Stobhill Nursing Home
Care Home Service

70 Stobhill Road
Glasgow
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Telephone: 01414137050

Type of inspection:
Unannounced

Completed on:
19 November 2024

Service provided by:
Clyde Care Limited

Service provider number:
SP2016012834

Service no:
CS2022000211

About the service

Stobhill Nursing Home is registered to provide a care service to a maximum of 59 older people over the age of 65 and one named individual under the age of 65. It was taken over by a new provider, Clyde Care Ltd in 2022.

The home is a purpose-built two storey building in the residential area of Springburn in Glasgow. It is situated next door to Stobhill Hospital and is close to local shops and community amenities. The building provides single occupancy accommodation over two floors, all with partial ensuite facilities. There are public lounges and dining rooms as well as shared toilets and specialised bathing or showering facilities. People have access to a private, secured garden area accessible from the ground floor dining room.

There were 54 people using the service at the time of the inspection.

About the inspection

This was a full unannounced inspection which took place on 12 November 2024 from 09:30 to 18:30, 13 November 2024 from 09:30 to 18:00, 14 November 2024 from 09:30 to 17:30 and 15 November 2024 from 09:30 to 14:45. 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 and eight of their family/friends/representatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Key messages

- People were being supported by a kind and caring staff team
- People had access to varying and regular meaningful activity
- Staff should have the opportunity to reflect and improve on their practice through regular supervision
- Decoration of the environment would benefit from a programme of refreshment
- People had variety in the food that was available, and mealtimes were a positive experience
- Medication management had improved
- Some improvement was needed to ensure personal plans contain only the most relevant information.

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 good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

We observed people were relaxed in the company of staff and staff were warm, kind and compassionate when delivering care. Permanent staff knew the residents well and were therefore able to meet people's needs. Families told us they found staff to be kind, considerate and caring towards their relatives.

The service operated a key worker system and residents and their families we spoke to told us who their key worker was and if they had any concerns they would speak to their key worker to help them resolve this.

People were nicely presented, with clean hair, nails, glasses and teeth and clothing. Many people told us they have their hair cut and styled regularly by the hairdresser who visits the home. This contributed to people's sense of identity, individuality and wellbeing.

How people spend their day is important in maintaining people's physical and mental wellbeing. We observed there was a full programme of activities taking place each day and people told us of outings, such as visiting MacDonalds and the Titanic event which they had recently attended and enjoyed.

There was regular input from other visiting professionals such as GPs, care home liaison nurses (CHLN), podiatrists, falls team and speech and language therapists (SLT.) This demonstrated people's wider healthcare was being monitored and staff were managing any changing needs. We spoke with a visiting health professional who offered positive feedback on the service's clinical knowledge, interventions, and partnership working. These approaches helped keep people well and ensured their health needs were being met.

We sampled food and people's mealtime experiences. The presentation, portion size and quality of food was good, and people told us they enjoyed their meals. There was a good staff presence during mealtimes and people who required assistance were supported appropriately.
Some people had been prescribed altered diets. Where this was the case the catering team took great care to ensure food was well presented and appetising. However, choice was not being given to people needing textured food. We advised the service to address this in order to ensure everyone is able to make choices in the food they want to eat in keeping with their dietary needs. (See Area for Improvement 1)

Weights were being appropriately monitored and where there were concerns about weight loss this was being closely managed. Foods for fortification of peoples' diets were available and in use at the point of service. However, fluid charts we viewed were not being completed in real time, meaning fluid intake may not be accurately recorded. Daily fluid targets were being set, however these were not being consistently achieved. To prevent people experiencing dehydration, we advised the service review this. (See previous Area for Improvement 1 in the outstanding area for improvement section of this report).

The service has in place an on-line medication management system. There was now in place a more robust system to manage medication stock to ensure people receive the right medication at the right time. (See previous Requirement 1 in the outstanding requirement section of this report).

Where as and when required medications were prescribed (PRN) there were appropriate protocols in place to ensure these were administered appropriately and their effectiveness closely monitored.

Areas for improvement

1. To ensure people have choice in the food they eat the provider should ensure people prescribed altered/ textured diets are offered choices of meals and snacks.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33)

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator: 2.2 Quality assurance and improvement is led well

We acknowledged there was a relatively new management team at the service and that it will take time for this team to work to its full potential. Our findings during this inspection were reflective of this. We were encouraged by the additional senior management support being provided for the service manager.

Systems to monitor and manage quality should ensure that people receive the standard of care they expect. We found that the service had a range of audits in place designed to monitor and manage quality and we saw that these had led to improvements. Some of the audits helped monitor and mitigate potential health risks whilst others ensured that staff had the core training they needed to support people effectively. Observation of staff practice helped ensure that staff were competent in their role. We did however identify some instances where the findings from audits had not been carried through to action plans, meaning that opportunities to make improvements had been missed.

Systems to monitor staff training compliance, support reviews, daily flash meetings and monthly clinical meetings provided the manager with an overview of key areas of the service.

There were opportunities through surveys, meetings and reviews for residents and relatives to provide feedback on aspects of the service. The manager had introduced a weekly drop-in clinic for relatives. It could be concluded from the low uptake of this that relatives were satisfied with the quality of service provided.

