

Greenfield Park Care Centre Care Home Service

291 Myreside Street
Carntyne
Glasgow
G32 6BX

Telephone: 01417 780 368

Type of inspection:
Unannounced

Completed on:
1 October 2024

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300709

About the service

Greenfield Park Care Centre is registered with the Care Inspectorate to provide a care home service for 110 residents. The provider is HC-One Limited.

The building is purpose-built and is in Carntyne, Glasgow, and is close to local transport links. Accommodation is on one level consisting of a main reception area, offices, and a relatives' room. Leading from this area are two wings, consisting of five units.

Each unit has a lounge with separate dining area and satellite kitchen. All bedrooms are single with en suite facilities. There is a selection of small rooms throughout the building where residents can spend time or meet privately with visitors. There are recreational facilities including an art room, pub and hairdressing salon which are well used by residents. All units open out onto secure, well-maintained gardens. Parking facilities are available for visitors to the service.

About the inspection

This was an unannounced follow-up inspection that took place on 1 October 2024. Three inspectors from the Care Inspectorate carried out the inspection. This inspection was to follow up on requirements and areas for improvements that were made at the last inspection, completed on 13 June 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 10 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.

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 well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	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

At the previous inspection, we made a requirement for the provider to ensure that personal plans set out how the health, welfare and safety needs of service users are to be met, with particular relation to oral health and nutritional needs.

Information in some of the plans sampled accurately reflected people's oral health and nutritional needs. There were, however, some inconsistencies in the information outlining people's needs, abilities and support required to meet those needs. Although progress was noted, inconsistent detail also pervaded in the area of consulting with and involving people in decisions. There was detail in some of the plans sampled that accurately reflected the level of support people required to meet their oral health and nutritional needs. Information had been captured on people's oral and nutritional needs and regular evaluations of this information were in place.

As we found that some parts of the requirement had been met, we assessed the risk of the unmet elements and made an area for improvement to address the outstanding issues (see area for improvement 1).

Areas for improvement

1. The manager should ensure that personal plans accurately reflect the oral health and nutritional needs of people, and that this information is regularly evaluated as part of effective quality assurance systems.

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

How good is our leadership?**3 - Adequate**

At the previous inspection, we made a requirement for the provider to ensure that the quality assurance system in the service supports a culture of continuous improvement.

We found that some progress had been made in this area. Daily walkarounds by the management team take place and they capture evidence of checks that have occurred. They also showed where remedial action was identified, and immediate changes were made to impact better outcomes for people. Some audits had occurred, but this should be progressed further to fully support better outcomes for people.

As we found that some parts of the requirement had been met, we assessed the risk of the unmet elements and made an area for improvement to address the outstanding issues (see area for improvement 1).

Areas for improvement

1. The manager should ensure that audits are completed with transparency and reflect relevant best practice guidance for the area being assessed.

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).

How well is our care and support planned?

3 - Adequate

At the previous inspection, we made a requirement for the provider to ensure each service user has a personal plan in place which sets out how their physical and emotional needs are to be met.

Regular evaluations of people's needs had taken place, and any changes were noted and acted upon. Some formal reviews had occurred, and we reminded the service that these must occur at least once in every six month period. There had been some progress in the audit process of personal plans, but this needed to be maintained and developed further.

As we found that some parts of the requirement had been met, we assessed the risk of the unmet elements and made an area for improvement to address the outstanding issues (see area for improvement 1).

Areas for improvement

1. The manager should ensure that the personal plan audit process is developed to monitor the accuracy of plans to make sure people's care is right for them and set out how all aspects of their care and support needs will be met, as well as their wishes and choices.

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)

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

Requirements

Requirement 1

By 30 September 2024, the provider must ensure that personal plans set out how the health, welfare and safety needs of service users are to be met.

