

Ruthrieston House Care Home Service

199 Broomhill Road
Aberdeen
AB10 7LN

Telephone: 01224 358 585

Type of inspection:
Unannounced

Completed on:
21 June 2024

Service provided by:
Aberdeen Association of Social
Service, a company limited by
guarantee, trading as VSA

Service provider number:
SP2003000011

Service no:
CS2003000164

About the service

Ruthrieston House is registered to provide care to a maximum of 40 older people. The home is operated by Aberdeen Association of Social Service, a company limited by guarantee, trading as VSA (Voluntary Service Aberdeen).

The home is situated in a quiet cul-de-sac within a residential area to the south of the city. The home is close to local amenities and served by a regular bus service to the city centre. Accommodation is provided on three floors. All bedrooms are single with en-suite facilities.

About the inspection

This was an unannounced inspection which took place on 11 to 14 June 2024. The inspection was carried out by one inspector on 11, 12 and 13 June and two inspectors on 14 June 2024.

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 22 people using the service
- spoke with eight of their family and representatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

Key messages

- People looked well and told us they liked the staff.
- We had serious concerns about the staffing arrangements.
- We were not confident people received responsive care to meet their health and wellbeing needs.
- The service needed to improve how it recognised, responded to and reported any incidents of potential harm to people.
- Improvements are required to ensure that everyone has access to fluids.
- Some areas of medication administration and recordings needed to improve.
- Improvements were required to ensure staff had the right knowledge, skills and competency to care for and support people.
- Some people's plans required to be reviewed and updated as they did not have up to date information about people's needs. This puts people at risk.
- The management oversight of the service and quality assurance processes needed to improve.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	3 - Adequate
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak, for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. The provider is required to take action to bring about improvement.

We observed some compassionate care from staff towards people experiencing care. People told us that most staff were caring and worked hard. People experiencing care shared, "The staff are very nice" and "the staff are so kind and I get on with them all" and "staff are lovely".

Generally, people looked well. It was positive to observe residents accessing the onsite hairdresser and some people had their nails painted. This helps promote people's wellbeing.

It was positive Anne's Law was promoted and families were encouraged to be a part of the care and support for their loved ones. This supported people to feel included and nurtured.

We were not confident people received responsive care to meet their health and wellbeing needs. For example, the provider failed to seek medical advice and record vital observations following a fall for one resident. The delay in seeking medical advice increased the risk of any health concerns not being picked up and people were placed at additional risk of harm.

Not all residents were provided with the correct equipment in order to summon help if required. This can be an essential measure in keeping residents safe.

The service needed to improve how it recognised, responded to and reported any incidents of potential harm to people. The service failed to identify and report seven Adult Support and Protection concerns to the lead agency responsible for the protection of people. These referrals were prompted by the inspector. They also failed to undertake their legal responsibility of notifying the Care Inspectorate of some of these concerns. This meant people were at continued risk of harm and neglect as appropriate investigation and actions had not been undertaken.

We established a lack of analysis of accidents and incidents and no or incomplete investigations into unexplained injuries. This meant areas for improvement were not identified and addressed effectively. For example, one person sustained two consecutive head injuries following unwitnessed falls but these were not investigated and the risks were not identified or managed.

Where people had experienced wound or pressure areas, we were not confident people were receiving frequent positional changes. One person had incomplete records and care plans did not evidence the level of care required. This places people at further risk of skin breaking down and may cause pain and discomfort.

People sat in transit wheels chairs for extended periods of time. We observed one person sat for six hours without being supported to access a more suitable chair. Some external professionals shared our concerns, "it happens regularly and extended time in transit wheelchairs increases the risk of skin breaking down".

We were not confident people were receiving oral care to meet their needs and wishes. Some people's teeth looked dirty and unkempt. Poor dental care can cause decay and unnecessary pain for people. **(See Requirement 1)**

Improvements are required to ensure that everyone has access to fluids. We observed people in the communal lounge for extended periods of time without access to fluids. People were not able to drink when they wanted or needed to and this can impact poorly on outcomes for people. **(See Requirement 2)**

Some areas of medication administration and recordings needed to improve. Medication was stored in individual cabinets in people's rooms, this contributed positively to safer medication administration procedures and ensured a more person-centred approach to care.

