Northgate House Care Home
Care Home Service

Northgate Quadrant
GLASGOW
G21 3RB

Telephone: 01415583222

Type of inspection:
Unannounced

Completed on:
10 September 2024

Service provided by:
Lanam Healthcare Ltd

Service provider number:
SP2023000024

Service no:
CS2023000032

About the service

Northgate House Care Home is registered to provide a care service to a maximum of 68 adults, aged 55 years and above with assessed physical and/or dementia/memory impairment needs.

The home is in the Balornock area of Glasgow, near to local facilities and public transport. The building is purpose built, with all bedrooms providing single ensuite toilet facilities. Each unit has their own communal bath/shower facilities, lounge and dining rooms. Access to outdoor space is available in their rear garden area and parking for visitors available at the front.

About the inspection

This was an unannounced follow up inspection which took place on 10 September 2024. The inspection was carried out by three inspectors and an inspection volunteer from the Care Inspectorate. This inspection was to follow up on Requirements and Areas for Improvements that were made since the last inspection, completed on 23 May 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 13 people using the service and three of their family members.
- Spoke with 10 staff and management.
- Observed staff practice and daily life.
- Reviewed relevant documents.
- Reviewed recent updates from the local authority commissioning team.

Key messages

Progress with the previous requirements and areas for improvement was evident, but further changes were needed to fully meet the areas identified and ensure sustained improvements.

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 good is our leadership?	3 - Adequate

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

How good is our leadership? 3 - Adequate

We made a requirement for the provider to ensure that people received the appropriate continence care to meet their needs.

We found that there had been improvements in the assessment and recording of people's continence needs as well as, the ordering and supply of continence aid supplies.

However, staff training had yet to be delivered and the storage of continence aids and staff practice needed to improve further. Monitoring and auditing of people's continence care provision and staff practice also needed to be progressed.

As we found that some parts of the requirement had been met, we have made a new requirement to reflect this and to address the outstanding issues (**see Requirement 1).**

Requirements

1. By 15 November 2024, the provider must ensure that people receive the appropriate continence care to meet their needs. To do this, the provider must at a minimum:

a) Ensure sufficient staff, with the relevant skills and knowledge, are on duty.
b) Carry out regular monitoring and auditing of peoples' continence care provision and take action where required.
c) Ensure appropriate storage and allocation of individual prescribed continence aids.

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 2011/210).

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).

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

Requirements

Requirement 1

By 9 September 2024, the provider must ensure that people's physical and mental wellbeing is maintained through meaningful interaction and stimulation. To do this, the provider must at a minimum:

a) Consult with people about how they wish to spend their day.
b) Implement a plan of daily activities which people can choose to participate in.
c) Provide staff with guidance about how to engage, with people, effectively in communal and individual bedroom areas.
d) Designate key staff, in each unit, with the responsibility for guiding and leading staff in meaningful interactions.

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 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors
and outdoors'. (HSCS 1.25)

This requirement was made on 23 May 2024.

Action taken on previous requirement

We were told by management, that they had recruited two new wellbeing co-ordinators. When speaking with the wellbeing co-ordinators, they stated they were new to this role but very invested in making things better for the people living at Northgate care home. They told us about some of the recent events that had been organised and attended by people. They did acknowledge that some events were better attended than others.

We could see from the notice boards around the home that activities were planned on a weekly basis. We observed people being encouraged to attend the activities of the day and given the choice of attending or not. However, it was not clear if people had been consulted about what was on the activity plan and how they wished to spend their day.

Speaking with people, living in the home, we were told that although there was a plan in place and it was 'better than it was', 'it could be better'. We saw some people enjoying one to one and group activities, led by the wellbeing co-ordinators or external providers. However, we observed several people sitting around the home, sleeping and not having any meaningful contact with others.

We also observed, in one unit's lounge area, people becoming increasingly stressed and distressed, however when staff interacted with people, they became less distressed. This shows the positive impact that meaningful engagement can have on peoples' wellbeing, both, physical and mental.

We were told that some staff did actively take part in the activities and on some occasions were the 'saving grace, they really got involved and helped make it a really good experience for the residents'. Unfortunately, we observed the majority of staff, within lounge areas, not engaging meaningfully with people. We felt that if staff had the relevant guidance and knowledge on how to engage with people, effectively in a meaningful way, this would reduce peoples' stress and distress.

During our observation of mealtimes, we also felt that some staff missed opportunities to provide meaningful communication and engagement with people, as well as appropriately managing peoples' stress and distress. This resulted in a negative impact on all residents.

We were aware that staff had recently been promoted and recruited to key areas in relation to quality assurance, and it was hoped that this would progress improvements further.

This requirement has not been met and will be re-stated with an agreed extension until 15 November 2024.

Not met

Requirement 2

By 9 September 2024, the provider must ensure that people receive the appropriate continence care to meet their needs. To do this, the provider must at a minimum:

a) Ensure that people have up to date continence care assessments and care plans.
b) Ensure that staff follow and document any required actions, as detailed within peoples' continence assessments and care plans.
c) Ensure sufficient staff, with the relevant skills and knowledge, are on duty.
d) Carry out regular monitoring and auditing of peoples' continence care provision and take action where required.
e) Ensure appropriate storage and allocation of individual prescribed continence aids.

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 2011/210).

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).

This requirement was made on 23 May 2024.

Action taken on previous requirement
We found appropriate and up to date continence assessments and care plans were in place. Person of the day documentation captured if care plans and risk assessments had been updated.

