were gaps in some of the personal care records we sampled. This should be improved to demonstrate care and support meets people's needs.

People can expect to live in an environment that is well looked after with clean, well maintained premises, furnishings and equipment. We found some items of bedding and bedframes were contaminated with food debris, grime and body fluids. This meant that the risk of infection for people was increased. A reliable system was not in place to provide assurance that dignity for people could be maintained, and that all bedding was in a good state, clean and fit for use. Further work was required to ensure that quality assurance systems effectively demonstrate this and mitigate the risk of the transmission of infection.

The requirement made at the inspection on 18 December 2023 has not been met, and is now subject to an Improvement Notice issued to the service on 22 March 2024.

Not met

Requirement 4

By 23 February 2024, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for them.

To do this the provider must, at a minimum, ensure:

1. The quality assurance system supports a culture of continuous improvement.
2. Audits are completed with transparency and reflect relevant best practice guidance for the area being assessed.
3. That they implement an effective improvement plan to address the deficits in the service.
4. Feedback from people who use and work within the service should be used to inform the improvement plan.

This is to comply with Regulation 3 (Principles) and 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 states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

This requirement was made on 18 December 2023.

Action taken on previous requirement

People benefit from a culture of continuous improvement. We found the quality assurance processes undertaken had not resulted in improved outcomes for people. Although the organisation had a wide suite of quality assurance tools available for use, we did not see that these were being completed accurately. We found environmental audits completed had not identified deficiencies. Audits of important issues, such as personal planning, falls and the environment were not frequent or robust.

We examined service improvement and action plans and found that they did not capture the range of improvements required within the service. The service had not identified issues that needed to improve, and risks of harm to people remained.

Management arrangements had been reviewed to promote improvements. The management team gave a commitment to working with partnership agencies to achieve the required improvements.

The requirement made at the inspection on 18 December 2023 has not been met, and is now subject to an Improvement Notice issued to the service on 22 March 2024.

Not met

Requirement 5

By 23 February 2024, the provider must ensure that people are able to access their personal monies when needed, and that safeguards are in place to protect this.

To do this the provider must, at a minimum, ensure:

1. People can access their funds when they or a representative choose.
2. Implement safeguards, to ensure that people's funds are secure and managed in line with good practice.

This is to comply with Regulation 4 (1)(b) and 14(e) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

This requirement was made on 18 December 2023.

Action taken on previous requirement

Where people require support to manage their money, their interests must be safeguarded. We reviewed people's finances and confirmed there were no individual bank accounts set up for those people the home had appointeeship for. We expect that people's funds are kept in an account separate from the business. Or, if people have their funds in a pooled account, then the funds of each person are separately accounted for, and any interest apportioned accordingly. Balances should be kept at low level where possible, with excess transferred to each person's individual interest-bearing account. We reviewed the providers bank statements which confirmed that each person's funds were kept in one business account that only Clyde Care Limited had access to. This meant no other persons could access funds without approval of Clyde Care Limited, and that people did not have ready access to their funds to ascertain the balance and any accrued charges at any time.

We examined the management of finances within the service, and we found that access to funds came from a petty cash system. This meant that we could not be confident that people benefitted from financial decisions taken on their behalf of people and exposed them to the potential risk of financial harm.

The appointee arrangements must be improved to ensure adequate safeguards are in place to ensure people are not at risk of financial harm, and funds are secure and managed in line with good practice.

The requirement made at the inspection on 18 December 2023 has not been met, and is now subject to an Improvement Notice issued to the service on 22 March 2024.

Not met

Requirement 6

By 23 February 2024, the provider must review staffing arrangements to ensure there are always appropriate levels of staff across the home.

To do this, the provider must, at a minimum, ensure:

1. There are sufficient qualified staff on each shift to fully meet people's health and care needs.
2. That staffing is regularly evaluated to demonstrate that it is responsive to people's changing needs.

This is 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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My needs are met by the right number of people' (HSCS 3.15)

and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This requirement was made on 18 December 2023.

Action taken on previous requirement

We observed warm and caring interactions between staff and people. People experiencing care told us that staff are nice and helpful.

People's needs should be met by the right number of staff. Staff were working hard to meet people's needs. However, they told us people had to wait longer to be assisted with meals or be accompanied to the toilet, as workers were helping others and there was not enough staff on shift. There were a number of occasions during the inspection that we observed one member of staff in the downstairs dining room, serving food and assisting a person with their meal at the same time. We had asked that a review be undertaken to determine the staffing levels required across each department of the service to ensure safe and effective staffing levels. The service had previously used the Indicator of Relevant Need Tool (IoRN) to support their staffing model to provide care to match the needs of people overall and individually. We found that the IoRN had not been completed for the month of this inspection, February 2024, and by the start of the visit on 27 February 2024. Therefore, we could not determine what had been used to assess dependency levels in regard to staffing hours and needs of people.

We stated previously in this report where insufficient staffing levels had contributed to a poor mealtime experience. There was a lack of staff presence in the service to respond to people's needs in the lounge areas. The deployment of the staff needed to improve to ensure that the needs of the people who use the service were responded to.

