

Wyndford Locks Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
8 August 2024

Service provided by:
HC-One No. 1 Limited

Service provider number:
SP2016012770

Service no:
CS2016349825

About the service

Wyndford Locks Nursing Home is registered to provide care and support for a maximum of 150 older people. The provider is HC One No.1 Limited.

The care home is purpose-built with single en suite accommodation within units which the provider refers to as communities. These can accommodate 30 residents. At the time of this inspection there were three communities, two remained closed.

Each community provides nursing care, two of which are memory care for people with dementia and one for people with physical health needs and/or frailty.

All accommodation is on the ground level with access to an enclosed, well-maintained garden for each unit. There were 88 residents living at the service at the time of this inspection.

The home is in the Maryhill area of Glasgow with local amenities and transport links nearby. Visitor parking is available within the grounds of the home.

About the inspection

This was an unannounced inspection which took place on 6, 7 and 8 August 2024. The inspection was carried out by three inspectors from the Care Inspectorate and supported by an inspection volunteer.

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 20 people using the service and nine of their relatives
- spoke with 25 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People experience compassionate care from staff who are attentive and familiar with their needs.
- People's health and wellbeing is well managed and supported by effective monitoring systems with oversight from an experienced clinical services manager.
- People enjoy a range of activities facilitated by an enthusiastic team of wellbeing coordinators.
- The service was in a period of transition with changes at manager and area director level.
- There were systems in place to monitor quality and drive improvements.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

We carried out an unannounced early morning visit at the start of this inspection and found very few residents up and dressed. This was reassuring and indicated that staff were meeting people's needs in a person-centred way.

We observed that people were well presented, supporting their dignity. Visits to the hairdresser were an important part of people's routine and promoted their wellbeing.

Interactions between staff and residents were natural and kind, helping people feel valued and support was provided with encouragement and sensitivity. Feedback from relatives about staff was largely positive, 'caring staff team, we have a great relationship with them all' was a comment made.

We saw that activities were organised around people's assessed interests, with information about this provided by relatives where people were unable to articulate this. We discussed potentially assessing people's abilities in addition to this, as this is key to identifying and planning activities that will be of most benefit to people. Residents and relatives provided positive feedback about the wellbeing coordinators who we observed to be enthusiastic. 'They go over and above' was how a relative described one of the wellbeing coordinators.

Meaningful activities and positive engagement are an important part of the day for people. Wellbeing coordinators were instrumental in facilitating activities at the home and opportunities for people to engage in their local communities. During our visit we saw people enjoying a range of activities helping promote movement, keeping people occupied and stimulated and promoting social inclusion.

Mealtimes were an important part of people's day and those observed were well managed with people who needed support to eat being assisted in a dignified and an unhurried manner. The tables were set in a way that encouraged residents to sit and enjoy their meals in the company of others.

People were observed enjoying the meals on offer and food looked appetising and well presented and we noted improvements in the presentation of some levels of textured diets. Visual choices were available to support people less able to communicate their preferences verbally.

We noted that there was limited forward planning for people who received a textured diet, this meant that they did not know in advance what was on the menu. In addition to this, there was no choice for people receiving a textured diet. We discussed this with the area director who advised that the provider was already reviewing this. We have reworded and repeated an area for improvement made at the last inspection. See area for improvement 1.

We looked at how the service monitored and supported people's health needs. We found that there were effective systems in place to identify and quickly address potential risks to health. We discussed some instances where the interventions following weight loss needed to be clearer in care plans.

We saw that there were few people who had wounds and for those who did these were being well managed, with clear treatment plans in place helping facilitate healing. Where necessary, guidance could be easily sought from external health professionals.

Medication was well managed with protocols in place for people who were prescribed 'as required medication' and there were associated care plans for this, to guide staff. The emars electronic medication recording systems helped reduce the risk of errors.

Areas for improvement

1. To improve the meal experience for people who require a textured diet, the management team in partnership with the catering team should ensure that people have a choice of meal options and continue to explore ways to ensure food is appetising and presented well.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

How good is our leadership?

4 - Good

We evaluated this key question as good. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

At the time of this inspection the service was going through a period of transition with a change of registered manager and area director. A new registered manager had been appointed, but was yet to formally commence in their role at the service, a relief manager was providing management cover in the interim. A longstanding experienced clinical services manager complemented the management team, supporting with the transition and ensuring the continuation of effective management of the home.

During our visit we sampled the range of systems designed to monitor quality and drive improvements at the service, this included regular auditing across a range of areas and associated action plans resulting from findings. In addition to this, the relief manager had created a home improvement plan to address improvements that they had found and those identified through a recent visit by the care home collaborative. It was reassuring that some of the improvements we identified had also already been picked up by the area operations manager.

