

Stobhill Nursing Home Care Home Service

70 Stobhill Road
Glasgow
G21 3TX

Telephone: 01414137050

Type of inspection:
Unannounced

Completed on:
14 February 2025

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 48 people using the service at the time of the inspection.

About the inspection

This was an unannounced follow up inspection which took place on 12 February 2025 from 09:30 to 18:30 and 13 February 2025 from 09:30 to 18:00. 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 five people using the service and two of their family members
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents

Key messages

- People were being supported by a kind and caring staff team who knew them well.
- The home was undergoing environmental improvement to increase the bathing and showering facilities for people.
- Staffing levels need to improve to ensure people experience the support they want and need.
- Management oversight of fluids and hydration needs to improve.
- Choices of meals and snacks for people on altered diets should be made available.

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 good is our leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 - Adequate

We made an area for improvement in relation to the management of hydration at the inspection which took place on 21 July 2023.

We followed up on the progress the manager/provider had made to meet this area for improvement at this inspection. We concluded there was poor management and poor oversight of people's fluid intake to ensure people remained properly hydrated, therefore this area for improvement has not been met.

See area for improvement 3 under the section "What the service has done to meet any areas for improvement we made at or since the last inspection".

We will therefore make this a requirement. **See requirement 1**

In our previous report on 19 November 2024 we had made a requirement about improvements the provider must make to meet the conditions of registration detailed in the providers certificate of registration.

This requirement has been met. Please see "What the service has done to meet any requirements made at or since the last inspection."

However we have made a new area for improvement to monitor the progress being made to improvements of the garden area. **See area for improvement 1**

The evaluation for this key question remains unchanged.

Requirements

1. By 14 April 2025, to ensure people remain adequately hydrated and avoid the potential complications of poor hydration the management must:

- a) Ensure they have appropriate and consistent oversight of people's fluid intake to ensure people meet their minimum fluid intake on a daily basis.
- b) Ensure staff have the appropriate skills, knowledge and understanding of fluid intake best practice guidance.
- c) Ensure staff are recording people's fluid intake accurately and in real time.

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.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

Areas for improvement

1. To ensure people can access and make use of the garden area safely, the provider should ensure the commissioned remedial works to the garden are completed in a timeous manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16) and "My environment is secure and safe" (HSCS 5.17).

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

Requirements

Requirement 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).

This requirement was made on 19 November 2024.

Action taken on previous requirement

The service environmental improvement plan was in place outlining changes the provider would make to meet the conditions of registration detailed in the certificate of registration. This was prominently displayed in the foyer of the home detailing the planned improvements.

Although the service had prominently displayed the environmental improvement plan, this was the only method of communication the management team had employed to inform and gain the views of people and their families about the changes. It is important that people and their families views are sought and considered in relation to all aspects of care and support. We discussed with the management team the need to improve communication with people and their families about future planned improvements.

We saw contractors had been commissioned and were on site making improvements to ensure adequate bathing and showering facilities.

People we spoke to told us they welcomed this improvement. This meant they would have the choice of showering and bathing facilities much closer to their personal area of the home.

Improvement to the garden area had not yet been addressed. However, this was because of the time of year and the inclement weather conditions recently experienced. We saw evidence the provider had commissioned this work. Inspectors were confident this would be completed in time for people to make safe use of the garden during the better weather.

A new area for improvement will be made in relation to the garden area in order to assess progress at the next inspection. **(Please see Area for improvement 1 under "How good is our leadership" section of this report)**

Met - within timescales

Requirement 2

By 7 February 2025, to ensure staffing levels 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)

This requirement was made on 19 November 2024.

Action taken on previous requirement

The service had a new dependency tool in place which had taken into account, direct care and some non-direct care activities. In its current form, this tool demonstrated the service had enough staff on shift to meet care and non-direct care need plus additional hours.

However, not all non-direct care activity had been considered and included in the staffing level calculations. Non direct care activities are a non-exhaustible list. Some examples were no allocated hours for medication ordering, checking medication orders and clerking these into the home, no time allocated for care staff to engage people in social activity, and no allocated time for other clinical activities performed by nursing staff. We acknowledge this is a new tool to the service and the management team need time to refine and review this tool to ensure greater accuracy.

