

Haydale Nursing Home Care Home Service

17 Corbett Street
Tollcross
Glasgow
G32 8LF

Telephone: 01417 788 678

Type of inspection:
Unannounced

Completed on:
10 October 2024

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361012

About the service

Haydale Nursing Home is registered to provide a care service to a maximum of 66 adults to include frail elderly and those with learning disabilities.

The service is owned and managed by Advinia Care Homes Ltd and is part of the Advinia Care Homes Limited group.

The service is situated in the Tollcross area of Glasgow, very close to shops, public transport links and other community resources.

There is a car park at the front of the property and enclosed gardens to the rear.

The service is provided over two floors with lift and stair access to the upper floor. Dunlop is the older people's unit; Corbett supports older people and adults with learning disabilities and Sunnyside supports adults with learning disabilities.

Each floor has bedrooms with en-suite facilities (toilet and wash-hand basin), shared lounges/dining rooms, toilets, and bathrooms.

About the inspection

This was an unannounced inspection which took place on 9 October 2024 between 18:00 and 20:00 and 10 October 2024 between 08:30 and 15:00. The inspection was carried out by one inspector from the Care Inspectorate. A team manager from the Care Inspectorate attended on the evening visit.

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 eight people using the service and two of their family members
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Three requirements made at previous inspections have been met.
- Four previous areas for improvement have been met.

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

Requirements

Requirement 1

By 24 June 2024, people must be supported to experience care and support that is safe and right for them. To do this the provider must ensure that:

a) Records used to evaluate people's health and wellbeing are improved. This should include but is not limited to oral intake records. This information must be used to evaluate the effectiveness of interventions at regular intervals throughout the day and direct staff on how to support people.

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 people's health benefits from their care and support and takes account of the Health and Social Care Standards (HSCS) which state: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "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).

We have extended this requirement to 30 September 2024

This requirement was made on 11 April 2024.

Action taken on previous requirement

Since the last inspection, the service had worked with staff to share expectations in relation to record keeping. The detail within the nutritional and fluid intake charts had improved. This allowed staff to monitor what individuals had been offered to eat or drink and what they had accepted. Oversight of these documents had improved. Staff were checking at a set point within the day. There was some development needed in the consistency of this process. The management team were aware and a plan was in place to help ensure that all staff were following the same process.

Met - within timescales

Requirement 2

By 24 June 2024, the provider must ensure service users' health, safety and social care needs are documented accurately. What the service has done to meet any requirements we made at or since the last inspection

To do this the provider must at a minimum:

- a) ensure that assessments are accurately completed and personal plans reflect people's current needs and wishes
- b) improve the consistency of recording to support meaningful evaluation of people's care arrangements

This is to comply with Regulation 4(1) (a) and (d) (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 (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 "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

We have extended this requirement to 30 September 2024.

This requirement was made on 11 April 2024.

Action taken on previous requirement

We reviewed completed assessments across the different units in the care home. The quality and accuracy of risk assessments had improved. This allowed clear and concise information to be used to develop personal plans. This included nutrition, falls and skin integrity risk assessments. The care home management team had introduced additional oversight in these areas.

The service had provided training for staff in relation to the recording of care delivery. Staff practice in this area had improved. This allowed a detailed description of care offered and what this meant for individuals. The service used internal quality assurance processes to monitor practice in this area.

Met - within timescales

Requirement 3

By 30 September 2024 the provider must ensure that people experiencing care have confidence that their home is safe and secure. To ensure this, the provider must, at a minimum:

- a) ensure management oversight and written evidence of checks of the building and grounds to ensure it remains safe and secure.
- b) ensure access to the rear garden is safe and secure at all times.

To be completed by: 30 September 2024

This requirement was made on 24 July 2024.

Action taken on previous requirement

This requirement was made following a complaint investigation. During the inspection we checked the access and security to the garden area. An automatic closure device had been fitted to the gate. The service had explored adding an electronic keypad to work with the fire system. External contractors had advised that this was not possible due to the location of the gate. This resulted in staff having to secure the gate following use. A system had been introduced to routinely check and document that the gate was secured throughout the day.

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

The provider should ensure staff supervision is carried out in accordance with the provider's policy and procedures to ensure staff are supported to discuss and develop their roles and reflect on practice.

This is to ensure that care and support is consistent 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 11 April 2024.

Action taken since then

The service had maintained the overview of staff supervisions that had taken place and those that were scheduled. The service had met with the staff team and supervisions had taken place. Of those sampled, we saw that documentation reflected an open discussion of what was working well and areas that could improve. Some staff had received additional supervision since the last inspection.

This area for improvement has been met.

Previous area for improvement 2

The service development plan should be reviewed regularly. The plan should include the views of the people who use the service, families/representatives, staff and stakeholders in line with the Care Inspectorate's "Quality Framework for Care Homes for Adults and Older People: For use in Self-Evaluation, Scrutiny, and Improvement support" (published April 2022).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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 area for improvement was made on 11 April 2024.

Action taken since then

A service development plan was being routinely updated with changes. This included the views of individuals living in the care home. The service included the views of other external stakeholders when possible. The supervision process was used to gain staff views, these informed the service development plan.

This area for improvement has been met.

Previous area for improvement 3

To keep people safe the provider should ensure sufficient staffing levels are in place across all units of the care home and that this is clearly recorded on the staff rota.

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: "My needs are met by the right number of people".

This area for improvement was made on 24 July 2024.

Action taken since then

This area for improvement was made following a complaint investigation. Discussions with staff on shift during the inspection confirmed that overall, they felt that the staff levels were suitable to meet the needs of individuals. Some staff shared instances where short term sickness impacted at the start of the day. They were reassured at the response taken to ensure additional agency staff were deployed to the service.

The service was clearly documenting on the rota when their own staff or agency staff were deployed to the service. This includes the unit that individuals would be working within. Not all night duty rotas included this information. The management team were accepting of this and planned to ensure that this was consistently recorded.

This area for improvement has been met.

Previous area for improvement 4

To support people's wellbeing, the provider should ensure that people are supported with activities that are meaningful to them.

This should include, but is not limited to, ensuring people's needs are fully assessed to determine their preferences and people have the opportunity to access the community.

This is to ensure care and support is consistent with Health and Social Care Standard 1.25: "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."

This area for improvement was made on 24 July 2024.

Action taken since then

This area for improvement was made following a complaint investigation. The service had reviewed activity assessments across the care home. Through sampling of personal plans, we found that individuals' wishes and preferences had been considered. Daily notes confirmed activities that individuals had been involved in and what this meant to them. The service was involved within various community groups and involved the wider community in events within the care home.

The service used the "relative gateway" element of the electronic personal plan system. This offered additional oversight of meaningful activities individuals participated with. At present this could only be accessed within the care home. This allowed individuals to share with those closest to them what activities they had been involved within.

This area for improvement has been met.

Complaints

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

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