

Rashielee Care Home Care Home Service

Rashielee Avenue
Erskine
PA8 6HA

Telephone: 01418 121 119

Type of inspection:
Unannounced

Completed on:
27 February 2025

Service provided by:
LittleInch Ltd

Service provider number:
SP2003002227

Service no:
CS2005105053

About the service

Rashielee Care Home is owned by LittleInch Ltd. and is situated in Erskine, Renfrewshire. The home is registered to provide a care home service to a maximum of 42 older people aged 50 years and above who may have dementia.

The home is in a quiet residential area and is a short distance from local amenities and public transport links. Accommodation is over three levels with a lift providing access. The home has single bedrooms which all have en suite facilities. The main social areas are located on the ground floor and there is a central, enclosed garden which people can access. Separate lounge and dining rooms are provided for residents to choose where to dine and spend their time.

At the time of this inspection there were 41 residents living at the care home.

About the inspection

This was an unannounced inspection which took place on 25 and 26 February 2025 between 09:30 and 16:20. The inspection was carried out by one inspector.

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 since the last inspection year.

In making our evaluations of the service we:

- spoke with four people using the service
- received 18 emails from family members
- received 38 completed questionnaires (this includes all types)
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported with the right kind of individualised help and support through effective communications and planning.
- Management were well established, highly motivated, and adopted effective ways to support continuous improvement in the service.
- There had been specific focus areas within the service which had led to people's outcomes improving.
- There was a consistent team of knowledgeable staff who supported people with genuine warmth.

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?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. Therefore, we evaluated this key question as very good.

Staff followed safe practices for medication management. Medication administration records showed people received their medication in line with the prescriber instructions. People were supported with their medication needs in a way that was person-centred and promoted choice and independence. This meant that people received the right medication at the right time to maintain or improve their health.

People should be protected from harm and expect any health and wellbeing concerns to be responded to. People had benefitted from responsive care, support, and treatment where there were changes to their health and needs. Staff were able to describe their role and the actions they would take when a person became unwell or when their health had deteriorated. We saw examples where information about people's changing health needs had been shared with the right people. This had helped prevent further deterioration in people's health. Some examples were in relation to how to support people with falls or those who experienced periods of stress and distress.

Five surveys returned from visiting professionals 'strongly agreed' that people's care and support needs were being met. Comments included: "The home delivers upmost patient-centred care and a very high level of care I feel is not seen in a lot of current homes" and "Excellent care home and staff. I deal with several care homes and this was one by far is the best".

People described how they had been involved in making decisions about their support and felt listened to. This had helped positively support people's physical and mental health. Feedback from people and their families was also positive about healthcare needs being met and how they had been involved in care decisions taken. Comments included: "This is mum's third care home. She asks, 'When can you come and live with me?'. In previous homes she asked, 'When can I come and live with you?'. I think that speaks for itself".

People were kept safe from the risk of infection through infection prevention and control (IPC) policies and procedures. Effective quality assurance checks helped make sure these were being followed by staff. There were also regular checks to make sure the environment was clean, tidy, and reduced the risk of cross-infection.

Good nutrition for people had been a focus area within the home and the service had specifically promoted breakfast choices and snacks for people. People could tell us about this and spoke positively about having plenty to eat and drink throughout the day. This had resulted in people's weights increasing and their risk of malnutrition decreasing.

The service had also been particularly focussed on 'End of Life' care and support and had introduced a 'No One Dies Alone' procedure. People were encouraged to discuss the topic and had led to them being more comfortable talking about what was important to them.

The service had supported and monitored people well in making sure there was effective pressure relief given to people who required. This meant that no one had pressure wounds and their skin was healthy. One

person told us: "I am looked after and my needs taken into account at all times. The staff know I can't move much on my own so they help me change position often. They also ask if I am comfortable".

Activities had helped promote physical movement and mental stimulation to help maintain or improve people's health. Activities were based on people's preferences and some community activities helped people to feel included in their local area. We discussed how some of the activities that people were supported with could be recorded better. The service agreed to review this. The majority of feedback we received about activities was positive and comments included: "My relative is well looked after and the whole staff team have made a great effort to get to know them and their past life and interests. This ensures staff cater to their needs in the best way possible" and "It would be good if they could arrange more visits from emotional support animals".

