

Four Hills Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
14 March 2025

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142905

About the service

Four Hills Care Home is registered to provide a care service to a maximum of 120 older people. The provider is Barchester Healthcare Ltd.

The home is a purpose-built facility located within Ruchill in the north area of Glasgow. The home is close to public transport links and other community resources. There is a car park at the front of the property and enclosed gardens. All rooms are single occupancy with en suite, located within four separate units.

The home has lounges and dining spaces within each unit.

Throughout the home, there are quiet, private areas for residents and their families and friends to enjoy quality visits.

There were 107 people using the service at the time of the inspection.

About the inspection

This was an unannounced follow up inspection which took place on 11 March 2025 from 09:30 to 18:30, 12 March 2025 from 09:30 to 17:30 and 14 March 2025 from 09:30 to 15:30. 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:

- spoke with four people using the service and nine of their family/friends/ representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- Medication management needs to improve.
- There was increased support for the service from the provider's wider specialist team to work towards improving outcomes for people.
- Progress had been made in relation to people's nutrition, hydration and weight management providing good outcomes for people.
- The management team need to ensure complaints and concerns are addressed and appropriately resolved.
- Laundry management needs to improve.

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

Requirements

Requirement 1

By 14 February 2025, people experiencing care must experience high quality care and support with prescribed medication. To achieve this, the service provider must:

Ensure there is an adequate supply of all prescribed medication available at all times to meet the prescribed need of people using the service.

This is in order 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: "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

This requirement was made on 5 December 2024.

Action taken on previous requirement

Since the last inspection we observed competency based assessments had been completed for staff with responsibility for medication administration. Some of these were completed to a level of good interrogation and scrutiny of staff's knowledge and understanding of the ordering and stock management process. However not all competency assessments had been completed with this level of scrutiny and assessment. One we viewed contained no detail other than to say it had been "discussed".

eLearning modules on medication management had also been completed by staff responsible for medication management. During daily catch up meetings between management and staff medication shortages and the actions being taken to address these shortages were discussed.

We had concern that shortages are still occurring meaning there remains a reactive approach rather than a pro-active approach. Pro-activity using the agreed process would ensure a reduction of these issues occurring.

The service had recently engaged with the community pharmacy team to assist them in this process. They were able to share information with the inspectors in relation to some medications being overstocked and others being under-ordered.

Nursing staff we spoke to were either not sure of the medication ordering process or were familiar only with the aspect of the process to which they had an input. This indicated there is a lack of knowledge, understanding and accountability of the staff to ensure all medications are fully available at all times of the medication cycle, to ensure everybody receives the medication they have been prescribed.

We acknowledged recent changes to the management structure and the fact that other concerns are being addressed simultaneously. We concluded the provider and management needed more time to ensure these concerns were addressed and embedded into practice.

This requirement will be extended to 25 April 2025 to allow time for further improvement and consistency.

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 experiencing weight loss have timeous and effective intervention the provider should:

Ensure the detailed tool in use to manage weight loss is used effectively and reviewed regularly in order to address weight loss.

Ensure staff understand food fortification and implement this as planned in line with the provider's nutrition policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23) and "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

This area for improvement was made on 5 December 2024.

Action taken since then

All food fortification was now taking place in the kitchen in accordance with providers policy and fortified food was clearly identifiable on the bain marie. Staff were aware of residents requiring fortified meals.

Smoothies and snacks were available throughout the day to ensure increased calorific intake for people. The service had plans to implement "project Milkshake" as soon as staff had completed the training needed to support the roll out of this.

Since the last inspection an overview of residents weight using the advanced Malnutrition Universal Screening Tool (MUST 5) had been developed. There was evidence that the MUST 5 tool was being implemented timeously, with a good process in place to ensure this was being reviewed at intervals to identify if any further action was needed. Referrals were being made to the care home liaison nurse where it had been identified this was necessary. Ongoing referrals were being made to the dietician on the advice of the care home liaison nurse.

However, we were advised that the waiting list to see a dietician was lengthy. It was encouraging that some people who had been monitored using this tool had begun to experience weight gain or weight stabilization. This ensured the reduction of people experiencing the complications of weight loss.

There were no gaps in weight monitoring and weights were discussed at the daily meetings between management and staff. Weight monitoring was also reviewed as part of resident of the day review. Weekly weights were passed to the clinical lead each week to be reviewed, ensuring there was good management oversight of weights.

We concluded that whilst the management team continued to promote nurse accountability in relation to weight management, there was an effective system in place, management oversight and good partnership working to ensure the best possible outcomes for residents at risk of malnutrition.

This area for improvement has been met.

Previous area for improvement 2

To ensure people are protected from the risk of cross infection and cross contamination, the provider should:

- a) Ensure staff have the appropriate training to inform their skills, knowledge and understanding of the correct use of cleaning solutions, and the safe dilution and handling of chemical products.
- b) Ensure staff have the appropriate training to inform their knowledge and understanding of the correct use and disposal of cloths used for cleaning, as outlined in the NIPC Manual for Care Homes Scotland guidance.
- c) Have in place cleaning schedules for each area of the home as per guidance contained in the NIPC Manual for Care Home Scotland guidance.
- d) Have in place standard operating procedures in relation to the safe management of the care environment.

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)

This area for improvement was made on 5 December 2024.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 3

To support positive outcomes for people experiencing care, the manager and staff should ensure that any clinical observations that are required following an accident or incident are recorded consistently in line with the provider's policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

This area for improvement was made on 5 December 2024.

