

Ranfurly Care Home Care Home Service

69 Quarrelton Road
Johnstone
PA5 8NH

Telephone: 01505 328 811

Type of inspection:
Unannounced

Completed on:
2 October 2024

Service provided by:
SCCL Operations Limited

Service provider number:
SP2014012299

Service no:
CS2014326139

About the service

Ranfurly Care Home is registered to provide a care service to a maximum of 62 older people. The service may care for one named adult under the age of 65. The provider of the service is SCCL Operations Limited.

Ranfurly Care Home is a purpose-built home which is located in a residential area of Johnstone and is near local bus routes. The home is built over two levels and divided into four units named Culzean, Brodick, Lochranza and Kelburn. Each unit has a lounge area and a dining room. All of the 62 bedrooms have ensuite shower facilities and each unit has access to communal bathrooms and toilets. The home has a large secure garden area to the rear of the building which residents and visitors are able to access.

At the time of inspection 62 people were living in the home.

About the inspection

This was an unannounced follow up inspection which took place on 31 September and 1 October between the hours of 09:30 and 17:30. The inspection was carried out by one inspector 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 five people using the service and four staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Activities on offer provided people with new experiences and positive outcomes.
- The service promoted inclusion, choice and control by seeking feedback on activities.
- Effective monitoring contributed to people receiving the right support for them.
- Regular reviews of people's care ensured they experienced positive outcomes.
- Protocols for PRN (as required) medication had improved.

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 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 have regraded this key question from adequate to good, as the service had made significant improvement to meet the requirements from the previous inspection. **Please see what the service has done to meet any requirements made at or since the last inspection.**

How well is our care and support planned?

4 - Good

We have regraded this key question from adequate to good, as the service had made significant improvement to meet the requirements made at the previous inspection. **Please see what the service has done to meet any requirements made at or since the last inspection.**

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

Requirements

Requirement 1

By 10 February 2023 the provider must ensure people receive medications safely to maintain their health and wellbeing. To do this, the provider must, at a minimum ensure:

a) medication administration and practice is in line with 'Guidance about medication personal plans, review, monitoring and record keeping in residential care services (Care Inspectorate, 2012)' and 'Professional guidance on the safe and secure handling of medicines (Royal Pharmaceutical Society, December 2018)'

b) all 'as required' medications have a clear protocol in place

c) health monitoring information, including but not limited to skin integrity, weights and positional charts are completed timeously, accurately and inform the care plan

d) medication audits adequately audit all elements of the medication system

e) actions from medication audits are followed up, documented and communicated clearly with all staff who administer medication.

This is to comply with Regulation 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 care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24). and '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 codes.' (HSCS 3.14)

This requirement was made on 18 November 2022.

Action taken on previous requirement

We reviewed medication records and found these to be completed to a good standard in line with 'Guidance about medication personal plans, review, monitoring and record keeping in residential care services (Care Inspectorate, 2012)'. Improvement had been made to give details to care staff where people required support with the application of topical medication such as creams and emollients. Details of when and where these should be applied for each person had been added to their care plan. This meant that people were receiving the right support to maintain their skin integrity.

Protocols for medication to be given 'as required' known as PRN medication had improved. Where people experienced stress and distress, protocols sampled provided good detail around the emotional support and effective strategies to be used prior to medication being offered.

PRN protocols were in place for medication to be given for pain relief. These provided staff with information such as any known location of pain and what pain may look like for individual people who experience this. This meant that support was responsive to meet people's needs.

Effective monitoring was taking place to ensure people received the right support to maintain their skin integrity, weight management and nutritional needs. Regular reviews of care plans had taken place. This ensured that changes in people's health care needs were known and current and support adapted to meet their needs.

The provider had moved to a new electronic system called RADAR which held all of the audits carried out by the service. Medication audits were completed monthly and actions required were taken immediately to resolve any issues highlighted from audits. Good practice had taken place with groups of staff with themed supervision meetings. This had provided learning and development opportunities for staff where emerging themes were identified in audit findings. For example the improvements made to incorporate guidance on the use of topical medications into people's care plans.

