

Rawyards House Care Home Care Home Service

Motherwell Street
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Type of inspection:
Unannounced

Completed on:
9 September 2024

Service provided by:
RH Independent Healthcare Limited

Service provider number:
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CS2003010591

About the service

Rawyards House Care Home is registered to provide care and support for up to 97 people and is located in the Airdrie area of North Lanarkshire.

Within its maximum number of placements, the service may also provide a care service to a maximum of 40 adults, who have dementia and a maximum of five who may be younger adults with a physical disability.

The accommodation is within a converted villa house and attached purpose-built extension, with an adjoining conservatory/lounge area. It is conveniently situated for public transport routes and is within walking distance of local shops and community amenities. There is access to outdoor seating areas depending on the weather and season.

All bedrooms are single occupancy most of which have en-suite facilities. Each unit had a lounge and separate dining room, or a lounge/dining room area. Smaller lounges are also in place. There is a lift in place to access all areas of the home.

At the time of the inspection, there were 72 residents using the service.

About the inspection

This was an unannounced inspection which took place on 3, 4 and 5 September 2024 between the hours of 09:30 and 20:30. We continued to gather inspection documentation on 6 September 2024 remotely and electronically.

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 seven people using the service and received feedback from another seven through our questionnaires;
- spoke with two relatives who were visiting and received feedback from another five family members through our questionnaires;
- spoke with 15 staff members and management and received feedback from a further 13 staff through our questionnaires;
- observed practice and daily life;
- reviewed documents; and
- received feedback from two visiting professionals.

Key messages

People are supported to remain as well as possible and have involvement with key health professionals.

People can enjoy a wide range of activities provided that included community trips.

There is a good overview of quality assurance in key areas that supports improvement.

Staffing levels should improve on night shift.

The environment supports people living with dementia to a high standard.

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?	5 - Very 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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service was responsive to people's needs and wishes and was good at adapting to people's changing circumstances. Necessary and important information about people's health and wellbeing needs were recorded well and shared appropriately. People were well supported to keep safe and well. Health professionals supporting the service told us that they had good working relationships with management and staff and that appropriate referrals were made. One health professional commented as follows;

"The manager and her staff are always available and helpful when I visit. They are knowledgeable about the residents and report and seek advice when needed. Residents are well cared for and appear happy and content."

Medication was administered safely and in line with prescribed instructions. We reminded the service that routine six-monthly reviews should take place for people who received anti-psychotic medication. (See area for improvement 1).

Mealtimes were a positive experience for people. Staff provided a lovely level of attention and assistance to people, while encouraging their individual level of independence. People received meals that met their dietary requirements. Drinks and snacks were provided throughout the day. Meetings took place with the chef and residents to consider provision of their preferences.

People were encouraged and supported to make their own choices and decisions about their day-to-day life in the home. Staff respected people's preferences about the way they wanted to be cared for and to maintain their usual daily routines, for example, timings of getting up in the morning and going to bed in the evening.

Care plans were updated and reviewed regularly. We could see people who had pressure wounds had a plan of care. However, we found in a number of instances, that people who required regular repositioning to alleviate pressure on their skin were not always re-positioned in accordance with their specified care plan. This meant there was a risk of skin damage. (See area for improvement 2).

The importance of how meaningful activities positively enhance people's wellbeing and mental health was very well understood by the staff team. The programme of activity had been developed taking people's hobbies and interests into consideration. Trips to other areas and within the community were also undertaken. A relative we spoke with told us their family member was encouraged to attend outings which was enjoyed. People who were unable to attend trips or group activities were provided with other forms of social interaction in their rooms such as music or relaxing therapies.

People told us there was enough staff during the day to support residents. We found there were staff shortages frequently on night shift. This meant that people may have to wait longer than they should to have their needs met. We have referred to this later in our report under the heading "How good is our staff team?"

Areas for improvement

1. To ensure people remain on the correct medication that is right for them, in particular for mental wellbeing, routine medication reviews should take place in line with good practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

2. To ensure people are not at risk of skin breakdown, repositioning people who remain in bed should be undertaken in accordance with what is agreed in the care plan.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

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 service used a range of quality assurance approaches to help identify service strengths and respond to areas where the service could improve. We saw attempts had been made to meet with relatives, residents and staff to gather their views and to share information about the service. This promoted good communication and kept people updated. The meetings should be offered more frequently to relatives and kitchen staff.

