

Forrest House Care Home Service

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Type of inspection:
Unannounced

Completed on:
10 October 2024

Service provided by:
Rotary Residential And Care Centres

Service provider number:
SP2003000179

Service no:
CS2003000875

About the service

Forrest House is a care home registered for nine adults living with complex health conditions and care needs such as cerebral palsy and/or physical impairment, sensory impairment, and neurological impairment. This number includes two dedicated respite/short break places.

The care home is a large, detached house in a quiet residential area on the southside of Glasgow. There is a well-maintained garden area at the front of the house and a large patio area to the rear which can be accessed from the bedrooms. All accommodation is located on the ground floor and includes spacious ensuite rooms and communal living spaces such as, a sunroom, aromatherapy room and a spacious dining room.

About the inspection

This was an unannounced follow up inspection which took place between 8-9 October 2024. This was to review progress made on the requirements made at the last inspection which took place between 16-17 April 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.

At the time of the inspection, there were seven permanent residents.

In making our evaluations of the service we:

- Spoke with three people using the service
- Spoke with two staff and management
- Reviewed relevant documents
- Observed daily life.

Key messages

- Quality assurance and management oversight had improved.
- Oversight of training had improved.
- Quality audits were used to monitor standards across the service.
- Assessments and personal plans were up to date and gave good direction to staff.
- Practice champions promoted good practice and communication within the staff team.

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?	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 good is our leadership?

4 - Good

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to quality assurance processes. Significant improvement had been made to meet the requirement. We changed the evaluation of this key question from adequate to good.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

How well is our care and support planned?

4 - Good

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to personal planning. Significant improvement had been made to meet the requirement. We changed the evaluation of this key question from adequate to good.

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

Requirements

Requirement 1

By 21 July 2024, to promote positive outcomes and the ongoing development of the service, the provider must review and improve quality assurance processes.

To do this, the provider must, at a minimum:

- a) Identify and implement appropriate quality assurance tools to cover all key areas of service delivery.
- b) Improve oversight and recording of staff training.
- c) Further develop the service improvement plan to ensure it identifies and addresses required improvements in the service.
- d) Use feedback from people who use and work within the service 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 (HSCS 4.19).

This requirement was made on 17 April 2024.

Action taken on previous requirement

A range of audit tools and management checks were in place to assess compliance with expected standards. This included audits of, personal plans, medication, record keeping, accident, incidents and quality of the environment. We saw occasions where the audit system had informed positive changes in practice, including record keeping and medication management.

There was improved oversight of staff training. The management had identified core mandatory training requirements for staff with a recording process which identified when training was due for renewal.

Feedback was actively sought from people who use the service and was reflected in the service development plan. A "you said, we did", display was planned for the entrance hall to illustrate how people had informed their care arrangements.

Staff meetings, formal supervisions and a daily team brief gave staff the opportunity to express their view. This meant staff felt listened to.

A service improvement plan reflected where improvement was needed, the timeframe and individual responsible for actioning and following up. This helped to promote a positive culture of improvement.

The manager and staff team were fully invested in maintaining the oversight systems in place.

Met - within timescales

Requirement 2

1. By 21 July 2024, the provider must ensure people experiencing care have a detailed personal plan which sets out how all their current care and support needs will be met. To do this, the provider must, at a minimum:

- a) Audit all personal plans to ensure information is accurate and aligned with current best practice.
- b) Ensure personal plans are reviewed and updated a minimum of every six months or as people's needs change if sooner.
- c) Implement a clear protocol to direct staff on expectations for completion of assessment and personal planning information.
- d) Ensure the required documentation to safeguard people who require support with decision-making, is in date and accessible.
- e) Ensure that all staff are aware of their responsibilities regarding good record keeping, This is to comply with Regulation 4(1)(a) and Regulation 5(b)(i)(ii) and (iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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 requirement was made on 17 April 2024.

Action taken on previous requirement

Staff knew the needs and the preferences of people well. This meant staff were able to recognise and respond to changes in people's presentation.

Electronic personal plans were nicely detailed and provided a good insight into people's current needs, preferences and desired outcomes. Plans took account of known risk factors and planned interventions to mitigate these. Formal reviews of care arrangements were undertaken regularly with appropriate individuals. This helped to ensure that people's care was right for them. However, staff had omitted to update one aspect of an individual's care plan. We were confident staff knew the individual's needs and this had not impacted on the care provided. This was immediately addressed.

Practice champions supported staff with record keeping. Protocols directed staff on the completion of care documentation. Regular discussions were held during team meetings to reinforce the importance of good quality record-keeping.

All necessary legal documentation to support effective decision making for individuals who lacked capacity was in place as expected.

Met - within timescales

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 people are confident that their needs are met by the right number of people, the provider should consider implementing a dependency tool and/or a professional judgement tool to support the decision-making processes used to determine the required staffing levels.

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 17 October 2024.

Action taken since then

There was sufficient staff to meet people's physical and emotional needs. The manager had used a dependency tool to help inform the staffing levels. The manager planned to formalise a staffing method to demonstrate the professional judgement used to determine staffing needs.

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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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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