

Baillieston Care Home Care Home Service

Baillieston Care Home
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Telephone: 01414137050

Type of inspection:
Unannounced

Completed on:
27 September 2024

Service provided by:
Clyde Care Limited

Service provider number:
SP2016012834

Service no:
CS2022000213

About the service

Baillieston Care Home is a purpose built two storey building within the residential area of Baillieston in Glasgow. The service is provided by Silverline Care home, owned by Bridgeton Care Ltd.

The home provides care and support for up to 60 older people. At the time of the inspection, the home had 51 people living in the service.

The home is accessible to public transport routes and motorway. There are local amenities including shops near the care home.

The service provides a secured garden area easily accessible from the ground floor lounge.

About the inspection

This was an unannounced inspection which took place on 23, 24 and 25 September 2024. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

- Spoke with 10 people who used the service and three of their relatives.
- Spoke with 17 staff members and the management.
- Spoke with three external professionals.
- Observed practice and daily life.
- Reviewed documents.
- Obtained feedback from nine relatives and nine staff through questionnaires.

Key messages

- People were supported by the right number of staff at the right time to meet their needs.
- The personal planning and record keeping within the service required improvement.
- People would benefit from more frequent meaningful conversation and more activities.
- Frequency of staff supervision and staff compliance with training should improve.
- The newly created service improvement plan took account of the information gathered by audits that had been completed.
- Improvements were evident throughout the home, however some additional time was needed for these to embed fully into practice.
- 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People experienced compassion, dignity and respect. We observed staff using their knowledge and skills to deliver care and support in a compassionate way, with warmth and kindness. There was a core staff team in each unit who were knowledgeable of people's needs and demonstrated positive values.

People can expect to be cared for by staff who know their needs. There was a heavy reliance on agency staff which meant that the outcomes experienced by people may be compromised due to a lack of continuity. However, in order to provide a level of consistency, the same agency provider was used regularly and the agency staff who were familiar with the service were requested.

How people spend their day is important in maintaining people's physical and mental wellbeing. During our visit, we observed some meaningful stimulation for residents. However, people's experiences were not universal, and the service needed to ensure that people had access to the same quality of opportunities across the home. For example, we observed people getting involved in trips out to the local cafe and they appeared to have enjoyed themselves.

One person told us, "It was smashing, I had a good time." However, some people told us they missed out on these opportunities due to not being given the choice to participate. We also saw the garden and outdoor space was not being utilised and people told us they wanted to, "go outside for fresh air." The service should evidence choice, evaluation and meaningful engagement better. This supports people to have a strong sense of their own identity and wellbeing and reduces feelings of isolation. This is especially important for people who spend a lot of time in their rooms, have advanced dementia or receive few visitors. We acknowledged that the home was currently recruiting new permanent staff, however, we felt that staff would benefit from additional guidance and leadership about how to make effective use of their time when 'supervising' lounge areas.

We sampled food and observed people's mealtime experiences. The presentation and quality of food was good, and people told us they enjoyed their meals. There was a good staff presence and staff were allocated to those who required assistance. We found there to be little meaningful engagement during mealtimes. We discussed with management better use of skill mix amongst the staff team to help improve people's dining experience.

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, the Care Home Liaison Nurse, Falls Team, Podiatrist, Optician, GP, Dieticians and Speech and Language therapist were seen. These approaches helped keep people well and ensured their health needs were being met.

Medications were managed effectively with safe systems in place for storage, administration and recording. We were reassured people received medication that was right for them and at the right time. There were appropriate protocols for those who were prescribed, 'As Required' medication.

People should have a personal plan aligned to best practice guidance that reflects their current needs and directs staff to meet those needs. The personal plans should also contain information on how people's nutrition and hydration needs were to be assessed, monitored and met. We found food and fluid recordings did not always show how people's needs were assessed and intake and targets were not always calculated. This practice placed people at risk of harm to their health and wellbeing because inaccurate information could be recorded. (See Requirement 1)

Requirements

1. By 30 December 2024, the provider must ensure that people receive the appropriate support in relation to food, fluid and nutritional support. To do this, the provider must, at a minimum, ensure:

- a) That information in personal plans regarding how nutrition and hydration needs are to be assessed, monitored and met is accurate, up-to-date and regularly evaluated;
- b) That food and fluid intake charts are fully completed and that the information contained therein is used to inform the planning of care and support.