The majority of staff told us they felt well supported by the management team, felt listened to and had regular supervision.

The views of residents were gathered daily as part of the "resident of the day." We suggested that the audits could be strengthened by gathering views of residents during management walk rounds and out-of-hours visits, meal times and activities. (See area for improvement 1). We did not see evidence of staff practice being observed to support any identified improvement or training need. (See area for improvement 2).

There was a development plan in place that the service was focussed on. Some key areas were missing from the plan, such as the views of people and how staff were deployed within the home, in particular when there were shortages. We suggested that this plan also consider the Health and Social Care Standards that focus on good outcomes for people. (See area for improvement 3).

There was a robust complaints log in place that included how matters raised were actioned and responded to. We saw in some audit action plans, and the development plan, that actions were not time specific and at times, unclear as to what the responsive action should be. This makes it difficult to track if improvements have been made. (See area for improvement 1).

Proper systems were in place to keep peoples' money and valuables safe and secure.

There was a good daily overview in place for all of the units and leaders who met to discuss and share information, provide updates and to action anything that was required. These discussions included the

environment, equipment, professional visits and updates from hospital professionals. This assured us that all key staff were aware of their day-to-day responsibilities to keep people safe and well.

Accidents and incidents were recorded well and these were analysed to identify any common themes, for example a particular time of day or area of the home. Responsive action was put in place to try and reduce risk, this included the provision of equipment where necessary.

Areas for improvement

1.
To ensure staff, residents and relatives have opportunities to be involved with service improvements, increased frequency of gathering views on a wider range of criteria should be considered.

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

"I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve." (HSCS 4.8) and

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

2. In order to ensure people have positive care experiences, and to support staff training and development, observations of staff practice should be undertaken on a regular basis.

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

"I have confidence in people because they are well trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

3. To ensure people have positive care experiences, identified improvement actions should be clear and concise and undertaken within a specified time frame.

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

"I am confident that people respond promptly, including when I ask for help." (HSCS 3.17)

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.

People were kept safe by the service following good practice guidance when recruiting new staff.

Staff demonstrated a natural and positive understanding of person-centred support and were committed to providing a high quality of care. Residents and relatives told us:

"Staff are all really nice."

"Staff are amazing, I have a lot of trust in the staff and feel reassured after I visit my mum is well cared for."

"Unbelievably friendly staff."

"Activity staff go into his room a lot to support him."

"Staff always keep me updated."

Staff we spoke with told us that the training they received equipped them with the skills and knowledge required to do their job well. Some staff indicated that more practical training would be helpful, as the majority of training is electronic learning. We found that the dementia training provided was not at the skilled level we would expect to see. (See area for improvement 1). We did acknowledge however, that key professionals and unit nurses were confident that staff were supporting people living with dementia well. The management team advised us that further dementia training is planned for the staff team.

There are opportunities for staff to develop their roles, for example there is an infection control lead staff member who supports the staff team. We heard key nursing staff were planning training for staff to support people with their mental wellbeing, including record keeping.

Staffing arrangements should be right with staff working together well. We concluded from our staff observations that staff were deployed effectively throughout the day. Staff told us that they did not feel rushed, and the division of tasks was manageable to meet the needs of people. Residents and relatives told us there was enough staff during the day. However, we found that staff on night duty were frequently working short staffed and at times, this meant they were working under pressure and were having to rush. This also impacted on residents who, at times, would have to wait longer for staff to attend to any needs they may have. (See area for improvement 2). We did acknowledge that the management team had tried to cover absences with agency or overtime cover, but this was not always successful. We heard that some staff were not following the notice period required when reporting sick leave absence. The management team are currently addressing these issues. Some night staff thought the support they received alongside communication could be better.

All staff who are monitoring lounges should always try to engage with people, and we saw the majority of the time this was the case. We saw warm, kind and engaging interactions with staff towards residents and it was clear that good relationships had been formed.

Staff wore their PPE (personal protective equipment) when this was required and in line with good practice. We saw discreet support being provided at mealtimes to support residents with cleaning their hands.