We sampled the management overview of resident reviews, staff training and staff supervision. We noted that reviews were up to date. The data from staff training indicated that compliance rates were good. Information in relation to staff supervision highlighted that the frequency of this needed to improve with a number of new staff not having had supervision. It is important that staff have an opportunity to reflect on their practice, receive feedback and identify development needs. Supervision is a key quality assurance process that both supports staff wellbeing whilst helping providers meet their aims and objectives.

We concluded that an area for improvement that had been made in relation to a complaint that was upheld had not been met. This related to staff having an understanding of the role and responsibility of power of attorney. This has been re written and re stated to include other arrangements that help people manage their affairs. See area for improvement 1.

People could be confident that their health was being well managed because there were effective systems in place to monitor any changes or potential risks to health. This contributed to the delivery of proactive care. Monthly clinical meetings helped ensure that people's needs were being regularly reviewed.

Where people required food and fluid monitoring there was oversight of this by the clinical services manager and any concerns were escalated, with input from the dietician, where this was considered necessary.

We attended the daily flash meeting. This was a good opportunity for all departments in the service to come together, helping with communication and ensuring that the management team could quickly address any issues arising.

We looked at the management of infection prevention and control. We identified that some improvement was needed to ensure that all housekeeping staff are conversant with the correct use of cleaning products in the service, aligned to best practice guidance. We discussed this with housekeeping staff and with the management team at feedback.

We sampled recruitment records and found that all pre employment checks had been carried out prior to staff taking up post.

The systems in place to manage the finances of the few people who the provider had corporate appointments for were found to be robust.

We looked at accident and incident records and found that whilst these were appropriately managed there were some instances where these had not been reported to the appropriate agencies including the Care Inspectorate, Social Work and Commissioning. We provided further guidance about notifications to the Care Inspectorate and clarified what needed to be reported as an adult protection concern from the commissioner's perspective.

Areas for improvement

1. To ensure people experiencing care and their representatives are fully involved in decisions about their care and support, the care provider should ensure staff have an understanding of the arrangements in place to help people manage their affairs. This should include the roles and responsibilities of the power of attorney, guardianship orders and the situations where 'do not attempt cardiopulmonary resuscitation' (DNACPR) both do and don't apply. This should be achieved through appropriate training.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

How good is our staff team?

4 - Good

We evaluated this key question as good. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

The provider used a tool to calculate staffing levels. This was completed on a monthly basis and focused on people's dependencies. The manager explained that the number of staff on the rota exceeded the dependency hours calculated. This allowed for any unforeseen circumstances such as short notice staff

absence and the need for deployment of staff to other parts of the service. This also created an opportunity to free up staff for training and development.

We discussed the importance of exploring other considerations when assessing that staffing levels are appropriate. This should include feedback from residents and relatives, feedback from staff and taking into account the busy times of the day and the layout of the building.

During our visit we saw that lounges were always supervised to reduce the risk of falls and respond to people's needs 'I feel very safe' said one resident, and staff were available in sufficient numbers to support people at mealtimes. Relatives told us that staff were busy, 'sometimes definitely not enough of them' was a comment made by one relative.

The team was complemented by the mix of skills, with nurses, nursing assistants, senior carers, care staff and wellbeing coordinators all contributing their own individual skills and strengths. Where agency staff were being used, for continuity the service requested the same agency staff. Staff training compliance rates were good supporting staff to practice competently and confidently.

We observed effective leadership within the communities with shifts well organised and effective deployment of staff. This helped with the distribution of tasks, ensured that people's needs were being met and promoted accountability. We saw that teams worked well together.

To promote staff wellbeing, the service had created a sanctuary for staff. This was located in one of the empty buildings and meant that staff had somewhere other than the staff rest area, where they could spend quiet time while on their break.

As previously mentioned, the frequency of staff supervisions had slipped and it is important that these are reinstated to support staff in their development and promote their wellbeing.

How good is our setting?

4 - Good

We evaluated this key question as good. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home was generally clean with no unpleasant odours and corridors were bright and fresh and easy for people to navigate. We discussed the benefit of reviewing the environment to identify any improvements, such as appropriate signage that will help ensure the needs of people with cognitive impairment are being met.

We saw that bedrooms were personalised, but fixtures and furnishings were dated and some relatives commented on this. The planned refurbishment of the home that we had been told about at previous inspections was yet to be realised. The area director explained that the refurbishment would not take place until a new nurse call system was installed. It was likely that this would not happen until next year.

Whilst people had en suite toilets, the wash hand basin was located in the bedroom area which was not ideal from an infection prevention and control perspective. The area director spoke about potential options to improve this situation.

People had access to communal bath and shower facilities, however in one of the communities two of the baths were not currently operational due to requiring parts. We spoke about this with the maintenance operative who agreed to chase this up.