Medication records were not well kept. We saw that there were some poor recording practices making it difficult to track and review people's response to prescribed medications. Some records had unexplained gaps or noted missed medications on several occasions without explanation.

People may experience harm where best practice or medication regimes are not followed as prescribed by medical practitioners. We saw one incident where medication was administered in a manner that did not follow best practice and was undignified. As a result, the individual may have been put at risk of further infection.

In view of other concerns highlighted at this inspection we requested that senior managers completed a full medication audit. (See Requirement in section 'How good is our leadership?')

Requirements

1.
By 21 July 2024, the provider must promote the health, welfare and safety of people and protect them from harm.

To do this the provider must demonstrate at a minimum:

- a) Any Adult Support and Protection incidents are recognised and reported timeously to the Care Inspectorate and the Health and Social Care Partnership, with appropriate actions taken to mitigate identified risks.
- b) Demonstrate that each service user's health and wellbeing needs are consistently monitored and evaluated to inform the level of care that they require.
- c) Demonstrate that any risks to service users' health, safety or wellbeing are identified, managed and clearly recorded as part of the care planning process; and ensure that people's wishes and preferences are clearly documented and followed.
- d) All staff complete appropriate Adult Support and Protection training and a record of training completion is kept.
- e) Ensure that people have access to a buzzer to call for help. In a situation where access to an alarm call system is not possible, you must demonstrate that alternative arrangements are in place to seek assistance.
- f) Ensure that people's skin integrity is promoted/plans followed and people are not sitting in transit wheel chairs for extended periods of time.

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) and section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am confident people respond promptly including when I ask for help' (HSCS 3.17).

2. By 21 July 2024, the provider must ensure that all service users are adequately hydrated at all times.

In particular the provider must:

a) Ensure a choice of fresh fluids should be available to everyone at all times and people who can't help themselves to a drink should be supported to do so timeously.

b) Ensure fluid records are accurate and up to date. These should be analysed by a senior member of staff and any next actions taken promote people's wellbeing.

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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I can drink fresh water at all times' (HSCS 1.39).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We acknowledged there had been some changes in the management structure of the service the registered manager had been seconded to another post within the service and a temporary manager was in place.

Staff reported feeling supported by the management team. However, during the inspection there was a lack of visible leadership on the floor. An external professional shared concerns, "leaders were always in their office and are rarely out on the floor directing and supporting their team". This meant key areas of risk were missed and not acted upon. For example, lack of access to fluids and poor staff visibility. These were missed opportunities to improve outcomes for people within this service.

There was a lack of leadership and oversight in key risk areas. The management oversight of the service and quality assurance processes needed to improve. For example, the leadership team have limited overview of areas of high risk such as, people's weights.

We saw some of the quality assurance processes were ineffective. This meant there was no strategic overview ensuring appropriate actions were taken when risk was identified. For example, one person who had lost weight had not been monitored effectively and the appropriate actions not taken to promote their health and wellbeing.

Cleaning records and audits were incomplete and we were not confident these were being undertaken regularly. It raised concerns that the current systems in place to monitor the cleanliness of the home were not effective. As a result, we saw some areas of the home were dirty.

The leadership team had taken some positive action to evaluate people's experiences. Family and resident meetings were taking place. However, we found it difficult to establish any improvements from these. It is important to ensure people are kept up to date with any changes, to support them to make informed decisions. **(See Requirement 1)**

Safer recruitment principles were being followed and relevant documentation was in place. This helped keep people safe.

People's finances were managed appropriately and people had access to their money if and when they wanted.

Requirements

1. By 19 August 2024, the provider must ensure the service is led well and ensure quality assurance processes are carried out effectively, in a manner which achieves improvements and improves outcomes for people.

To do this the provider must demonstrate at a minimum:

- a) Ensure effective quality assurance systems are in place to include meaningful analysis. This includes but not limited to, medication administration, accidents and incidents, maintenance/environmental auditing, cleanliness, care planning and key areas of risk such as, weight and skin integrity.
- b) Ensure clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
- c) Act on feedback from people who use the service, relatives and staff.
- d) Ensure action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.
- e) Ensure the leadership team are visible and available to lead staff at all times and act timeously to people's changing needs and risk.

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 care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

2 - Weak

We made an evaluation of weak, for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. The provider is required to take action to bring about improvement. As the service is performing at a weak level, we are concerned about the welfare, health and safety of people.

