

Abbeyfield Extra Care House & Templeton House Care Home Service

78 Stonelaw Drive
Rutherglen
Glasgow
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Telephone: 01416478311

Type of inspection:
Unannounced

Completed on:
30 October 2024

Service provided by:
Abbeyfield Rutherglen Society Ltd

Service provider number:
SP2004006270

Service no:
CS2003001376

About the service

The service is provided by Abbeyfield Rutherglen Society and is registered as a care home for up to 30 older adults. The service consists of two purpose-built buildings. Extra Care House is the larger of the two buildings and has 19 bedrooms. Templeton House, adjacent, has 11 bedrooms and is attached to a sheltered housing complex. There are 30 single bedrooms and access to communal bathrooms for people who do not have en suite facilities in their rooms. Both buildings have a communal lounge/dining area and a conservatory. At the time of inspection, there were 26 people being supported in the service.

The service is situated in a residential area of Rutherglen, South Lanarkshire. The service is accessible to public transport routes and within walking distance of local shops and community amenities.

The service benefits from extensive gardens which provide an attractive and well used outdoor space that can be enjoyed by the residents of the home and visitors.

About the inspection

This was an unannounced follow up inspection which took place on 29 October 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.

In making our evaluations of the service we:

- spoke with two people using the service
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Four requirements and two areas for improvement made at the previous inspection had been met.
- Improvements had been made in a number of areas, including modified diets, monitoring healthcare, medication administration, staff training, participation, and staff supervision.
- We acknowledged that the service had made progress and was fully embedding these improvements.

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

Requirements

Requirement 1

By 16 June 2024, the provider must ensure that people who require modified diets are supported safely. This includes but is not limited to:

- a) ensuring assessment reports from speech and language (SALT) and or dieticians are available and retained
- b) clearly and consistently detailing people's support with modified diets within care plans
- c) providing up to date and clear guidance to staff, including kitchen staff on each person's level of support. This includes ensuring staff have received updates when people's needs change
- d) ensure staff have knowledge of good practice guidance to support people living with dysphasia. Guidance must be in accordance with the International Dysphasia Diet Standardisation Initiative (IDDSI).

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 Health and Social Care Standards (HSCS) which state that: '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'.

This requirement was made on 26 February 2024.

Action taken on previous requirement

Referrals to speech and language therapy had been completed, where indicated through assessment. Guidance on the level of nutritional support each person required, along with their preferences, was recorded within kitchen areas. Kitchen staff attended handover meetings to make sure any important dietary information was shared.

Care plans were in place for people with specific dietary requirements or preferences. This meant there was sufficient detail recorded to inform staff about how people should be supported with their dietary needs.

Almost all staff had read the guidance on the International Dysphasia Diet Standardisation (IDDSI) Initiative to help keep them informed of best practice.

Met - outwith timescales

Requirement 2

By 16 June 2024, the provider must ensure that guidance and daily recording that relate to people's health and wellbeing are monitored and improved. This includes but should not be limited to:

- a) regular monitoring of key areas of support, such as where applicable; skin integrity, nutrition, and systems of measurement in relation to MUST (Malnutrition Screening Tool), food and fluids, and blood sugar testing
- b) ensuring auditing is purposeful and effective to highlight changing need
- c) identifying when trigger points have been met to seek input from health professionals
- d) ensuring protocols are in place to give clear instruction on how to support people with diabetes.

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 state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14); and 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy, or may be at risk of harm' (HSCS 3.21).

This requirement was made on 26 February 2024.

Action taken on previous requirement

Clinical assessments had been completed, where required, for people and regular monitoring had taken place, where required. Healthcare monitoring had been effective in detecting changes and had led to further clinical involvement, where required.

The electronic system which was being used helped highlight any missed care actions. This helped make sure people received the right care at the right time.

The service continued to make progress in relation to the completion and quality of personal plans. Personal plan audits had been put in place and had been effective in making improvements on the information recorded.

A sample of personal plans reviewed showed how protocols helped direct staff on how to support people living with diabetes. This meant people received the right level of support to maintain their health.

