

Hector House (Glasgow) Ltd

Care Home Service

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Type of inspection:
Unannounced

Completed on:
17 June 2024

Service provided by:
Hector House (Glasgow) Ltd

Service provider number:
SP2003000206

Service no:
CS2008173617

About the service

Hector House is a care home service registered to provide care for 16 older people. This large converted semi-detached Victorian villa is located in the south side of Glasgow.

It is close to a railway station, bus stops and a range of local facilities including shops and places to eat.

The accommodation is on three levels which can be accessed by stairs or a stair lift. Residents occupy the ground and first floor.

There is a staff office and a bedroom that can be used by family for overnight use should they require to be close to their loved one at end of life.

All bedrooms are equipped with a sink and toilet. There is a living room with large screen television, a separate dining room and a small snug area with a television. To the back of the home, there is an accessible garden with grassed and paved areas with seating and a range of greenery and plants. At the time of the inspection, there were 12 people living at the service.

About the inspection

This was an unannounced inspection which took place between 16 and 17 June 2024. 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

We spoke with four people using the service, five relatives and received communication from a visiting professional over the course of the inspection.

Key messages

- People living within the service and their loved ones were satisfied with the care and support provided by a committed and well- motivated staff team who were well led by an experienced manager.
- Progress had been made with increased staffing levels at weekends, staff recruitment following best practice, oversight of the status of staff registration had been put in place and refurbishment plan developed.
- The manager in partnership with key people had identified priorities to help take the service forward.
- Further work was needed to improve the environment to promote good outcomes for people and develop the staff training & development policy to offer better support to staff.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Through observations during the inspection, we found staff were engaged well with individuals and interactions were positive.

Staff were kind and patient, when working with individuals. Feedback supported that this was consistent:

"I know the staff and get on well with them, I lived here for many years".

"The staff are really nice - I've a good relationship with them".

Having meaningful things to do can help meet people's psychological and recreational needs. Activities offered included music and movement, board games, quizzes and having regular entertainers visit the service. Events relating to people were planned including Father's Day celebrations. Community connections were maintained through visits from children from a local nursery and outings to local shops and amenities. People were helped to meet their spiritual needs through the support of staff.

Risk assessments were used when an identified risk had been identified, this included people who may experience episodes of stress or distress, unintended weight loss and who be at risk of skin damage.

Good links had been established with external professionals. Confirmation supported that staff were proactive in referring when they identified changes and were good at following recommendations to keep people well.

Equipment has been introduced when this is required to offer support with mobility and reduce risk of falls.

Meals were provided in an inviting environment with staff available to support individuals. Staff promoted decision making and choice. Menus and food choices were discussed as part of resident and relatives meetings. This is an area that should be continually reviewed to promote choice and shape menus based upon individual's preferences.

Drinks and snacks were regularly offered to each person out with mealtimes.

We heard from a relative how the care and support provided by staff meant their loved one ate better and how their mobility had improved.

Staff were aware of how to use monitoring charts for people who may be at risk of not drinking or eating enough to keep them well. At this point in time there were nobody required this level of monitoring.

Having the right medication at the right time is important to help keep people well. Overall medication administration was well managed. People who required medication for stress or distress had clear, individualised protocols for staff to follow prior to administering medication - this helped protect the rights of each person. We suggested that an area relating to recording should be further developed - a new form should be used at each cycle to record the effects of administered medication and staff should code aligned to best practice guidance.

How good is our leadership?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The manager had been instrumental in creating a caring, warm and supportive culture within the service.

A range of methods had been used to hear people's views on key aspects of the service including surveys and meetings. Feedback had been used to shape the well-structured improvement plan and self-evaluation of the service. Findings from the previous inspection report had been factored into the improvement plan and helped prioritise improvements within the service. The manager should continue to develop the improvement plan.

The manager had also researched best practice guidance and had participated in Care Home Improvement Team Project with the Care Inspectorate to help take the service forward.

Relatives spoken with shared that they were overall happy with how the service was managed, how there had been communication difficulties with the provider but these had recently improved.

Manager's monthly reports had been completed and considered any changes to the health and wellbeing of people using the service. It was evident that the manager and staff had good levels of knowledge of the changing needs of each person. Systems should be further enhanced by using best practice material including falls, wound and infection safety crosses. These would provide a visual overview and a useful check for the effectiveness of interventions used by the service.

No complaints had been received by the service since the previous inspection.

