

Greyfriars Care Centre Care Home Service

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Glasgow
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Type of inspection:
Unannounced

Completed on:
25 July 2024

Service provided by:
Keane Premier Healthcare Glasgow
Limited

Service provider number:
SP2018013243

Service no:
CS2018371797

About the service

Greyfriars Care Centre is registered to provide a care service to a maximum of 27 older people. This is inclusive of five places for long term/respite care for those aged 55 years and above. The provider is Keane Premier Healthcare Glasgow Limited.

The registered manager is also the registered manager for Ashton Grange care home and is supported by a full time deputy manager in each home.

The home is situated in a residential area in the east end of Glasgow, within easy reach of public transport and local shops. There is a car park at the front of the building and they have access to their own minibus for outings.

Accommodation comprises of single en suite bedrooms over three floors, accessed by a lift, with corridor seating areas provided on each floor. The ground floor has the residents' main lounge and dining areas and access to garden areas, at the front and rear of the building.

About the inspection

This was an unannounced inspection which took place between 23 and 25 July 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- . spoke with five people using the service and observed interactions between residents and staff
- . spoke with five family members and received feedback from five relatives in surveys issued prior to the inspection visit
- . observed practice and daily life
- . reviewed relevant documentation
- . spoke with 18 staff, including management, and received feedback from 10 staff in surveys issued prior to the inspection visit
- . spoke with two visiting health professionals.

Key messages

- Positive interactions were seen between staff, residents and relatives.
- Peoples' health and wellbeing were supported well, with a reduction in the number of falls.
- Some people would benefit from improvements within the home's environment.
- Management needed to ensure that all care documentation was person-centred, outcome focused and reflective of each person's current and future care needs, choices and wishes.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

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?	4 - Good
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, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

We observed positive interactions between staff, residents and relatives. The atmosphere within the home was relaxed and calm, with staff who were seen to be kind and caring in their approaches with residents. Staff also showed awareness of maintaining people's privacy and dignity when dealing with personal care.

Feedback we gained, from residents and relatives, was positive about staff and the care and support provided. People told us, 'the staff have been very friendly and welcoming in our first experiences of Greyfriars', 'everyone is great', 'we're very happy that X can go outside to sit, the surroundings are very clean, it's very pleasant generally', 'best of care, get on well with staff and plenty of activities'.

How people spend their day is important in maintaining people's physical and mental wellbeing. The home had activity co-ordinators, who supported monthly resident meetings and developed weekly activity plans with residents. There was a variety of internal activities and outings such as pampering, nursery visits, religious services, entertainers, walking football and the 'Come and Sing café' for people with dementia. The co-ordinators also provided one to one time for residents who were unable to participate in group activities.

During our visit, we heard staff engaged in natural conversations with residents and saw both staff and residents participating in karaoke, dancing, celebrating a resident's birthday and spending time outside in the garden areas, including at lunchtime. Some residents had also been supported to attend the regular external 'walking football' group.

People have the right to appropriate healthcare. We saw that assessments and systems were in place to assess and monitor people's health and wellbeing needs. Referrals to and input from relevant healthcare professionals such as, GP, care home liaison nurse, community psychiatric nurse, falls team, podiatrist, optician, dentist were seen. We spoke with two visiting health professionals who confirmed that staff made relevant referrals and followed any advice provided.

We saw that residents had access to regular fluids and snacks in between main meals, as well as appropriate staff support where required, and that food and fluid charts were completed timeously. Staff spoken with were aware of the residents who required additional monitoring which contributed to people receiving the care that was right for them.

We found the management of skin care, medication and nutrition to be overall appropriate however we found some areas where improvements with recording was needed (see 'How well is our care and support planned?')

How good is our leadership?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

People should have confidence that the service and organisation that they use are well led and managed. The service benefited from a stable management team and supportive external management team. They were seen to be approachable and available to support staff where required. People told us that they felt able to raise any issues or concerns with staff or management. This helped to make people feel valued.

The service had a quality assurance system which helped with monitoring the quality of service provided. This included various audits, manager's daily checklist, daily flash, staff, resident and relative meetings. These gave management a current overview of the service and people's current needs.

We saw that there had been an improvement focus on falls prevention and Adult Support and Protection. This involved input from external trainers, staff group discussions as well as completion of further learning and reflection. Through ongoing falls audits and analysis, we could see that there had been a reduction in the number of falls this year.

Management had a 'Service Improvement Plan' which was continually updated and reflected the areas identified. We saw actions that had been achieved but the impact on people's outcomes was not clear. We suggested that management consider aligning their plan to the current quality inspection framework and consider having residents' outcomes as an integral part. This would allow them to clearly identify and measure improvements to their service and peoples' outcomes.

Management had started to develop a self-evaluation. We saw that this mostly reflected policies or systems that were in place, but did not reflect a focus on peoples' outcomes, what was working well, what needed to improve or what had improved. Further work was required to develop this approach to support improvement.

How good is our staff team?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

Staffing levels were determined, on a monthly basis, by the assessment of peoples' care and support needs. We saw that these assessments reflected that an above average number of staff were on duty. Management told us that this was a preventative measure to minimise falls and incidents, took into account the layout of the building and the planned day to day activities with residents. We discussed the new Staffing legislation, with management, and the expectations around including staff, resident and families feedback when deciding on staffing levels.