To demonstrate this, the provider must, at a minimum, ensure that personal plans:

- (a) Accurately reflect the assessed current oral health and nutritional needs of the service user.
- (b) Include person-centred information outlining needs, abilities and support required to meet those needs.
- (c) Demonstrate meaningful involvement and consultation with the service user and/or their representative.
- (d) Accurately reflect the level of support required to meet oral health and nutritional needs.
- (e) Ensure information about oral health and nutritional needs is up-to-date and regularly evaluated as part of effective quality assurance systems.

This is to comply with Regulations 4(1)(a) and 5(2)(b)(ii) 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 experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This requirement was made on 8 July 2024.

Action taken on previous requirement

Information in some of the plans sampled accurately reflected people's oral health and nutritional needs. There was, however, some inconsistencies in the information outlining people's needs, abilities and support required to meet those needs. Although progress was noted, inconsistent detail also pervaded in the area of consulting with and involving people in decisions. There was detail in some of the plans sampled that accurately reflected the level of support people required to meet their oral health and nutritional needs. Information had been captured on people's oral and nutritional needs and regular evaluations of this information were in place.

As we found that some parts of the requirement had been met, we assessed the risk of the unmet elements and made an area for improvement to address the outstanding issues.

See area for improvement 1 under How well do we support people's wellbeing?

Met - within timescales

Requirement 2

By 30 September 2024, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for them.

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

- (a) The quality assurance system supports a culture of continuous improvement.
- (b) Audits are completed with transparency and reflect relevant best practice guidance for the area being assessed.

This is to comply with Regulations 3 and 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 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 8 July 2024.

Action taken on previous requirement

We found that some progress had been made in this area. Daily walkarounds by the management team take place and they capture evidence of checks that have occurred. They also showed where remedial action was identified, and immediate changes were made to impact better outcomes for people. Some audits had occurred, but this should be progressed further to fully support better outcomes for people.

As we found that some parts of the requirement had been met, we assessed the risk of the unmet elements and made an area for improvement to address the outstanding issues.

See area for improvement 1 under How good is our leadership?

Met - within timescales

Requirement 3

By 30 September 2024, the provider must ensure each service user has personal plan in place which sets out how their physical and emotional needs are to be met.

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

- (a) Evaluations are regularly recorded.

(b) Reviews are used to reflect on people's outcomes, and that action points are recorded to support follow up.

(c) The personal plan audit process is developed to monitor the accuracy of plans to make sure people's care is right for them and set out how all aspects of their care and support needs will be met, as well as their wishes and choices.

This is to comply with Regulation 5(1) and (2) 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)

This requirement was made on 8 July 2024.

Action taken on previous requirement

Regular evaluations of people's needs had taken place, and any changes were noted and acted upon. Some formal reviews had occurred, and we reminded the service that these must occur at least once in every six month period. There had been some progress in the audit process of personal plans, but this needed to be maintained and developed further.

As we found that some parts of the requirement had been met, we assessed the risk of the unmet elements and made an area for improvement to address the outstanding issues.

See area for improvement 1 under How well is our care and support planned?

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 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 ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 area for improvement was made on 8 July 2024.

Action taken since then

There had been some changes in the wellbeing team that had impacted upon plans to progress with this improvement, and it remains an ongoing focus.

This area for improvement has not been met.

Previous area for improvement 2

The service should ensure that information is gathered from quality assurance processes and that this is used, as part of an improvement plan, to improve practice.

This is to ensure that 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 8 July 2024.

Action taken since then

Some progress was noted, but this area for improvement had not been met.

This area for improvement has not been met.

Previous area for improvement 3

The manager should ensure there are always sufficient qualified staff on each shift to fully meet people's health and care needs.

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) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23)

This area for improvement was made on 8 July 2024.

Action taken since then

The staffing arrangements during this inspection were appropriate. There were sufficient qualified staff on each shift to meet people's needs.

This area for improvement has been met.

Previous area for improvement 4

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 (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 "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

This area for improvement was made on 8 July 2024.

Action taken since then

This remains a work in progress.

This area for improvement has not 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?	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 well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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.