How good is our staff team?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The management team had begun to look at recognised tools to inform staffing levels. Staffing levels had increased at weekends since the previous inspection. Staffing levels had been appropriately "flexed up" when the needs of people changed for example a person living within the service who needed end of life care.

The service had not used agency staff. Permanent staff provided additional cover when needed - this helped provide continuity of care for people living within the service.

The manager had developed systems to ensure all staff had been registered with the SSSC. Inbuilt checks had been carried out to ensure registration status remained current for each staff member.

Staff shared they were well supported by the management team.

Direct observations of practice, planned supervisions and development plans were in place for each staff member.

Ensuring staff have up to date skills, knowledge and are competent to meet the needs of people is essential for providing good standards of care and a registration requirement for staff.

A "blended approach" had been used with training using on-line and face to face training. Moving &

assisting, basic life skills and other training had been provided by external professionals. The organisation's staff training and development policy should be reviewed to reflect how staff will be supported (including detailing which training staff will be paid to attend).

See area of improvement 1.

People benefitted from good team working with staff clearly focused on meeting the needs of each person.

Areas for improvement

1. People should have confidence that staff are appropriately supported to complete training, keep skills up to date and are competent in their role. The organisation's staff training and development policy should be reviewed to reflect how staff will be supported (including which training staff will be paid to attend).

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

How good is our setting?

3 - Adequate

We made an evaluation of adequate for this key question, we found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve.

There was a clear refurbishment plan developed since the previous inspection for the fabric and fittings of the building. This reflected progress made for specific areas and timescales for achievement. The plan detailed work completed and planned for both communal areas and bedrooms.

We concluded that whilst progress had been made with making improvement to the environment, the service should look at using the opportunity to review environment using the Kings Fund Tool to make it more "dementia friendly" and improve opportunities for people. The garden area needed work to make it safe, comfortable and promote activities for people.

See area of improvement 1.

We carried out an environmental inspection and found that the home had been cleaned to a good standards. Cleaning schedules were in place to guide staff and included areas throughout the home.

There were plentiful supplies of readily accessible personal protective equipment (PPE) which staff used aligned to good infection control prevention (IPC) guidance .

Direct observations of staff practice e.g. a hand hygiene audit tool aligned to good IPC practice had been frequently carried out by the manager .

There had been regular staff competency assessments in relation to the use of PPE which helped reduce risk of transmission of infection. The management team should continue to observe staff day to day practice.

Environmental audits had been completed and these were used to check that people are being kept safe. These should be developed to include window restrictors, and ensuring call systems are always accessible for people.

See area for improvement 2

Contracts were in place for the maintenance and servicing of a range of equipment. However, the mobile hoist needed to be serviced aligned to manufacturer's guidance.

See area of improvement 2.

Areas for improvement

1. In order that the environment (both internal and external) is used to its full potential and developed to meet current residents' needs, the manager should: Complete The King's Fund environmental tool and include the findings into the environmental improvement plan.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16)

2. In order that people are kept safe, environmental audits should be developed to include window restrictor checks throughout the home. The mobile hoist should be serviced aligned to current legal and manufacturer guidance.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16) and "My environment is secure and safe (HSCS 5.17).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Each person had an electronic support plan in place which were personalized and overall reflected the current needs and wishes of each person. On-going auditing should be carried out to ensure these are consistently accurate - we shared 2 examples where these could be improved including anticipatory care planning.

Support plans had been developed in partnership with each person's family or representative. The plans were good for reflecting each person's personal history and used this information to shape the content which guided staff when providing support.

Regular planned evaluations had been completed to capture people's experiences and check if support levels were appropriate. A robust system had been developed since that last inspection meaning six monthly reviews were in place which reflected discussions with people using the service and their relatives / representation. This was confirmed when we spoke with relatives.

Daily notes had been used to reflect care and support provided and check if there had been any changes to people's needs.

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

Requirements

Requirement 1

By 31 May 2024, to ensure that people have their health, welfare and safety needs met. The provider must undertake an evaluation of the staffing resources available at weekends. This review must take account of non-care duties undertaken by staff.

This is 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 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 19 January 2024.

Action taken on previous requirement

A review of staffing levels at weekends has been completed. In the previous 2 months there has been a dedicated weekend cook, this has helped ensure care staff have adequate time to provide direct support and care to people living within the service.

The requirement has been met.