The requirement made at the inspection on 18 December 2023 has not been met, and is now subject to an Improvement Notice issued to the service on 22 March 2024.

Not met

Requirement 7

By 23 February 2024 the provider must ensure that staff training and development reflects the needs of the people they support.

To do this, the provider must, at a minimum:

1. Develop a training and staff development programme which helps staff keep up-to-date and follow good practice guidance.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 9 (i) and (b).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS4.11).

This requirement was made on 18 December 2023.

Action taken on previous requirement

The service had amended the induction programme for newly recruited staff. The programme included information about the home to ensure that new staff were made aware of their role and responsibilities.

During the inspection, staff training on managing stress and distress was undertaken. MUST training videos were to be circulated to the staff team to support accurate assessments of people's nutritional needs.

The service would benefit from a system to formally assess and monitor staff practice and competencies. This would determine if training was impacting on practice and inform staff training plans.

We have highlighted areas where staff practice needed to improve to ensure positive outcomes for people supported. This included meaningful activity and supporting a positive meal experience.

The requirement made at the inspection on 18 December 2023 has not been met, and is now subject to an Improvement Notice issued to the service on 22 March 2024.

Not met

Requirement 8

By 23 February 2024, the provider must ensure that people experience a safe, warm and well-maintained environment.

To do this, the provider must, at a minimum:

1. Use the outcomes of environmental audits to inform a development plan to improve the environment of the home.

2. Ensure the plan includes, but is not restricted to, details of measures to ensure the home is free from unpleasant smells.

3. Replace carpeting that can no longer be cleaned or repaired.

4. Ensure the plan includes timescales for the scheduling work to make improvements.

This is to comply with Regulation 4(1) (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 that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22)

and

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18).

This requirement was made on 18 December 2023.

Action taken on previous requirement

We found that audits had not identified deficiencies. For example, the audits of the environment were not frequent or robust. The service improvement plan, in regard to the environment, was not a true reflection and did not provide any timescales for identified work to be completed.

We noted some evidence of improvement in some parts of the home, for example, the downstairs lounge, the replacement of some carpets, and the ordering of new furniture. However, we had concerns around the cleanliness of the staff room upstairs, some of the bedrooms, and the general appearance of some areas of the home. An unresolved plumbing issue in a toilet and shower room meant the room was strongly malodorous of urine. The room was still being used to support people. This compromised people's comfort and dignity, and exposed them to the risk of infection.

The requirement made at the inspection on 18 December 2023 has not been met, and is now subject to an improvement notice issued to the service on 22 March 2024.

Not met

Requirement 9

By 23 February 2024, the provider must ensure each service user has a personal plan in place which sets out how their physical and emotional needs are to be met.

To do this the provider must, at a minimum, ensure:

1. Relevant risk assessments are completed and used to inform the personal plan.

2. Where a service user needs a specific aspect of their health monitored, that supporting documents are completed.

This is to comply with Regulation 5(1) and (2) (Personal Plans) 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 states 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 requirement was made on 18 December 2023.

Action taken on previous requirement

We observed examples of people benefiting from their support and how this had a positive impact on their health and wellbeing. Some plans contained good details to direct staff on how to meet specific risks including stress and distress, choking, and the circumstances in which to administer 'as required' medication.

We examined records of people who needed a specific aspect of their health monitored, in particular, people who were at risk of weight loss. We found that recordings were inaccurate and did not provide a true reflection of people's weight, or their nutrition and hydration intake. Individual fluid targets were not consistently identified.

There were inconsistencies in planned interventions to reduce the risks of unplanned weight loss. This placed people at risk of malnutrition, weight loss, dehydration and potential impact on skin integrity.

The requirement made at the inspection on 18 December 2023 has not been met, and is now subject to an Improvement Notice issued to the service on 22 March 2024.

Not met

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 service should ensure regular checks are carried out to ensure temperatures of the home are monitored and appropriately responded to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes' (HSCS 5.21).

This area for improvement was made on 18 December 2023.

Action taken since then

To ensure the comfort and wellbeing of people who live there, we asked that the temperature of the home to be maintained within acceptable parameters and regular checks were carried out. We found the home to be warmer than it was during the inspection in December. People told us it was too warm at times. In response to this, the management put in hydration stations on both floors. We found inaccurate recordings of room temperatures were being taken. Thermometers were fitted in each bedroom, however, a new thermostat for the home had not been installed which meant the temperature of the home was not regulated.

This area for improvement remains.

Previous area for improvement 2

The service should follow good practice guidance to enhance the environment for those living with dementia. This should include better signage, visual markers and pictorial menus.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS, 4.11)

and

'I experience high quality care and support because people have the necessary information and resources' (HSCS, 4.27).

This area for improvement was made on 18 December 2023.

Action taken since then

We found there was no pictorial menus and the use of an agency chef resulted in menus differing from what was served to people. People would also benefit from better signage and visual markers to enhance the environment for those living with dementia.

We did not see evidence of improvements in this area.

This area for improvement remains.

Complaints

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

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