

Ryan Meadows Care Home Care Home Service

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East Kilbride
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Type of inspection:
Unannounced

Completed on:
4 December 2024

Service provided by:
Keane Premier Healthcare Ltd

Service provider number:
SP2008010039

Service no:
CS2022000327

About the service

Ryan Meadows Care Home is a registered care home service which provides care and support to a maximum of 60 older people. The provider is Keane Premier Healthcare.

The service is a purpose-built home situated in Nerston Village which is a residential area on the outskirts of East Kilbride. It has easy access to local amenities and transport links.

Accommodation is provided over two floors, with 60 single rooms, five with en-suite shower facilities and 55 with en-suite toilet facilities. There is a passenger lift providing access to each floor where there is a spacious communal lounge, dining area and bathing facilities.

There is a well maintained, spacious garden area for residents and their visitors to use. There is a car park to the rear of the home. At the time of this inspection there were 53 people living at the home.

About the inspection

This was an unannounced inspection which took place between 2 and 4 December 2024. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 11 people using the service and four of their friends and family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported to achieve good health and social outcomes.
- People had access to fun, stimulating, and meaningful activities.
- People were generally supported by a consistent core group of staff.
- Improvements were needed in the service's quality assurance system to further promote people's wellbeing.
- The service needed to improve its approach to determining staffing arrangements to ensure there was an appropriate skill-mix of staff at all times.
- Improvements were needed in care planning to ensure all essential recordings were completed to promote people's wellbeing.
- The service had a new management team who had a robust improvement plan, and now needed time to implement positive changes.

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?	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?

4 - Good

We evaluated this key question as good because there were several major strengths which supported positive outcomes for people and clearly outweighed areas for improvement.

People living at the care home, and their relatives, provided generally positive feedback about their experiences at the service. People highlighted the caring nature of staff, kind interactions, and their needs being met well. This reflected our own observations of staff practice which was seen as warm and compassionate. A person told us "I like living here. The staff are kind and treat me with respect".

A key strength of the service was its approach to activities. People had access to stimulating and diverse activities at home and in the community. Co-ordinators had a strong understanding of people's wishes and worked creatively to develop meaningful opportunities. At home, people enjoyed exercise classes, music and sensory sessions, art therapy, and visits from various faith groups. In the community, people visited cinemas, theatres, social clubs and day trips across the surrounding areas. There were opportunities for people who did not want to, or could not, participate in communal activities with one-to-one visits, ensuring every person had appropriate stimulation. The home's considered approach to activities benefitted people's physical and emotional wellbeing. We shared ideas to better evidence the service's achievements in this area, which were significant but not always fully captured.

People experienced positive health outcomes through their care and support. We reviewed important areas, such as nutrition and hydration, and saw that, where needed, people were supported to gain weight. People's nutrition was assessed, planned and monitored to ensure progress. Well-balanced and nutritious meals further improved people's experiences.

Other significant health care needs, such as skin integrity, were managed effectively. We tracked wound care and saw that people had good progress as the service used appropriate tools and liaised with health professionals, following their advice. Similarly, people's risk of falls was monitored and the service referred people promptly for further assessment and advice when needed. This collaborative approach helped to keep people safe and well.

A new management team had been recruited to the service and they held relatives' meetings to hear their views of people's family members. Minutes suggested these meetings were productive, the service valued the opinion of stakeholders, and produced a 'you said, we did' document to evidence progress. Examples included ideas for activities, meals, and improving communication. We asked the service to re-establish residents' meetings, in the most effective format for people, to promote their inclusion in service improvement.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate because we identified some strengths but these just outweighed areas for improvement. The service was experiencing transition and planned to build on these strengths to further improve people's outcomes.

At the time of inspection, a new management team had recently been recruited to the service. We received positive feedback about service management who were seen as motivated, knowledgeable, and

approachable. Leaders needed time to implement their planned changes and ensure people's good outcomes were maintained.

The service had experienced changes in leadership, and periods without a full management team, during this year. Some important management tasks had not been fully completed. For example, there were gaps in the service's quality assurance systems. We ask services to audit areas such as care planning, medication, and infection prevention and control to promote people's wellbeing. Whilst attempts had been made, these were inconsistent in frequency and quality. The new management team had self-identified these issues, and we asked them to prioritise implementing a full system of quality assurance to further improve people's experiences (see requirement one).