Opportunities for communal spaces were limited because of the layout of the building. Having said that, distinct spaces had been created within the available space and this seemed to work well with noise levels kept to a minimum to ensure it wasn't intrusive to others. Having limited space can be challenging for people, however there were very few instances of incidents between residents. Temperatures throughout the building were ambient.

The home benefitted from having on-site maintenance operatives who were able to quickly respond to any repairs that fell within their remit, carry out safety checks and maintain safety records including fire safety records.

The home had a dedicated gardener and people appreciated the well tended grounds around the home. The development of a community cafe was a welcome addition, providing a space for visitors to spend time with their relatives and as a venue for group activities.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care plans we sampled were person-centred and detailed with key information about the way people wanted to be supported, to guide staff.

All legal documents such as those related to assessments of an individual's capacity and information about those who have the legal authority to make decisions on behalf of those individuals were available within the plans we looked at. This helped ensure that people's rights were protected.

We noted that there was correlation between care plans, demonstrating that staff understood the impact of one aspect of care on another. This is important and evidences that staff were holistic in their thinking and approach and care plans were not being written in isolation.

It was evident that clinical assessments were ongoing and used to inform effective and agreed plans of care to minimise identified risks. We discussed a few instances where more detail about interventions was required to guide staff when changes had been noted.

Records sampled evidenced the service's well established links to health professionals and it was clear that staff were proactive about accessing specialist support and advice in response to people's changing health care needs.

We discussed ways in which the quality of the care plan monthly summary could be improved to ensure this is consistently reflecting people's outcomes. This could help inform six-monthly reviews and ensure that the care people receive continued to be right for them. We also discussed the need to improve the quality of information within review minutes.

Anticipatory care plans were in place in the individual records sampled indicating people's future wishes. These were completed in collaboration with relatives where this was required.

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 improve the meal experience for people who require a textured diet, the management team in partnership with the catering team should ensure that people have a choice of meal options and food is appetising and presented well.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

This area for improvement was made on 23 February 2023.

Action taken since then

We saw that the presentation of textured diets had improved significantly for people on a level 5 diet, with food being piped making it more appetising for people to enjoy. We asked the provider to continue to look at ways of improving the presentation of meals for people on other levels of diet where the consistency means that piping isn't an option.

People receiving a textured diet continued not to have a choice of meals, this meant that they didn't have the same opportunity as people on a normal diet. We were advised by the area director that this was being reviewed by the provider.

This area for improvement will be rewritten and repeated to reflect the progress made.

Previous area for improvement 2

To provide responsive care and support, the provider should ensure that there are enough suitably qualified and competent staff working in the service at all times to ensure the health, welfare and safety needs of people experiencing care. This should include, but is not limited to, ensuring that staff are effectively deployed across the service to meet the needs of people experiencing care.

This is 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).

This area for improvement was made on 2 April 2024.

Action taken since then

We saw that staffing levels had improved with an appropriate mix of staff designations on each shift. Rotas were projected in advance and reflected the assessed needs of residents. The manager staffed over the number of hours identified to allow for staff absence and the deployment of staff to where they were most needed. Where agency staff were being used, for continuity the home requested the same staff.

This area for improvement has been met.

Previous area for improvement 3

To ensure each person receiving a service has their needs and wishes met the care provider should ensure each individual has a meaningful anticipatory care plan in place. To support this the care provider should ensure staff complete anticipatory care planning and end of life training.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 25 April 2023.

Action taken since then

Individual records we sampled contained anticipatory care plans. This had been a focus area for the service with anticipatory care plans now completed for all residents. Nursing staff had attended a five day palliative care training course and the care home collaborative had provided palliative care training for care staff.

This area for improvement has been met.

Previous area for improvement 4

To ensure people experiencing care and their representatives are fully involved in decisions about their care and support, the care provider should ensure staff have an understanding of the roles and responsibilities of the power of attorney through appropriate training.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 25 April 2023.

Action taken since then

We did not find evidence that this area for improvement had been met and we will repeat this in a new area for improvement that will also include staff training in relation to 'do not attempt cardiopulmonary resuscitation' (DNACPR).

This area for improvement is not met.

Previous area for improvement 5

To ensure that people's needs, wishes and choices are met, the service provider should ensure staff are aware of and have access to do not attempt cardiopulmonary resuscitation decision making records. This should be made available where individuals and or their representatives choose to have one.

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

This area for improvement was made on 25 April 2023.

Action taken since then

We saw copies of 'do not attempt cardiopulmonary resuscitation' (DNACPR) decision making records in the care plans of people where they or those with authority to make decisions on their behalf had chosen these.

Whilst this area for improvement has been met, we felt that staff would benefit from further training/development in relation to DNACPR and the situations where this both does and doesn't apply and we have included this in an area for improvement that we will make in relation to the role and responsibility of guardianship and power of attorney.

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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