We were not satisfied the staffing complement always met the needs of people experiencing care and we had serious concerns in relation to the staffing levels in the home. This was raised with the provider during the inspection and they developed an action plan to increase staffing levels. Whilst we acknowledge this action and responsiveness, it was concerning inspectors had to raise this and the unmet need for people had not been addressed prior to the inspection.

We observed response times for staff to attend to a call was significantly longer than it should be. Some people's needs were unmet and they were distressed and frustrated.

Staff numbers were minimal and were insufficient to fully meet the needs of people living in the service. We were not confident people's preferences and wishes were upheld. For example, one person wanted to have a lie down and was distressed but staff were not able to support as were busy with other tasks.

While staff worked hard to meet people's support needs, they were under significant pressure and some important aspects of care and support were delayed or missed. For example, we observed several people waiting for care and support late into the morning. One person shared, "I do not have confidence the staff will come quickly quick if I buzz, there's always a delay and it makes me feel worried".

The pressure on staff lead them to stick to their designated tasks, there was no capacity or flexibility to respond to other demands. For example, one staff member prioritised taking a break without ensuring that there were other staff available to complete care and support for someone. This can have a negative impact on people making them wait for care and feel undervalued.

Buzzers were going off regularly for extended periods of time and one person was noted to wait twenty minutes to get support in the bathroom and as a result, was distressed. This is not reflective of responsive and dignified care.

We were not confident people's safety and wellbeing were being maintained at all times. There were periods of time when there was no staff supervision in communal and dining areas. This was particularly concerning as people who required reassurance and support were not given it timeously.

We observed people who were high risk of falls and choking left unattended for extended periods of time. One resident who had been assessed as being at risk of choking was supported with their breakfast by a member of the kitchen team, who had not received training to support with this task. This placed people at further risk of harm.

Improvements were required to ensure staff had the right knowledge, skills and competency to care for and support people. For example, some staff required mandatory training to be completed. This meant staff did not have the necessary knowledge to keep people safe and meet their needs. This put people at risk of harm.

Observations of staff practice were not being regularly undertaken to assess staff competence and identify learning needs.

The provider must ensure there are sufficient staff in numbers and skill to keep people safe and meet their health and support needs. The provider is required to take action to bring about improvement. **(See Requirement 1)**

Requirements

1. By 21 July 2024, the provider must ensure that there are sufficient staff in numbers and skill, to ensure people receive responsive care and are kept safe by a skilled and competent staff team.

To do this the provider must at a minimum:

- a) Ensure that at all times there are sufficient staff in numbers and skill to meet the assessed needs of people.
- b) Ensure staff are visible and that people receive responsive care and support which includes, ensuring their wishes and preferences are upheld.
- c) Ensure that the care is person centered and is not determined by tasks and routines within the home.
- d) Ensure that senior members of staff observe staff practice regularly and ensure staff have the necessary skills and knowledge to support people safely and effectively.

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

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

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

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People benefitted from a warm, comfortable, welcoming environment with plenty of fresh air and natural light to meet their needs. People had access to a secure garden area and this provided a safe outdoor area place for people to access freely.

People's bedrooms were personalised and homely, which promoted each person's experience. However, we identified some issues relating to cleaning standards. Some bedrooms were dirty and unkempt. Some staff shared our concerns, one staff member shared, "the cleanliness could be better". One person told us, "my bedroom and floor is always dirty, it is way below my standards". We observed food debris and dirt on some bedroom floors. One bedroom had a strong malodour in the bathroom and bedroom. This had a negative impact on people's dignity and wellbeing and increased the risk of spread of infection. **(See Requirement 1)**

The home layout offered a variety of communal spaces. However, these could be developed to enable easier access and better use. We observed there was a number of communal areas that were not being utilised. One person told us, "I don't get the choice where to go, it's always downstairs, I'd be happy to try other areas" and a staff member shared, "we used to use other areas, it's a shame to see them unused". People were gravitating to the main lounge; however, this was overcrowded and proving difficult for people who would have benefitted from less stimuli. Better use of the communal space would encourage increased movement and provide more choice for people to maximise the space in their home. **(See Area for Improvement 1)**

People were at risk of harm due to being able to access areas of the home which were unsafe. For example, we observed people were able to access an area of the service which stored hazardous chemicals. We raised this with the manager immediately and this was secured but we found the door unsecured on another two occasions during the inspection. **(See Requirement 1)**

Requirements

1. By 21 July 2024, the provider must ensure people experience care in an environment that is safe, well organised, clean and free from any hazards.