Met - within timescales

Requirement 2

By 31 May 2024, the provider must implement a quality assurance system that supports a culture of continuous improvement. To do this the provider must, at a minimum, ensure:

1. Audits are completed with accuracy and reflect relevant best practice guidance for the area being assessed. This should include, but is not limited to safe recruitment, SSSC registration, formal care reviews and the care home environment.
2. The outcome of audits and feedback from people who use, work or visit the service should be used to inform the service 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 which state 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 19 January 2024.

Action taken on previous requirement

Audits used by the manager had been developed since the previous inspection. A checklist had been completed for each staff recruitment file to ensure all necessary checks had been carried out.

An overview of the registration status of each staff member with the SSSC was in place with regular review built in.

There was an overview of six monthly care reviews in place and these were all up to date. Environmental audits were being completed by the manager. We identified how these should be further developed – see Key Question 4 People Experience High Quality Facilities.

Feedback from people who use the service and their relatives had shaped the improvement plan and the self-evaluation of the service. Planned improvements had been shared with people who use the service and relatives.

The requirement has been met.

Met - within timescales

Requirement 3

By 31 May 2024, the provider must ensure that people who use the service are supported by staff who have been safely and effectively recruited. To do this they must:

- (1) ensure that all recruitment has been undertaken in line with the "Safer recruitment through better recruitment" guidance.
- (2) ensure that the Scottish Social Services Council register for the service is accurate.

This is in order to comply with Regulation 9 (2)(b) (Fitness of employees) and 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: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This requirement was made on 19 January 2024.

Action taken on previous requirement

Recruitment procedures had improved and followed best practice guidance with pre-employment checks including PVG, SSSC, Right To Work, uptake of references in place in advance of staff taking up position. The management team could develop the recruitment procedure further by using and fully recording competency based interviews.

Regular checks were now integrated into the system used for checking staff registration status with SSSC.

The requirement has been met.

Met - within timescales

Requirement 4

By 31 May 2024, the provider must ensure people experience high quality facilities that are well maintained, furnished, decorated to a good standard and support effective cleaning. To do this the provider must:

- (1) Identify and address areas of the environment in need of immediate improvement.
- (2) produce a refurbishment plan to improve the décor to create a pleasant and comfortable living environment for people supported.

This is to comply with Regulation 10 (Fitness of premises) 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 experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.24).

This requirement was made on 19 January 2024.

Action taken on previous requirement

There has been a review of the current environment, a refurbishment plan was in place and progress had been made with improvements made to upgrade communal lounges and shower room. We made an area of improvement under Key Question 4 People Experience High Quality Facilities to build on the initial work.

The requirement has been met.

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

To ensure that medication records are completed in line with best practice guidance. "As required" medication protocols should be in place for anyone prescribed "as required" medication and should include which non-pharmacological intervention strategies to be used prior to administration of

medication.

This ensures care and support is consistent with the Health and Social Care Standards which state that: 'any treatment or intervention that I experience is safe and effective' (HSCS 1:24), 'If I need help with medication, I am able to have as much control as is possible' (HSCS 2.23)

This area for improvement was made on 19 January 2024.

Action taken since then

Protocols had been developed which were person centred and reflected non pharmacological interventions to guide staff practice.

The area for improvement has been met.

Previous area for improvement 2

The service should ensure that any incidents, accidents, and causes for concern are notified to the Care Inspectorate in accordance with notification guidelines: 'Records that all registered services (except childminding) must keep and guidance on notification reporting' (Care Inspectorate 2020).

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); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 19 January 2024.

Action taken since then

Appropriate notifications had been submitted by the manager since the previous inspection. This followed notification guidelines.

The area of improvement has been met.

Previous area for improvement 3

To ensure the all the staff working in the service are equipped with the required skills and knowledge to undertake their varying roles, the provider should audit the current learning and development needs of the whole team. A robust and achievable training plan should be devised and implemented.

This is to ensure that the quality of staff 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 January 2024.

Action taken since then

An individual development plans were in place for each staff member and monitored by the manager. The service continued to use on line training and monitored completion by each staff member. There have been recent face to face training delivered to staff including basic life skills and Moving & Assisting. Some staff

members had also attended training through the Health & Social Care Partnership e.g. Safer Swallowing, Restore 2 (to monitor the changing health needs towards end of life) and Continence Care.

The area of improvement has been met.

Previous area for improvement 4

The provider should ensure that people's care plans are reviewed at least once in a six-month period.

This should include all aspects of health, social and emotional care, and include the views of any appointed family member involved in the person's care.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.12, 1.15).

This area for improvement was made on 19 January 2024.

Action taken since then

There was a system in place for the manager to check and all care reviews were up to date.

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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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