We also saw, and people and staff told us, due to staff shortages in the kitchen, care staff were being asked to assist with kitchen activities. This meant that for periods of time they were not available to assist people with their care needs. This impacted negatively on people receiving the care and support they wanted and needed. We discussed this with the management team who took steps during the inspection to address this.

Although staff were re-deployed for periods of time, expectations were they would also complete their care duties. This impacted on staff's wellbeing. Staff told us, due to these increased duties, they felt exhausted and drained during and at the end of shifts.

We acknowledge the management team had made some progress with this requirement. However, there was still improvement needed to ensure staffing arrangements were right and meet the needs of people experiencing care, and to ensure this becomes consistently embedded in practice.

This requirement has not been met and will be restated with an agreed extension to 14 April 2025.

Not met

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 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)

This area for improvement was made on 19 November 2024.

Action taken since then

A comprehensive review of diet notification forms had not yet been undertaken by the service. This meant there was no information available to inform people's preferences about the food they liked to eat.

Diet information records indicated there were several people prescribed textured diets to reduce their risk of choking. These varied from soft diet, to minced and moist diet and to pureed diet.

We observed mealtime options and saw there was only one meal option being offered for people who required a textured diet. This meal option was prepared to the pureed diet level. This meant that people who were prescribed diet levels of minced and moist or soft diet were not being offered food prepared to a level they were able to enjoy whilst mitigating the risk of choking. Having only one meal option also meant people who required altered diets were not experiencing choice at mealtimes.

This area for improvement has not been met. It will remain in place and be assessed for progress at the next inspection

Previous area for improvement 2

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)

This area for improvement was made on 19 November 2024.

Action taken since then

We acknowledged the service plans very soon to implement an on-line personal planning system and would be undertaking a streamlining process during the implementation.

This area for improvement was therefore not evaluated during this inspection and will be assessed for progress at the next inspection.

Previous area for improvement 3

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". (HSCS 1.15)

This area for improvement was made on 21 July 2023.

Action taken since then

During this inspection we assessed this previous area for improvement made in July 2023. This had highlighted improvement was needed to support people to meet their individual minimum daily fluid intake, and the service should have a strategy to monitor and manage this to ensure people did not become dehydrated.

Some fluid recording charts viewed did have daily minimum fluid intake aims. However, these were not being set using current guidance of 1600mls for females and 2000ml for males.

Daily fluid intake volume records were inconsistent in relation to people meeting their minimum daily fluid intake. Other records we observed showed there was little information to evidence how unmet fluid targets were being assessed or how people were being encouraged to achieve the correct daily fluid intake for them.

Intakes were not being monitored at intervals throughout the day or actioned to remedy poor intake. We concluded there was poor management and poor oversight of people's fluid intake to ensure people remained properly hydrated. This meant we were not confident people were remaining properly hydrated to ensure the avoidance of other health risks such as urine infections, constipation and increased risk of falling.

This area for improvement has not been met.

Please see Requirement 1 in "How good is our leadership?" section of this report

Previous area for improvement 4

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 provider shared with us their plans to roll out a programme to re-instate Promoting Excellence training for all staff across all provider services. A project leader had been identified to support this but plans have not yet been implemented.

This area for improvement will remain in place and be assessed again at the next inspection

Previous area for improvement 5

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 21 July 2023.

Action taken since then

The service had in place a system to record all accident and incidents which occurred. As part of this recording staff were 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. We could see staff were recording details of which family member/next of kin had been informed and their relationship to the resident. We concluded this reporting had improved.

This area for improvement has been met.

Previous area for improvement 6

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 21 July 2023.

Action taken since then

During the inspection we viewed details of two complaints received by the service since the last inspection. We noted letters of acknowledgement were being sent to complainants. Once investigations were completed the outcomes were being reported to the complainant, just within the time frame outlined in the provider's complaints policy. Information was provided in this letter to explain what action a complainant could take if they were not satisfied with the outcome. Improvement could be made to the process by completing the complaint "at a glance" progress/action log. This overview would enable management to have a comprehensive overview of progress and completion of all complaints received.

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

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