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

This also ensures care and support is consistent with the Health and Social Care Standards, which state; "to ensure people experiencing care can have confidence that their health and wellbeing is monitored carefully, there should be a clear and consistent approach to food and fluid monitoring to inform care plan development and review and that: "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected." (HSCS, 1.34)

Areas for improvement

1. The manager should ensure that activities are organised to improve physical and mental wellbeing for people. This would enshrine the right of people to take part in activities that are of interest and meaningful to them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities each day, both indoors and outdoors." (1.25)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People should have confidence that the service is well led and managed. There have been changes within the management team since the last inspection. Staff we spoke with were aware of the changes and were feeling hopeful that the new service manager would make the improvements needed.

We observed communication between management and staff, and saw daily meetings and handovers which ensured everyone was aware of key issues in the home. This helped keep people safe and well.

It is important that services have effective systems to assess and monitor the quality of service provision. This helps drive service improvement which results in better outcomes for people experiencing care. The audits had been completed by the previous manager and they were reasonable and identified good practice and issues that need to be addressed. However, the poor culture within the home at that time reduces validity of quality assurance and management oversight. The new management team need to now focus on following through, completing actions and ensuring quality assurance is more robust. (See Requirement 1).

Management demonstrated an understanding of what is working well and what improvements are needed. The Service Improvement plan was realistic, insightful and if completed, will improve standards. The plans should also include the views of people living in the care home, relatives, staff, and feedback from any other stakeholders. There was a feeling of discontent from relatives and we were told, "no real focus is placed on achievements or good news." We noted there were residents' and relatives' meetings taking place in the home. This will give people a stronger voice and influence in their service. The manager made a commitment to build relationships and improve communication.

There was an absence of observations of practice. Infrequent assessments of staff practice through observations and limited management insight into staff performance or views. Therefore, there was a risk that if poor practice occurred it would not always be identified and addressed. The management team could not evidence compliance and the quality of service provided effectively. There has not been time for the new management team to have oversight of this and make improvements. We acknowledged the home need a period of stability and time for the new manager to imbed vision and improvements.

Requirements

1. By 30 December 2024, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for them and that the quality assurance system supports a culture of continuous improvement. To do this the provider must, at a minimum, ensure:
 - a) Audits are completed with transparency and reflect relevant best practice guidance for the area being assessed.
 - b) That they develop their improvement plan to address the deficits in the service.
 - c) Feedback from people who use and work within the service should be used to inform the improvement plan.

This is to comply with Regulation 3 (Principles) and 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 that care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (4.19)

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

We observed some warm and caring interactions between staff and people in each unit. People told us there was a lot of agency staff used in the home which meant they were not always familiar with them. Poor continuity of the workforce can be a risk to people living with dementia and overall reduces the understanding of people's needs and wishes. There were attempts to use consistent agency workers which helped to minimise disruption. When there were permanent and consistent workers, we saw positive interactions, fun and humour.

Numbers and skill mix of staff should be determined by a process of continuous assessment. The management team reviewed staffing arrangements and had responded to people's changing needs. However, the allocation of staff at times resulted in inconsistent staffing on each floor. There was a lack of effective leadership and oversight of the outcomes for people in each unit. This meant that people were not always enabled to build trusting relationships.

Appropriate arrangements were in place to ensure that staff were registered with the Scottish Social Services Council, who regulate the social care workforce. Nurses were supported to revalidate with the Nursing and Midwifery Council.

Most staff demonstrated good practice and values, however the morale and motivation of the workforce appeared low. Some staff told us there was, "too many agency staff and too many long term staff leaving." However, there is an opportunity now to build and mould a new team. Staff need to feel appreciated and valued. Management agreed the service needed to improve the culture within the home to ensure the care home was a pleasant place to live and work.