Feedback from staff was positive in relation to the improved ordering and supply of continence aid supplies.

However, staff training had not yet been delivered and the storage of continence aids remained a concern, with staff seen accessing supplies from communal bathroom and sluice areas. It was hoped once training had been carried out, staff would be more vigilant and demonstrate better approach in their practice.

Monitoring and auditing of people's continence care provision and staff practice also needed to be progressed.

As we found that some parts of the requirement had been met, we have made a new requirement to reflect this and to address the outstanding issues.

See 'How good is our leadership?' Requirement 1.

Met - within timescales

Requirement 3

By 9 September 2024, the provider must ensure peoples' safety through appropriate prevention and management of falls. To do this, the provider must at a minimum:

a) Ensure that people have up to date mobility, including falls, assessments and care plans.
b) Ensure that staff are aware of falls prevention strategies and the action to take following a fall.
c) Ensure sufficient staff, with the relevant skills and knowledge, are on duty.
d) Carry out regular auditing and analysis of all accidents and incidents, as well as the management of individual people's falls and take action where required.
e) Ensure appropriate and accurate reporting of accidents and incidents, including the submission of notifications to the Care Inspectorate.

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 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This requirement was made on 23 May 2024.

Action taken on previous requirement

We found appropriate and up to date falls assessments, care plans and diaries were in place. Daily flash meetings reflected discussions about any significant issues including falls and the Person of the day documentation captured if care plans and risk assessments had been updated.

There was evidence of falls training completed by the majority of staff and appropriate referrals to health professionals, such as the falls team.

We saw that there was an increase in staff presence in lounge areas to minimise accidents and incidents. A reduction in falls was evident and captured in the auditing and analysis of falls completed by management. Notifications submitted to the Care Inspectorate were found to be appropriate.

Met - within timescales

Requirement 4

By 9 September 2024, the provider must ensure that people receive the care that is right for them. To do this, the provider must at a minimum:

a) Ensure that people have up to date care assessments and plans, which reflect their assessed needs and outcomes achieved.
b) Ensure that Adult with Incapacity certificates and treatment plans are appropriately completed and reviewed within required timescales.
c) Ensure homely remedy agreements, antipsychotic and 'as required' protocols are appropriately completed and reviewed within required timescales.

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 2011/210).

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

This requirement was made on 23 May 2024.

Action taken on previous requirement

We found that staff had undertaken work to streamline their personal plan documentation and promote consistency with the completion of these, throughout the home. We saw appropriate and up to date care plans and risk assessments which were person centred and reflected people's individual needs. However, we found some Adult with Incapacity certificates that were out of date and not all had Treatment plans.

Homely remedy agreements, antipsychotic and 'as required' protocols were in place. However, we felt that people would benefit from more detail being reflected in their personal plan, around the specific medication prescribed for them. Details such as, signs and symptoms of when homely remedies or 'as required' medication would be required, any symptoms to be aware of with antipsychotic medication, action taken prior to 'as required' medication being administered and a record of the effectiveness following administration.

Whilst, we saw completed weekly and monthly medication audits, it was not clear if relevant checks on homely remedy agreements, antipsychotic and 'as required' protocols were reviewed as part of these.

We were aware that staff had recently been promoted and recruited to key areas in relation to quality assurance and it was hoped that this would progress improvements further.

This requirement has not been met and will be re-stated with an agreed extension until 15 November 2024.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that people feel able to raise a concern or complaint and are confident that these will be addressed, the manager should ensure that,

a) Staff are open, honest and transparent in their communication with people or their representative.
b) The complaints procedure, with relevant contact details, is clearly visible within the home.
c) Staff follow the provider's complaints policy and procedure.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I know how, and can be helped, to make a complaint or raise a concern about my care and support' (HSCS 4.20) and 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me. (HSCS 4.21)

This area for improvement was made on 23 May 2024.

Action taken since then

Management told us that they had an 'open door' policy and staff spoken with confirmed that they would always try to resolve any issues or concerns immediately before escalating to a senior member of staff.

We saw that the home's complaints procedure was on display within the entrance to the home and reflected relevant contact details.

We discussed, with management, any recent complaints and how they were managed and resolved.

Although improvements had been made, we felt that ongoing review of concerns or complaints handling was needed to ensure sustained improvement. This Area for Improvement will therefore remain in place.

This Area for Improvement has not been met.

Previous area for improvement 2

To support people's health and wellbeing, the provider should ensure that food and fluid intake records are completed appropriately.

This should include, but is not limited to, ensuring there is an effective system in place to regularly monitor and evaluate intake records to ensure appropriate action is taken.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 4 September 2024.

Action taken since then

We found that people had access to fluids throughout the day, with the use of hydration stations within lounge areas, jugs of juice in bedrooms and a tea trolley in the morning and afternoon.

Daily flash meetings reflected discussions about any significant issues including food and fluid intake and any nutritional concerns.

We saw food and fluid intake being recorded throughout the day, however, we did find some gaps in recording and noted that fluid intake targets were not being calculated.

We saw a recently completed Nutrition and Hydration audit which reflected practice as being positive and as expected, with the tea trolley being reinstated.

Although improvements had been made within a short timescale, we felt that further work was needed to improve recording and demonstrate that people received appropriate intake of food and fluids. This Area for Improvement will therefore remain in place.

This Area for Improvement has not been met.

Complaints

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

Detailed evaluations

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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