We discussed some aspects of the care needs of particular residents with staff, it was clear that key staff were aware of the person's routines and how best to support them. Where female residents requested female staff, we saw that their preferences were recorded and people we spoke with told us this was adhered to.

Areas for improvement

1. In order to support people living with dementia, staff should have the appropriate level of training in line with the Promoting Excellence framework as highlighted by the Scottish Social Services Council (SSSC).

This is in order to comply 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 code." (HSCS 3.14)

2. To support positive outcomes for people, the provider should ensure there are suitably qualified, skilled and experienced staff working in the service in such numbers that are appropriate for the health and wellbeing of people experiencing care.

This is in order to comply with Health and Social Care Standards (HSCS) which state that:

"My needs are met by the right number of people." (HSCS 3.15) and

"People have to to support and care for me and to speak with me."(HSCS 3.16)

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Consideration had been given to the layout of the service to enable as much space and independence as possible. We saw seating in areas of the corridors for people who enjoyed sitting and observing what was going on. There were smaller lounges for people to sit quietly if they did want to be in main lounges.

Dining rooms were welcoming with colour contrasting table settings and pictorial and printed menus to promote choice.

Relevant health and safety checks were being completed in line with legislation and other guidance. Regular management walk rounds took place and there was a good reporting and maintenance system in place to manage day-to-day repairs or upgrades. These procedures meant people were able to enjoy a safe and secure environment.

People were free to decorate their rooms as they wished, and we saw some lovely personalised rooms. It was good to see that people felt at home and had a sense of ownership and pride in their surroundings.

We saw particularly good signage in place that helped orientate people to where they wanted to go. This included pictorial signage. We saw a different language being used in signage that assisted people whose first language was not English.

People were kept safe by having pendant call alarms in the communal areas and buzzers when they were in their rooms. This allowed them to call for staff assistance whenever needed. The management team are looking for other methods of nurse call buzzers that are not as intrusive as at times we could hear repeated buzzers which some residents may find bothersome.

Furnishings, carpets and communal areas of the home were clean and fresh; records in place were of a high standard. A well organised laundry service was provided for people.

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.

From the care plans we sampled, we noted planned care in partnership with other health care professionals was of a good standard. We were able to see in some instances that people were discharged from external health services after their health had improved or stabilised. This told us the plan of care had been effectively carried out.

Care plans sampled showed that new information, such as a new diagnosis, was updated in the body of the care plan and supplementary documentation was completed timeously.

It is important that people without capacity have an advocate or legally appointed representative/family member to support decision making and care planning. This supports the admission process and any other key decisions such as proposed medical treatment or hospital admission. We did not see in some of the care plans for people who lacked capacity that we sampled, who held appropriate legal powers for them. We have asked the service to put an overview in place of those holding power of attorney or guardianship and to ensure that all relevant documentation is in place. Care plans should be updated to reflect this. (See area for improvement 1).

We saw that the six-monthly reviews were undertaken within the required timeframe and considered the key areas of care and support for a person. This ensured the planned care was still up-to-date, considered any decline in health and planned future care was relevant to people's care needs. We were not always able to see if previous review actions had been undertaken within the most up-to-date reviews. We did not see the reviews being formally signed and dated in some instances with those in attendance. (See area for improvement 2).

We have previously stated earlier in our report that overall, people living with stress and distress are well supported. However, we were not able to see a record that would inform the triggers of distress and the best ways to de-escalate this. This supports staff to respond consistently to residents' needs and also can prevent distressed behaviours starting or escalating. Training is being planned in this regard and we have referred to the training in area for improvement one under the heading "How good is our staffing?"

Risk assessments were regularly updated, in particular to support falls, stress and distress and weight loss. An overview of these risks was also part of the service audits.

Areas for improvement

1. To ensure people are supported with decision making if they lack capacity, an appointed representative should be in place and recorded clearly within the care planning arrangements.

This is in order to comply with the Health and Social Care Standards (HSCS) that state:

"If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account." (HSCS 2.12) and

"My future care and support needs are anticipated as part of my assessment." (HSCS 1.13)

2. To ensure improvement actions noted and identified for individuals have been followed through, these should be discussed within the six monthly review meetings.

This is in order to comply with the Health and Social Care Standard (HSCS) that state:

"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)

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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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