There was an absence of supervision, team meetings and not all staff had completed their mandatory training. There needs to be a culture of continuous learning and development imbedded into the home under the new management. (See Requirement 1).

Requirements

1. By 30 December 2024, the provider must ensure that staff training and development reflects the needs of the people they support. To do this, the provider must, at a minimum:

a) Develop a training and staff development programme which helps staff keep up to date and follow good practice guidance.

b) Ensure supervision is more regular and that team meetings are embedded into the culture of the home.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 9 (i) and (b).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS4.11).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The care home was generally clean and tidy. We were reassured that people were living in a warm and safe environment.

Communal areas, such as living rooms and dining areas, were sufficiently clean, decorated, and furnished to promote people's comfort. People's bedrooms were spacious and personalised which reflected people's choice.

A review of cleaning schedules evidenced that housekeeping staff worked hard to clean all areas of the care home frequently using appropriate products. This reduced the risk of infection and promoted people's safety.

However, there was a risk that, without action, the current standards would be difficult to maintain. A review of rotas found that housekeeping staff were, at times, working below agreed numbers due to absences. This meant that staff were under pressure to clean the home with limited resources.

Housekeeping staff had access to correct products to ensure the care home was clean and safe. However, there were times when stock levels were low, further adding to the pressures facing staff.

Additionally, a carpet in one of the unit's corridors was dated, stained, and unattractive. Staff worked hard to maintain it to an acceptable standard with some difficulty. These issues were adding pressure to staff workload and reducing morale. We discussed these important areas with the new management team, who agreed to meet with housekeeping staff more regularly. This would help them to gain a better understanding of their challenges, ensure appropriate staff and stock levels were in place, and improve or replace the carpet highlighted. (See Area for Improvement 1). This will ensure that people continue to live in a clean, safe, and attractive care home with further improvements. We asked the home to consider implementing an environmental plan, separate to the service improvement plan, which will record any outstanding areas that need addressing.

A new maintenance worker completed their duties well. They regularly visited all areas of the care home, identifying and addressing any issues, and completing important health and safety checks, which were recorded and audited. This ensured the safety of people, relatives, and staff.

The care home had an enclosed and attractive garden area. During our visits, we noted only a handful of people using the garden for brief periods. We asked the service to promote people's access to the garden area more frequently to promote their stimulation and wellbeing.

Areas for improvement

1. To promote people's wellbeing, the provider should improve the care home setting and its approach to infection prevention and control. This includes, but is not limited to, implementing a separate environmental plan, meeting with housekeeping staff more regularly, ensuring appropriate levels of staff and stock are in place, and improve or replace a specific carpet area as agreed.

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

How well is our care and support planned?**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Personal plans should include detailed information about individual's healthcare needs and guidance for staff about how best to support these needs. We saw evidence of relevant treatment plans and appropriate recording around wound care, continence care and falls assessments. Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the home should be consulting with regarding the care of the person. This helped to protect people's legal rights and safeguard them from harm.

The most up-to-date information on how to provide appropriate care and support was available in the plans we sampled. However, reviews did not always fully evaluate the person's current needs in detail, recording only brief details and not always capturing people's views.

We saw progress in recording people's weights more accurately. However, food and fluid charts were not always recorded in full. (See Area for Improvement within, 'How well do we support people's wellbeing.')

We observed staff manage stress and distress effectively and this was reflected in the care plans we sampled. Progress continued to be made to further develop people's personal plans to ensure they were person centred.

However, the standard and quality of documentation within people's personal plans was inconsistent. There remained some significant gaps within some plans particularly around maximising and capturing people's well-being needs. We acknowledged that this remained a work in progress and the organisation committed to provide further training and support to staff to improve communication and oversight of people's care. This would assist in ensuring that care and support is given in line with people's wishes and needs. (See Area for Improvement 1).

Areas for improvement

1. The service should ensure that all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which 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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

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

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