Met - outwith timescales

Requirement 2

By 10 February 2023 the manager must ensure that people's care plans and the information contained in the plans is current, accurate and up to date. To do this, the manager must, at a minimum ensure that:

- a) care plans are reviewed and updated to reflect people's current care needs
- b) health monitoring information, including but not limited to food/fluid charts, skin integrity, and weights clearly inform people's care plans
- c) people who come into the home must have a written plan which sets out how the service user's health, welfare and safety needs are to be met ,within 28 days of the date on which the service user first received the service.

This is to comply with Regulation 5 (Personal Plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that 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)

This requirement was made on 18 November 2022.

Action taken on previous requirement

Since the last inspection the provider had changed to a new electronic care planning system called Person Centred Software (PCS). The service had worked hard to ensure that care plans had been migrated onto PCS and updated to ensure these reflected people's current needs. Reviews of care plans had taken place which had enabled support arrangements to be adapted to ensure people experienced positive outcomes.

We sampled a care plan for a person who had recently moved to the service. We were satisfied that this contained essential information for staff to provide safe care and support.

Monitoring was in place for people who required additional support with their nutrition. This included food and fluid recordings and weight monitoring. An alert function was set on PCS for people who were at a higher risk of dehydration. This enabled the service to take responsive action where people were not meeting the targets set to maintain their daily fluid intake. Real time monitoring enabled the service to respond timeously where any concerns were identified in relation to people's nutritional support. Daily flash meetings were taking place with managers, clinical staff and care staff which meant that communication was shared in relation to any concerns about people's health and wellbeing such as skin integrity and nutritional support. These provided staff with updates on planned care including input from external health professionals to meet people's changing needs.

Met - outwith timescales

Requirement 3

By 31 August 2024, the provider must ensure people experiencing care have access to a programme of stimulating and meaningful activities and engagement. This includes:

- a) developing an activity programme to meet the needs, preferences and abilities of everyone within the service
- b) gathering and using feedback from people supported to develop the programme
- c) ensuring there is sufficient time and resource available to support meaningful engagement
- d) maintaining a record of all activities and participation levels.

This is to comply with Regulation 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 (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 every day, both indoors and outdoors.' (HSCS 1.25)

This requirement was made on 8 July 2024.

Action taken on previous requirement

Significant improvement has been made since the last inspection in this area. Two full time activity workers were in post who appeared motivated, enthusiastic and engaging.

Activities staff had spent time with people using the service to gather their views and opinions to help develop and design the activities plan. Feedback from people using the service followed every activity offered. This had helped to explore what was going well and what wasn't, enabling activities staff to explore other alternatives. Feedback was recorded to ensure that everyone living in the service had an opportunity to have their say about the activities on offer. This meant that the service was promoting inclusion, choice and control.

A four weekly activities programme was in place with weekly planners displayed in foyers and daily activities displayed in each unit. This meant that people, staff and visitors to the service were aware of planned activities scheduled for each day.

Activities on offer included coffee mornings, musical Mondays, bingo, dancing, fitness fun and karaoke. We heard from people who spoke positively about recent trips to the local theatre and a trip to Lochwinnoch, with fish and chips by the waters edge. People spoke highly of the in-house activities, visits from a local minister, pet therapy and a local nursery as well as having opportunities to access the community. This provided people with new experiences and positive outcomes.

We saw many photographs of the various activities people had participated in which highlighted people's enjoyment. A digital photo frame was on display in the reception area, which meant that visitors and relatives could keep up to date with what had been happening in the service. We made a suggestion about developing the service newsletter to include planned activities as well as including photographs and details of activities that had taken place. This would enable people's families who may be unable to visit often to be kept up to date with latest activities and events in the service. The manager acknowledged our suggested improvements and was motivated to continue to develop the service further.

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

People should be supported to ensure their nutritional needs are identified and delivered safely. To achieve this, the service should review the information shared with kitchen staff. This should clearly detail each person's support with specialised diets. Further training and guidance to enhance skills and knowledge should be explored.

