

Queens Quay House Care Home Service

Queens Quay Main Avenue
Clydebank
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Type of inspection:
Unannounced

Completed on:
19 December 2024

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2020380482

About the service

Queens Quay House is a care home for older people and is located next to Clydebank Health Service. There is a bus stop outside the home which is approximately ten minutes walking distance to the nearest train station, and large shopping centre.

The service provides residential care for up to 84 people and there were 82 people living there at the time of this inspection.

The building is on two levels, with lift and stair access. The care home is divided into 8 small group living flats. Flats on the ground floor have access to their own secure garden area, while those living on the upper floor have access to a large balcony.

The home has its own cinema, bistro and hairdressing facility on the upper floor. There are a variety of activity rooms and quiet rooms.

The local authority Clydebank Day Service and Opportunities service, is in the same building on the ground floor.

About the inspection

This was an unannounced inspection which took place on 17-19 December 2024 between 07:00 and 16:30. 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:

- Spent time with people using the service and spoke with four visiting family members. We also obtained feedback via a pre-inspection survey from 10 residents and one family.
- Spoke with staff and management. We also obtained feedback via a pre inspection survey from 25 staff.
- Observed practice and daily life.
- Reviewed documents.
- Obtained feedback from visiting professionals.

Key messages

- People living in the care home and their families were overall happy with the care and support.
- People's health needs were escalated to other health professionals when needed.
- Current staff vacancies and sickness meant that there was an over-reliance on agency staff to ensure that adequate staffing levels were maintained.
- Most people living in the care home and staff told us that they benefitted from a warm atmosphere because there were good working relationships.
- Improvement was required by the provider to ensure both permanent and agency staff had access to up-to-date information about people along with systems to ensure robust record keeping.

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 staff team?	4 - Good
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 quality indicator 1.3 as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People living in the care home and their families were overall happy with the care and support. One person told us, "I'm well looked after here....staff are always popping in to check on me" whilst another said, "The staff are wonderful".

We observed people to be clean, tidy and very well presented as staff had taken time to ensure that people maintained their dignity and sense of wellbeing.

People benefited from regular healthcare assessments, access to community healthcare and treatment from external healthcare professionals. This gave reassurance to families. One family told us, "I have peace of mind now that my relative is living here", whilst another said, "My relative is looked after well". One relative explained that they felt the high use of agency staff could be a problem at times though and concerned them slightly.

People benefited from access to a tasty, varied and well-balanced diet. They could choose from a variety of meals, snacks and drinks. One person said, "We get plenty to eat and drink and I can ask for a tea at any time and staff will get this for me", whilst another said, "The meals are very nice".

Systems were in place to manage any accidents/incidents, with management overview of these. Events that should have been notified to us had been missed for the past few months. The manager explained that they had only recently become aware of this and that actions had been taken to rectify this (see area for improvement 1).

People had inconsistent opportunities to maintain, develop and explore their interests and hobbies. A new activity co-ordinator had started over the summer and people spoke highly of them and the activities they had organised. These included regular visits from a local nursery and local church along with visits from entertainers, a fitness instructor and an arts and crafts facilitator. These took place out with the flats in a centralised room, which meant that places were limited and dependant on support from staff to attend. Apart from these, wellbeing activities and support was minimal. One person told us, "Since X started, I enjoy going to the various groups", whilst another felt, "It's always the same people that go and I get bored". A second person is due to start in the new year (see area for improvement 2).

The care home had recently had an infestation of scuttle flies. During the inspection we obtained assurances from both West Dunbartonshire Council Environmental Health and West Dunbartonshire Council Asset Management that the source had now been located and repaired. There were still some flies present which were undoubtedly still causing discomfort and upset to people. We asked that a risk assessment be devised and followed until all flies were no longer evident. We were assured that this would be completed imminently and we have asked for a copy to be forwarded to ourselves and made available to residents, visitors and staff.

Areas for improvement

1. The service should ensure they keep people safe and healthy by ensuring that all accidents and incidents are properly managed and adhere to the Care Inspectorate notification guidance for reportable events.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

2. The service should ensure that people are supported to get the most out of life and be part of their local community. In order to do this they should, as a minimum, provide people they support the opportunity to have an active life and participate in a range of recreational, social, creative and physical activities both indoors and outdoors.

This is to ensure that 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).

How good is our staff team?

4 - Good

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

Most people told us that they experienced warmth, kindness and compassion in how they were supported and cared for. However, a few felt that this was not always the case and depended on which staff were working with them. The service was good at ensuring people maintained relationships with those important to them. Family and friends were made to feel welcome. One relative told us, "All staff make me feel welcome", whilst another said, "most staff are very friendly and approachable".

Current staff vacancies and sickness meant that there was an over-reliance on agency staff to ensure that adequate staffing levels were maintained. The manager tried their best to book agency staff well in advance to have as much continuity in agency staff as possible. Whilst staff were assigned to a specific flat, they were often having to move elsewhere to support agency and/or newer staff. This wasn't ideal as some staff we spoke to in the flats were not as familiar with the people they were supporting at that time. During such times, we asked the service to look at ways to strengthen the day to day communication in each flat to ensure that people's health and wellbeing was not compromised. We were given assurances that this would be reviewed.

People could be assured that the numbers of staff were determined by a process of continuous assessment. Work was in its infancy to widen the assessment tool to feature a range of measures as described under the newly enacted Health and Care (staffing)(Scotland) Act 2019.

The vast majority of staff felt supported by their line managers and the management team. They told us that they could approach them for any reason.

Supervision had not taken place regularly or consistently which reduced staffs' opportunities to reflect on their skills, knowledge and learning.

Staff were registered with the Scottish Social Services Council (SSSC), however, we were not assured that all staff fully understood their responsibilities under the SSSC Codes of Practice 2024 (see area for improvement 1).

Areas for improvement

1. The service should ensure that staff who are registered with the Scottish Social Services Council (SSSC) fully understand their role and responsibilities to maintain their registration and ensure that they practice within their SSSC Codes of Practice 2024.

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).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed weaknesses.

Improvement was required by the provider to ensure both permanent and agency staff had access to up-to-date information about people, along with systems to ensure robust record keeping.

The provider had implemented an electronic system for care planning, risk assessments and the recoding of the support people received throughout the day. We were concerned that this could only be accessed by permanent staff and not by agency staff. Whilst the manager had raised this concern with the provider, no robust alternative systems had been put in place to offset this. This meant that agency staff working with people were unable to follow that person's agreed plan of care and any associated risk assessments. This included any assessed special diets to prevent choking, along with records to ensure that re-positioning to support good skin integrity had been carried out. We were told that agency staff were writing down any care and support they delivered that day inconsistently, including on 'scraps of paper'. These were then given to the permanent staff to log rather than records being the contemporaneous recordings from the person themselves. This posed a significant risk of records being misinterpreted or missed completed. Such records are legal documents and are admissible in a court of law if necessary (see requirement 1).

We sampled the electronic care planning system and found that, in the main, each person had the relevant information in place to guide staff that were able to access it.

Care reviews that are legislated to take place at least every six months had taken place for some people, but not all. However, the manager had a clear overview of these and assured us that these would be worked through imminently.

Requirements

1. By 27 April 2025, the provider must ensure that all staff who's job role it is to provide care and support have access to each service user's personal plan which sets out how the service user's health, welfare and safety needs are to be met.

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

a) All staff who's job role consists of providing care and support have access to relevant information to guide them on the individual needs of each service user.

b) All staff who's job role consists of them recording the support they have delivered to each service user must have a robust system to allow them to do so.

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

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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