Met - outwith timescales

Requirement 3

By 16 June 2024, the provider must ensure that support with the administration of medication is safe. This must be in accordance with guidance on 'Managing medicines in care homes', National Institute for Health and Care Excellence (2014). To do this the provider must:

- a) ensure staff have received the appropriate level of medication training for their roles

- b) carry out medication competency assessments. These should be completed at a minimum annually and where issues with practice arise
- c) identify where practice needs to improve and set clear actions and timescales for achievement
- d) ensure there is provision in place to regularly assess competency and practice of clinical staff in accordance with the Nursing and Midwifery Council's standard of practice.

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 state 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); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 26 February 2024.

Action taken on previous requirement

All staff responsible for medication administration had received relevant training.

Competency assessments based on the Nursing and Midwifery Council's standard of practice for medication administration had also been completed. This helped make sure people received their medications from trained and competent staff.

Management planned to complete further competencies and medication training to maintain good staff practice.

Met - outwith timescales

Requirement 4

By 16 June 2024, the provider must have a clear plan to ensure mandatory and service specific training is up to date and regularly reviewed. To achieve this the provider must:

- a) carry out a training audit of all essential training, including refresher training. This should include, as a minimum, moving and assisting, adult protection, fire safety, health and safety, and infection prevention and control (IPC)
- b) put a training plan in place, prioritising training for new staff and core training which has lapsed for existing staff
- c) ensure that staff training includes supporting people who have dysphasia and dementia
- d) dementia training should be at the appropriate level appropriate to staff roles and responsibilities in accordance to Scottish Government's 'Dementia - Health and Social Services Staff Framework: Promoting Excellence' (2021)
- e) monitor the training plan to ensure it is kept up to date and any remedial action required is taken.

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 state 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 requirement was made on 26 February 2024.

Action taken on previous requirement

Mandatory training had been completed by most staff. This included adult support and protection, fire safety, infection prevention and control (IPC), and health and safety. This helped to make sure staff had the right skills and knowledge to support people in a safe way.

Most staff had completed training on dementia awareness. Plans were in place to build on this training and develop staff skills further to support people living with dementia. This would make sure training on dementia was at a level appropriate to staff roles and responsibilities.

We found limited staff had completed training on dysphasia. However, there were no people with this clinical diagnosis living in the service. The manager assured us that this would be prioritised should there be a need for it in the future.

Training had recently started to support staff to maintain their registration with their professional registering body.

A training plan demonstrated training scheduled for future dates, including refresher training for staff to complete. The training plan was regularly monitored by management to make sure it was up to date. The monitoring also identified any further actions required to develop staff skills and knowledge.

We acknowledged the progress that had been made with training and the challenges staff faced with the volume of training required to be completed. We suggested the training plan should clearly prioritise the training and the timescales for completion by staff. This would help inform and focus staff as to what training was the most important to help keep people safe.

Met - outwith 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 that people are included in decision making and meaningful engagement, the service should:

- a) involve people to develop the service in a range of ways, such as through purposeful residents meetings or via surveys
- b) ensure, where appropriate, feedback involves families
- c) evidence how people;s feedback has linked to service development
- d) set out clear timescales for any improvement or actions identified.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can maintain and develop my interests, activities, and what matters to me in the way that I like' (HSCS 2.22); and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

This area for improvement was made on 26 February 2024.

Action taken since then

People should feel confident that they are supported meaningfully to be involved in shaping how the service develops. Ways in which people and their relatives could express their opinions and influence the service delivery had been developed. There was evidence to demonstrate how relatives' feedback had influenced the service development.

We acknowledged that people had not always wished to participate or express their views through the routes that had been introduced. The manager should, therefore, continue to explore the most effective ways in which people can express their views and opinions.

This area for improvement has been met.

Previous area for improvement 2

The service should improve how they support staff with their personal and professional development in accordance with the Scottish Social Services Council (SSSC). To do this the service should:

- a) use a tracking system to plan and carry out staff supervisions and appraisals
- b) ensure the frequency of supervisions and appraisals follows organisational policy
- c) maintain clear records of supervision, including any agreed actions, timescales for completion, and delegated responsibility for each action.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 26 February 2024.

Action taken since then

Staff supervision sessions had been improved upon and developed further to show how meaningful conversations had helped inform future training and support needs of staff. The sessions had also provided an opportunity for staff to reflect on their practice.

A tracking system oversaw supervision sessions and ensured staff received these in line with the service policy. Where required, actions to help support staff development had been recorded and agreed.

This helped assure people that the staff supporting them were competent and skilled.

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.

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