This is to ensure support is consistent with Health and Social Care Standards (HSCS) 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.12)

This area for improvement was made on 28 May 2024.

Action taken since then

Dietary information and support required to promote people's nutrition had been fully updated and shared with essential staff, including kitchen staff and care staff who provide direct support. Guidance from the International Dysphagia Diet Standard Initiative was on display in all units of the home. This provided staff with information on how to support people with specialised diets. Daily flash meetings were taking place which include managers, clinical staff, kitchen staff and care staff to ensure communication is shared when there had been a change in people's dietary and nutritional support. This ensured that people are supported safely and effectively with their nutritional needs. **This area for improvement has been met.**

Previous area for improvement 2

The service should ensure people benefit from robust quality assurance systems that drive continuous improvements. Actions identified from audits as well as feedback from people experiencing care and stakeholders should be clearly linked to the service improvement plan.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed.' (HSCS 4.23).

This area for improvement was made on 28 May 2024.

Action taken since then

The service has recently changed to new electronic systems for care planning and auditing. Further time is needed to ensure both systems are being used effectively to link to service improvement. **This area for improvement has not been met.**

Previous area for improvement 3

The service should ensure opportunities for learning are fully explored following any accidents or incidents. Further risk reduction measures to meet people's ongoing or changing needs should be identified. In addition, the service should ensure that they comply with their notification obligations as set out in the document entitled 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15) and '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 28 May 2024.

Action taken since then

When reviewing internal accidents and incidents logs, we were satisfied that the service was complying with their notification obligations as set out in the document entitled 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. Evidence of lessons learned as well as identifying further risk reduction measures to lower potential harm was evident on records sampled. **This area for improvement has been met.**

Previous area for improvement 4

The service should explore ways to maximise people's independence and freedom of movement to enhance people's outcomes and experiences. This includes establishing ways in which people can have readily and regular access to the garden area.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I live in a care home, I can use a private garden.' (HSCS 5.23)

This area for improvement was made on 28 May 2024.

Action taken since then

This area for improvement was not assessed.

Previous area for improvement 5

People should be supported with dignity and respect toward the end of their life by compassionate and knowledgeable staff. The service should provide training and practice guidance on how to support people with end-of-life care. Staff should have access to end-of-life care plans that sets out people's future wishes clearly to ensure these are known and understood.

This is to ensure that people's needs are met in line with the Health and Social Care Standards (HSCS) which states 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 codes.' (HSCS 3.14)

This area for improvement was made on 28 May 2024.

Action taken since then

The service has continued to improve how they support end-of-life care planning with people and their families or representatives as well as other health professionals. This has enabled people's future wishes to be captured meaningfully within care plans sampled. The management team and clinical staff were passionate about supporting care staff to understand the process of death and dying, as well as providing support around grief and loss. This meant that care staff supported people and their families with empathy and compassion. **This area for improvement has been met.**

Previous area for improvement 6

To ensure that people benefit from staff who have the right knowledge and competence to support them the manager should:

- a) ensure that existing staff who have outstanding training or induction courses have completed these
- b) direct staff on which courses to prioritise during the induction
- c) have a process to check that agency staff have the right knowledge and competence to meet the needs of the resident group.

This is to ensure that support is consistent with the Health and Social Care Standards which state '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 codes.' (HSCS 3.14)

This area for improvement was made on 18 November 2022.

Action taken since then

Mandatory courses for new staff are set out during their two week induction to the service. This included Adult Support and Protection, Infection Prevention and Control, Health & Safety and Fire Safety training. The induction programme included opportunities to shadow colleagues, observe practice and share learning experiences. Managers met with new staff throughout their probationary period. This provided an opportunity to reflect on learning and further development to ensure new staff had the necessary skills and knowledge to fulfil their role and provide safe care.

The service has a process in place when requesting staff cover from agencies. This involves viewing available staff's profile to assess if their skills, knowledge and training meets the standard required to provide safe and effective support prior to 'booking' staff to fulfil staffing requirements. **This area for improvement has been met.**

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 well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.