In order to achieve this the provider must as a minimum:

- a) Ensure people do not have access to high-risk areas of the home that could put people at risk of harm such as, domestic storage cupboard.
- b) Ensure all cleaning chemicals and other substances which would be hazardous to people's health are stored safely and securely. This should be monitored regularly.
- c) Ensure the care home has a deep clean and declutter, including bedrooms, storage areas and communal areas.
- d) Ensure that the environment, furnishings and equipment are safe, clean and tidy.
- e) Ensure that regular quality assurance checks of the environment are undertaken.

This is in order to comply with Regulation 3, Regulation 4(1)(a), Regulation 4(1)(d) and Regulation 10 (b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.19).

Areas for improvement

1. To support people's dignity and wellbeing, the provider should ensure people are encouraged and supported to access all communal areas within the service. The provider should ensure these areas are inviting, safe and prepared for people to use.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience a service that is the right size for me' (HSCS 5.5).

How well is our care and support planned?

2 - Weak

We made an evaluation of weak, for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. During the inspection we were concerned about the welfare, health and safety of people.

Some personal plans included, information about people's life history, choices and wishes. However, there was vital information missing from people's plans. For example, there was no care plan for one person's specific health need. This meant staff had no direction how to care for this resident. As a result, this person experienced poor personal outcomes.

We observed a new resident had no care plan and no emergency evacuation plan in place. This meant the support the person required in an emergency was not available to staff and could have an impact on the person being evacuated safely and effectively. This was raised with the provider and they took immediate action to resolve this.

Where guidance or changes in people's care had been recommended by health professionals this had not always been updated within the person's personal plan. One person was found clinically unwell in their bedroom and had not received the care and support prescribed by professionals. Records were not accurate to meet the needs of this resident. This meant people may be at risk of harm if they do not receive care that meets their needs.

As previously stated, we were concerned about documents not being completed timeously which could cause a delay in support or treatment for people.

Some care plans lacked people's wishes and preferences. We observed that one person did not have a shower or bath recorded for ten days and another did not receive their personal care as per their needs and wishes. This is not reflective of compassionate and dignified care.

We were not confident about the way in which people's personal care was recorded. For example, statements like, "personal care provided" did not reflect a person's needs or if they had received a bath or shower. **(See Requirement 1)**

Care reviews were held to discuss people's plans of care and ascertain if people were happy with the care and support. We saw that people's representatives of next of kin were included in reviews. This helped people have their say and enabled someone to advocate on their behalf, if needed.

Requirements

1. By 19 August 2024, the provider must support people to have their wellbeing needs met as set out in their plan of care.

To do this the provider must at a minimum:

a) Ensure care plans and records are accurate and up to date and this should include any professional guidance or advice.

b) Ensure care plans clearly demonstrate people's wishes and preferences and these are being followed and upheld.

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

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

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

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 manager should ensure that where people experiencing care require support with areas of their daily lives and health conditions, specific assessments, planning and evaluations are fully in place to ensure they receive the correct support.

This should be in place even for short term periods such as, support with medical treatment.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15, 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'.

This area for improvement was made on 27 July 2023.

Action taken since then

We are not confident that planning and evaluations were in place to ensure people receive the correct support. We observed gaps in care plans and missing vital information to care for people safely. This places people at risk of harm.

This area for improvement has not been met. Please see 'How well is our care and support planned' section.

Previous area for improvement 2

To ensure people experience equipment which is clean and well maintained, to reduce risk of cross contamination, the provider should ensure measures are taken to ensure:

- a) PPE bins are clearly labelled and electronic bins are fit for purpose
- b) cleaning/audits of mattresses and equipment is done thoroughly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 5.24, which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'.

This area for improvement was made on 27 February 2023.

Action taken since then

We observed that mattress audits were being undertaken regularly. We sampled four mattresses and they were clean and well maintained. This promotes people's dignity and wellbeing.

We observed that Personal Protection Equipment (PPE) was being disposed of correctly. This helps keep people safe.

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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