As a result of feedback from people, management had reviewed the moving in experience of people coming to stay in the home and how best to support this. This involved visiting the home prior to moving in and being provided with opportunities to arrange their bedroom and have clothes labelled. This had helped people feel in control of their experience and help them feel more comfortable in moving in.

Staff appeared knowledgeable about people's care and health needs and how to support them. This was evidenced from listening to staff speaking about people's health needs and day-to-day information. One resident commented: "My care needs are met by all of the staff, from nurses to kitchen staff, they all know me as an individual and treat me with respect at all times. The care and compassion from the staff here is amazing. I feel very in control of what I can and can't do. I also feel very loved where I am".

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. Therefore, we evaluated this key question as very good.

Recruitment files we sampled showed that safe recruitment practices had been followed. This meant that people could be confident they were supported by staff who had been appropriately checked and assessed. One visiting professional told us: "There is good structure within the home and appropriate individuals for the specific job roles. Additionally, there is a range of professionals with appropriate individuals for each role".

People's care needs were recorded and reviewed on a monthly basis and this was used to assess and inform the staffing levels required to support people. The sample of duty rota we reviewed showed that the number of staff on duty each day was in line with these assessments.

Care and support provided was responsive to people's needs. Daily assessments, handover meetings, daily huddles, and daily clinics helped make sure people's health and wellbeing needs were reviewed. This had helped make sure staff were informed about people's health and were deployed appropriately.

Analysis of accident/incident forms had led to adjustments being made to where staff were located within the building. This helped make sure that there were staff available at the most important times to meet people's needs.

Feedback we received from people was positive about there being enough staff to support people. From our observations, we found no issues with staff being available to support people throughout the day or respond

to nurse call alerts. Overall, we were satisfied that the skill mix, numbers, and deployment of staff met the needs of people.

Where staff absences occurred, these were covered by the staff already employed by the home. This meant that people were supported by staff that knew them and their care needs well. Feedback from staff was that they worked flexibly to help support each other to work as a team and to make sure people's needs were met.

Staff received a range of training to make sure they had the right knowledge to meet people's needs and keep them safe. Some staff were designated 'champions' in specific areas which meant they had a lead role in developing staff skills and improving service delivery in this area. Champions were provided with 'protected time' to help develop their skills and develop the role. This helped improve the skills and knowledge of other staff in specific topics and improve outcomes for people with these specific care needs.

Observations of staff practice was monitored through regular spot checks which meant people could be assured they were being supported by staff who were competent in providing safe care.

Staff were observed as being attentive to residents with kind and warm interactions. We also found communication and interactions between staff were effective in making sure important information was shared.

Feedback we received about staff was positive and comments included: "People listen to my worries. They are like family", "Have good staff retention and it's the usual staff communicating with which gives continuity", and "Fantastic home and look forward to continually building relationships with them over the years".

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

Management should continue to align their procedures with the 'Care Home Infection Prevention and Control Manual' (CH IPCM) and use risk assessments if using procedures that are different to the practice guidelines. Management should use the Healthcare Improvement Scotland guidance 'Infection prevention and control standards for health and adult social care settings' to inform any required improvements.

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 area for improvement was made on 25 November 2022.

Action taken since then

Procedures were generally in line with the 'Care Home Infection Prevention and Control Manual' (CH IPCM). A risk assessment had been completed which had been regularly reviewed where practices were not in keeping with the CH IPCM. A critical review had been completed with the housekeeping staff and the company who supplied the chemicals. From review of this, we were satisfied that the IPC practices were being followed and were effective in helping keep people safe from infection.

This area for improvement has been met.

Previous area for improvement 2

Management should ensure that the development plan is available to residents in a format that suits them. This should also be available to families, friends, and other relevant people. Many people contribute to such plans and their views should be sought and reflected on.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This area for improvement was made on 25 November 2022.

Action taken since then

The development plan was available for people to read, including an easy read format. We found that people's views had been used to formulate the previous year's development plan and the subsequent action plan. The service was in the process of developing the current year's development plan in this same format.

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.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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