We discussed the benefits of self-evaluation and how this could help the service to gain a better understanding of what works well and where improvements can be made. This could support the service to identify and prioritise improvements that will enhance the quality of service that people experience.

Service improvement plans were used to manage and report on the status of improvements identified. We found that whilst the manager's service improvement plan reflected the findings from quality assurance systems including senior manager audits, there was scope to develop this further. The areas for improvement that had been made at the last inspection and following an upheld complaint had not been included in the service improvement plan and we concluded that these had not been met and will be restated.

The service had re-registered in July 2022 when there had been a change of provider. At this time, there were conditions of registration around environmental improvements that we asked the provider to action. The provider has a legal responsibility to meet the conditions of registration as set out by the regulator, however, not all conditions of registration had been addressed. In order that people experience a high-quality environment, a requirement to meet the conditions of registration will be made from this inspection. (See Requirement 1)

Requirements

1. By 7 February 2025, the provider must ensure that people are able to experience a high quality environment. In order to do this, the provider must:

a) meet the conditions of registration as agreed at the time of registration, July 2022, as set out in the service's certificate of registration;
b) display the environmental improvement plan agreed with the Care Inspectorate dated 15 July 2022, along with the certificate of registration
c) following completion of a feasibility study, the provider must consult with the Care Inspectorate to agree any proposed changes to the environmental improvement plan and
d) once any adaptations are agreed, the provider must implement these timeously.

This is to comply with Regulation 4(1)(a) and Regulation 10 (Fitness of Premises) 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 environment is secure and safe (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

How good is our staff team? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

We discussed the importance of staff wellbeing and the link between the safety of people who use services and the wellbeing of staff delivering the service. A key factor in supporting staff wellbeing is ensuring that staffing levels are appropriate and safe. It is important to consider a wide range of factors when determining staffing levels including the layout of a service, skill mix, feedback from residents and relatives and feedback from staff. The service was using a dependency tool to inform staffing levels relating to direct care. This meant that factors relative to non-direct care were not being considered. Because of this we could not be confident that staffing levels were right. (See Requirement 1).

The service was endeavouring to recruit to vacant care staff posts and successful candidates had been selected but were yet to start. Consequently, the service continued to use agency staff and there was high agency staff use throughout our visit. It is important to acknowledge the extra demands placed on permanent staff, the impact on residents and the potential impact this has on staff wellbeing.

We explored what the provider had in place to support staff wellbeing. Staff surveys were an opportunity for staff to provide feedback, however we were not confident that, where these had identified issues that could impact on staff wellbeing, that these issues were being explored further or followed up.

Supervision is an important process that supports professional practice and opportunities for reflection and for staff to receive formal feedback, guidance and where wellbeing concerns could be discussed. We found that the frequency of supervision had slipped for most of the staff. This meant that staff were not consistently afforded the formal opportunity to discuss development needs and receive feedback on their practice. It also means the service was missing opportunities for staff motivation and ensuring staff feel valued

We were pleased to see that the provider planned to reinstate the employee assistance programme, a valuable resource to support staff wellbeing. Employee assistance programmes are employer-paid scheme, that for instance give employees access to confidential support and professional advice.

Requirements

1. By 7 February 2025, to ensure staffing level are sufficient to meet the needs of people living in the service, the provider must, as a minimum:

a) take into account further considerations in addition to their chosen assessment tool when calculating staffing levels. This should include, but is not limited to considering the impact of the staff skills mix, the environment and its layout and other relevant factors, and be informed by feedback from people, families and staff, and

b) demonstrate that this information is used to underpin the assessment and the decisions made.

This is in order to comply with Regulation 4(1)(a) (d) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210) and this is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019

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 care and support meets my needs and is right for me." (HSCS 1.19)

How good is our setting? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator: 4.1 People experience high quality facilities

The home smelled and looked clean, although the overall appearance was one of tiredness and needs improvement. There was a distinct contrast in terms of "homeliness" between the upper and lower floors. The upper floor felt sparse and unwelcoming whereas the lower floor had a welcoming and homely appearance.
We observed some personal information displayed on people's bedroom doors to help people identify their own individual bedrooms. However, this was not consistently displayed meaning some people with cognitive impairment may experience difficulty in identifying their own personal space. Also, to ensure people's privacy, we would advise the service ensures they have written consent from people or their representative to display the personal information in this way.

Signage we saw to direct people around the home was appropriate and helpful. However, we saw there was use of contrasting toilet seats in some of the communal toilets, but this was not consistent throughout the home. To assist people who are experiencing cognitive impairment we advised the management team this should be consistent throughout the home.

Maintenance records we viewed were consistently completed ensuring the safety of the environment. Any immediate repairs needed were being regularly and quickly addressed.