During our visit, we saw appropriate staff presence in lounge and dining areas which enabled staff to provide relevant support and minimise falls or incidents.

Feedback from staff, we spoke with, was positive with staff saying that they felt listened to and received relevant training and support. We saw good staff training compliance as well as the learning and reflective work undertaken by current acting senior carers, through their career progression programme.

We found staff recruitment to be safe however the provider's HR department controlled a lot of the processes and we highlighted some areas that could be improved. Management agreed to feed these back to their HR department.

How good is our setting?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

People who live in the home should experience a high quality environment. People told us that they were happy with the home's environment, décor and furnishings.

We found the home to be clean, tidy and overall free from malodours. We found décor and furnishings to be in good condition and appropriate infection prevention and control practice within the home, including use of Personal Protection Equipment (PPE) and management of laundry. This helped to minimise any spread of infection within the home. We did note that the alcohol dispensers were not in working order and this was addressed immediately. We also noted that the domestic cupboards did not contain separate hand washing sinks, in line with current guidance, and we asked management to review how this could be rectified.

The majority of people spent most of their day on the ground floor, in the main lounge and dining areas. There was access to rear and front garden areas, which were well set out with seating, tables and umbrellas. The rear garden also had a 'kitchen garden' area with small greenhouse and plants and a memorial area with a bench under a tree. We saw residents enjoying time, in the garden areas, with their families.

Residents had access to an on-site hairdressers and barbers room, which was well furnished and provided a realistic setting for residents' to enjoy.

We found that some bedrooms were more personalised than others, and although we were told that this was the resident's choice, we asked management to explore options for enhancing some of the bedrooms more. We also noted that some bedrooms lacked lined curtains or blackout blinds, to use at night to promote better sleep, and one bedroom had no access to their en suite toilet. We discussed these with management who agreed to review and offer resolutions to these.

We discussed their plans in creating themed areas, on upper floors, and how the seating areas could be made more comfortable for residents to use. We noted that window privacy screening was in use and we suggested using a different screening which allowed residents to see out. We also highlighted a couple of other issues around lighting and safety locks which were addressed during the visit.

We also discussed their proposal to provide a staff area closer to the resident's lounge, using the current quiet lounge. We suggested that a compromise could be sought to ensure that residents did not lose the use of the quiet lounge and we suggested that they could consult with residents and relatives about how they may wish to use the space as a café/quiet lounge.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support, as well as details of personal interests and preferences. Overall, we found evidence of improvement in personal plan content and goal setting, however monthly summaries/ evaluations and six monthly care reviews, could have been more outcome focused and evaluative, reflecting whether the planned care had had the desired effect or not and if anything needed to change as a result. This would help to ensure that the care people receive continues to be right for them (see area for improvement 1).

We also identified that some information could have been more detailed and better recorded. These related to strategies when people declined their planned care and risk assessments for outside access as well as identified needs in relation to skin care, medication and nutrition. We asked management to ensure that related records reflected any changes to people's skin condition, interventions prior to giving 'as required' medications and nutritional risk with specific preferences including food choices, which took into account the need for more calories due to continual purposeful walking. Staff were able to tell us of the planned actions and outcomes but care records did not always contain the relevant detail to support this. This could mean that important information may not be passed on to staff, health partners and relatives (see area for improvement 1).

We saw good records of meaningful engagement, especially for group activities and outings. However, there was limited evidence of one-to-one support and recording could be better evaluated with clear outcomes. We discussed with management if keyworkers could reflect individual activities and outcomes within monthly evaluations (see area for improvement 1).

Areas for improvement

1. The service should improve personal plans and associated care documentation to ensure that they are detailed, up to date and outcome focused. This will ensure that care and support is informed by plans that are person-centred and reflective of each person's current and future care needs, choices and wishes.

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 1.15).

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 improve personal plans and associated review documents to ensure that they are detailed, up-to-date and outcome focused. This will ensure that care and support is informed by plans that reflect each person's current and future needs, choices and wishes.

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 1.15).

This area for improvement was made on 13 September 2022.

Action taken since then

Overall, we found evidence of improvement in personal plan content and goal setting, however monthly summaries/evaluations and six monthly care reviews, could have been more outcome focused and evaluative, reflecting whether the planned care had had the desired effect or not and if anything needed to change as a result.

This area for improvement has not been fully met. See area for improvement 1, 'How well is our care and support planned?'

Previous area for improvement 2

When an individual is restricted in regards to mobility and activity, there should be a clear, detailed care plan in place in regards to how staff will go about supporting them to spend time out of their room, in the company of others, and how they can pursue interests. Where appropriate, this should be done with the involvement of their family and representatives.

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).

This area for improvement was made on 27 June 2024.

Action taken since then

We saw that there had been some improvement around meaningful engagement care planning and good records of group activities and outings. However, further improvements in relation to one-to-one support and recording was needed.

This area for improvement has not been fully met. See area for improvement 1, 'How well is our care and support planned?'

Complaints

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

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?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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