We were reassured that the service did maintain oversight of people's health needs, such as nutrition, wound care, and accidents and incidents. Leaders collated and analysed information each month, identifying trends and patterns, and making appropriate changes to ensure people's needs were met. The service worked collaboratively with health professionals and other agencies to promote people's health and wellbeing.

We were also impressed by the service's improvement plan which had been developed by the service manager, assistant manager, and senior leadership team. The improvement plan contained relevant and insightful points which mirrored our own findings on inspection. The team self-identified improvements were needed in care planning, quality assurance, staff development, and environmental changes. There was a transparent and analytical approach which should improve standards, and leaders now needed time to fully implement their plan to enhance the service.

Requirements

1. By 3 March 2025, the provider must ensure that people's health and wellbeing benefits from effective leadership.

To do this, the provider must ensure the service has robust quality assurance systems for all areas of service provision, including care plans, medication, and the environment.

This 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 use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate because we identified some strengths but these just outweighed areas for improvement. The service was experiencing transition and planned to build on these strengths to further improve people's outcomes.

People receiving care, and their family members, provided positive feedback about staff working in the care home. Staff were seen as caring, kind, and approachable, which mirrored our own observations. We saw people receiving appropriate care whilst having fun and engaging conversations.

People could be reassured that their workers were recruited safely in line with national guidance with appropriate checks and references. New staff completed an induction programme that provided learning in the skills, responsibilities, and values for their role. There were shadowing opportunities for new workers to learn from experienced staff, and we were pleased to see that the induction programme was being extended to provide even stronger guidance for new staff.

The provider organisation had a well-resourced training team who developed a training programme for all staff to complete. Whilst the courses appeared comprehensive and relevant, the completion rate was under expected standards. We found that some staff had not completed refresher training in some important areas. This was likely due to gaps in service management and a lack of oversight at times.

Similarly, whilst staff generally felt supported by members of the management team, there were gaps in formal support such as one-to-one supervision meetings and direct observations of practice. These are important mechanisms to monitor staff performance, set development goals, and promote staff wellbeing. We asked the service to prioritise staff training and support to promote their development and outcomes for people receiving care (see requirement one).

We reviewed staffing arrangements at the care home which includes the level of staff and the skill-mix of workers on each shift. The service determined staffing arrangements using a dependency tool. Whilst this is an important element of service design, we expect services to also listen to the views of people receiving care, consider feedback from staff, and complete observations to ensure people are being supported by the right number of people with the appropriate skills at the right times.

We felt that staffing arrangements were generally positive during the day with people being supported by workers who knew their needs and wishes well. However, we asked the service to prioritise their assessment of nightshift. There were often fewer permanent nightshift workers, and they had reduced opportunities for team and one-to-one meetings, opportunities to provide feedback, and observations of their practice and experiences. The management team agreed to develop a more holistic approach to staffing arrangements to boost staff morale and experiences for people (see requirement two).

Requirements

1. By 3 March 2025, the provider must ensure that people are cared for by appropriately trained and supported staff.

To do this, the provider should ensure that the service supports workers with a robust system of training, supervision, and direct observations of practice to promote staff development.

This is to comply with section 7 and 8 (1) (a) 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: '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' (3.14).

2. By 3 March 2025, the provider must ensure that people are supported by the right number and mix of appropriately trained staff at all times.

To do this, the provider should ensure the service evidences the principles of the Health and Care (Staffing) (Scotland) Act 2019, which includes taking account of the views of staff and people experiencing care, and allocating staff efficiently and effectively to improve standards for people.

This is to comply with section 7 and 8 (1) (a) of the Health and Care (Staffing) (Scotland) Act 2019.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate because we identified some strengths but these just outweighed areas for improvement. The service was experiencing transition and planned to build on these strengths to further improve people's outcomes.

The care home was clean, tidy, and had a pleasant atmosphere. Communal areas were generally well decorated and provided opportunities for residents to socialise. Corridors were wide and without clutter which meant people could walk freely across the home.

People's bedrooms were personalised with their own expressed choice of decorations and furnishings. This gave people a sense of comfort and belonging.