Communal bathing and showering facilities were not adequate and need to be addressed by the provider to ensure people were not experiencing delay in receiving personal care. (See Requirement under Quality Indicator 2.2)

The garden was accessible from the downstairs dining area. It was enclosed with plenty of available seating. Although it was not at its best at this time of year, we could see it had potential to be colourful and pleasant during the spring and summer months. The paving was uneven in areas making this a potential trip and falls risk. This also needed to be addressed by the provider to ensure the safety of people when using the garden area. (See Requirement 1 under Quality Indicator 2.2)

Items of moving and handling equipment we saw were clean and well maintained. People and their families told us there was sometimes a time delay in receiving assistance due to the shortage of equipment. We did not observe a shortage of equipment. Rather we saw that staff preferred to make use of one particular hoist, resulting in people having to wait until that one was available. The management team should address this to ensure people's needs and wishes are fully met in a timeous way.

How well is our care and support planned? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

Personal plans sampled were person centred and provided enough information for staff to be able to support people. We saw there were condition specific personal plans in place and ongoing clinical observations to quickly identify and address risks.

Risk assessments in relation to each individual's needs were in place, robust and regularly reviewed.

Personal plans were also being regularly reviewed in line with the legislative requirement. However, review assessments we viewed lacked detail in relation to changes to people's care needs. In order that people can be confident their needs and wishes can continue to be met review assessments should contain more detail of the outcomes people wish to achieve.

All necessary legal documents relating to people's capacity and legal powers of attorney or guardianship were in place. This meant that if people are unable to make their own decisions at any time, the views of those who know their wishes can be sought and taken into account.

Personal plans did contain a lot of information, some of which was no longer relevant. Improvement was needed to streamline these to allow quicker and easier access to information used to support people's needs and wishes. (See Area for Improvement 1)

Areas for improvement

1. To ensure that information in care plans is up-to-date and accessible, the provider should identify where information can be streamlined and take action to carry this out.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

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

Requirements

Requirement 1

By 11 November 2024, the provider must ensure that medication is managed in a way that protects the health and wellbeing of people. To do this the provider must ensure, at a minimum;

a) staff have read and confirmed their understanding of the service policy and procedure on the administration of medication

b) that medication is administered in accordance with the prescriber instructions

c) where medication cannot be administered as an item is out of stock or is missing, staff must seek urgent advice from the GP and/or pharmacy services

d) any medication incident must be reported with delay to the manager of the service.

This requirement was made on 7 August 2024.

Action taken on previous requirement

The provider's policies on "medication administration" and "medication errors and near misses" had been updated to ensure they are specific to the service. We saw that all staff involved in medication administration had read and understood this guidance.

Competency assessment of all staff involved in medication administration had been undertaken by the management team. This ensured all of these staff were competent in the principles of the right medication, right dose, by the right route, given at the right time to the right individual and these principles were applied in staff practice.

There was now a more robust and easily tracked medication ordering system in place to ensure all medication needed for people was consistently in stock. Where there were issues with supply of prescribed medication, there was evidence that the staff team were consulting with GPs and pharmacy colleagues to supply an alternative.

The on-line medication system in use at the service provides for a 24 hour management report to be tracked each day. This report was now being utilised and discussed as part of the daily meeting held between management and staff. This ensured any medication issues were addressed promptly to ensure people received medication without unnecessary delay.

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

Fluid intakes are measured for people each day, but with no set target to compare with. There should be targets set for individuals showing how much fluid intake is recommended for the person each day, and if not met consistently then what action is required.

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' (HSC 1.15).

This area for improvement was made on 21 July 2023.

Action taken since then
Fluid charts we observed were not being completed in real time, meaning fluid intake may not be accurately recorded. Daily fluid targets were being set, however these were not being consistently achieved. There was no evidence available to ensure missed targets where being discussed or addressed, meaning people were at risk of experiencing dehydration.

This Area for Improvement has not been met. This will remain in place and progress will be reviewed at the next inspection.

Previous area for improvement 2

The service should re-instate Promoting Excellence training for Dementia. This will allow for all staff to be trained at different levels in Dementia according to their role.

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 21 July 2023.

Action taken since then
The only training available to staff remains the providers on-line training in dementia awareness. At the time of inspection no progress had been made to provide staff with the opportunity of completing Promoting Excellence Training for Dementia.

This Area for Improvement has not been met. This will remain in place and progress will be reviewed at the next inspection.

Previous area for improvement 3

The provider should ensure that all incidents relating to the health and wellbeing of people are reported to family/representatives without delay, and in accordance with the agreed communication arrangements.

This area for improvement was made on 7 August 2024.

Action taken since then

The service has in place a system to record all accident and incidents which occur. As part of this recording staff are asked to include and record the details of who and when relatives have been informed of any accidents/incidents and how they have been managed. During the inspection we viewed a range of these and could see recording details of informing families/relatives was inconsistent.

This Area for Improvement has not been met. This will remain in place and progress will be reviewed at the next inspection.

Previous area for improvement 4

To ensure people can have confidence in the service, the provider should respond to all complaints received in accordance with the policy and procedure on complaint handling.

This area for improvement was made on 7 August 2024.

Action taken since then

Complaints evaluated during the inspection showed the service was not consistently following the procedure outlined in the provider's complaints policy.

This Area for Improvement has not been met. This will remain in place and progress will be reviewed at the next inspection.

Complaints

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

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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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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