A housekeeping team worked hard to achieve and maintain standards across the home. However, there were issues with the service's cleaning schedules. Cleaning schedules are important documents that evidence where and when areas of the care home have been cleaned. We noted that the current schedules were brief in nature, did not sufficiently evidence that all areas of the care home had been maintained, and there were several gaps in recordings. We asked the service to improve its approach to cleaning schedules to better evidence infection prevention and control to keep people safe (see requirement one). A new lead housekeeper had recently been recruited who shared plans to introduce cleaning schedules in line with national guidance.

The service had a pro-active approach to health and safety and general maintenance. An experienced maintenance worker ensured that any identified issues were promptly addressed. An established programme of health and safety checks were also completed and recorded well to ensure people living at the home, visitors, and staff were safe. Similarly, well-run kitchen and laundry teams demonstrated good practice to ensure people's needs were met in these areas. We were pleased to see that staff in these departments knew people's needs and interacted with residents throughout their day, contributing to a positive atmosphere in the service.

We noted that the communal lounge in the upstairs area of the home was decorated to a higher standard than the lower floor. The lounge was warm, homely, and inviting whereas downstairs, whilst clean, lacked a personal touch. We were reassured that the new management team had self-identified this difference and had plans for refurbishment to ensure all residents had a similarly positive experience across the home.

Requirements

1. By 3 March 2025, the provider must ensure that the service can evidence effective infection prevention and control measures to keep people safe.

To do this, the provider must ensure the service has comprehensive cleaning schedules, which are completed and regularly audited to ensure safe practice.

This is to comply with Regulation 4(1)(a) and 13(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 (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate because we identified some strengths but these just outweighed areas for improvement. The service was experiencing transition and planned to build on these strengths to further people's outcomes.

Every person living at the care home had a personal plan, known as a care plan. Plans generally captured people's needs well and gave staff clear guidance on how to meet them.

Plans comprehensively identified people's health needs. Health conditions were clearly assessed, planned, and evaluated to ensure people's needs were being addressed. Where people had a specific need, such as promoting nutrition or skin integrity, recognised assessment and monitoring tools were used to ensure progress. Advice from visiting health professionals was documented and followed. This evidenced good outcomes for people's health and wellbeing.

Plans captured potential risks of harm in people's lives and identified ways to reduce them. Legal documents, such as Guardianship powers, and how to respond to emergencies, were also detailed. This further promoted people's safety.

There were attempts to highlight people's life stories, likes and dislikes, and what was important to people. However, these were completed in a single document which was often over-shadowed by lengthy clinical documents and correspondence. There was not a clear person-centred approach to care planning. Similarly, people's outcomes - and what they wanted to achieve from their care and support - was not recognised in plans. We asked the service to make plans more person-centred and outcome-focused to improve people's experiences (see area for improvement one). The service was planning to introduce a digital care planning system which will address these issues, and needed time to implement them.

A more pressing issue was found in the daily recording of people's experiences. We ask services to note important events in people's day, evidencing their health and social needs and how these are met, often referred to as daily notes. We noted that there were some gaps in these recordings, which meant the service could not always fully evidence the care people were receiving. We asked the service to improve its daily recordings to evidence people's experiences (see requirement one). There was some reassurance that the new management team had self-identified this issue and had implemented daily checks, which we will review at a follow-up inspection.

Requirements

1. By 3 March 2025, the provider must ensure that the service has up-to-date and accurate daily recordings of people's experiences.

This is to comply with Regulation 5, 2(b)(ii) (Personal Plans) of the Social Care and Social Work (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standard (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).

Areas for improvement

1. To promote people's health and wellbeing, the service should ensure that people's goals and wishes are identified and monitored in personal plans. This will develop a more person-centred and outcome-focused service culture.

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

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 support people's health and well-being the provider should ensure continence care plans are in place and reflective of assessed needs.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 22 July 2024.

Action taken since then

People had continence assessments and plans which were regularly evaluated. Management had oversight of the ordering and stock levels of continence products. This area for improvement was met.

Previous area for improvement 2

To support people's health and well-being the provider should ensure personal plans include what individual support is required with footcare.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 22 July 2024.

Action taken since then

The service had strengthened their working relationship with a podiatrist who visited residents regularly to maintain footcare. However, this was not always fully recorded in plans. This area for improvement has been extended and 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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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