Action taken since then

We viewed accident and incident forms. We saw that a post falls observation tool was in regular use and completed consistently. There had been improvement of clinical observations, particularly following falls. We noted however, that the post falls tool does not monitor pupil changes. This is of particular importance for those falls which have been unwitnessed, where a head injury may have been sustained. As this is best practice guidance, we would advise this is included in post falls observation for unwitnessed falls.

This area for improvement has been met.

Previous area for improvement 4

To ensure people are experiencing the outcomes they want and need, the provider should have systems in place to evaluate how improvement is meeting outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

This area for improvement was made on 5 December 2024.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 5

To ensure staffing levels are sufficient to meet the needs of people living in the service, the provider should:

- a) Demonstrate they have taken into account further considerations in addition to their chosen assessment tool in relation to all non-direct care duties of staff when calculating staffing levels and
- b) Demonstrate that this information is used to ensure there are enough staff on duty at all times to meet the needs of people living in the service.

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 area for improvement was made on 5 December 2024.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 6

The provider should review the care plans of people who experience stress and distress to ensure that they are robust and provide sufficient detail to effectively meet the needs of people who experience stress and distress. This should include but is not limited to identifying triggers to stress and distress and effective support strategies.

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 5 December 2024.

Action taken since then

We viewed care plans of some people who experience stress and distressed reactions. Plans were in place and some had recently been re-written. Those re-written contained the necessary depth and detail to provide the necessary person centred support for them. The review of people's stress and distress care plans remains ongoing.

The provider shared with us plans they have in place later this month and in the future for the delivery of staff stress and distress training from both internal and external sources. This will support staff in recognizing and managing stress and distressed behaviours. It will also support staff in devising person centred care plans to ensure people's needs are appropriately met during episodes of stress and distress. We concluded, this area for improvement is a work in progress.

This area for improvement will remain in place and will be assessed for further progress at the next inspection.

Previous area for improvement 7

To support positive outcomes for people experiencing care, the provider should ensure that any concerns related to care and support are recorded, and responded to appropriately. This should include, but is not limited to, ensuring the service's Customer Feedback Policy is implemented when required.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me".

This area for improvement was made on 22 July 2024.

Action taken since then

Concerns raised were recorded both digitally and within paper records. We sampled concerns and complaints and noted that those raised previously had been followed up with evidence of action taken. There was however no record to indicate what actions had been taken to resolve those concerns that had been received more recently. A complaints and concerns tracker would have helped evidence that these were being addressed responsively and in accordance with the providers customer feedback policy.

This lack of evidence meant that it was difficult for the provider to review, and quality assure any response that had been taken to resolve concerns raised. Senior management reassured us that concerns had been followed up.

We suggested that actions to resolve concerns needed to be reviewed to ensure that these were effective. In one instance we noted that the agreed action to address a concern that had previously been raised had not achieved the desired outcome and needed to be revisited.

This area for improvement has not been met and will be assessed at the next inspection.

Previous area for improvement 8

To ensure that people receive the right information at the right time, the provider should ensure that staff are open, honest, and transparent in their timely communication with people receiving care or their representative. This should include, but is not limited to, updating the family and friends communication records to reflect discussions and concerns when someone refuses care or support.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event".

This area for improvement was made on 22 July 2024.

Action taken since then

We viewed the family communication records contained in care plans for several people. Some care plans we viewed did not contain family communication record documents. Those we did view had no communication recorded for over 3-6 months. We saw information recorded in professional visit records and in monthly review records relating to people's wellbeing. This information had not been recorded as being communicated to families. Communication with families and recording of this still needs to improve.

This area for improvement has not been met and will be assessed at the next inspection.

Previous area for improvement 9

To provide reassurance that people's personal belongings are respected and valued, the provider should ensure that staff follow their, "Looking after your Residents and Patients Laundry" guidance. This should include, but is not limited to, raising residents' and their representatives' awareness of the importance of notifying staff of any new belongings being brought into the home.

This is to enable staff to update people's personal belongings inventory.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organization takes responsibility for its actions". (HSCS 4.4)

This area for improvement was made on 12 July 2023.

Action taken since then

People and families we spoke to told us there continued to be issues with laundry. In particular, issues voiced were of clothing and bedding going missing and incorrect clothing being delivered to people's rooms. Management told us they were aware of staffing shortages in the laundry which they were in the process of addressing as well as implementing a refresher training programme for established laundry staff. Management had recently re-introduced a more efficient laundry identification process to address the issue of people receiving clothing which did not belong to them. We acknowledged management were in the process of addressing issues with the laundry workforce and laundry processes. This remains a work in progress.

This area for improvement has not been met and will be assessed at the next inspection.

Previous area for improvement 10

To ensure that people receiving care are supported with nail care, the provider should have a personal plan in place, which describes individual nail support required. This should also include, but is not limited to, detailed recording that nail care has been provided as part of a person receiving care's daily hygiene support.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected". (HSCS 1.23)

This area for improvement was made on 12 July 2023.

Action taken since then

Although there were gaps in recording nailcare, it was evident that nailcare was being provided as part of an individual's daily personal care routine. There was some reference to nailcare in some personal plans however this needed to be included consistently in people's plans and detail how they wished to be supported with nailcare. We did not identify any instances of poor nail hygiene during our observations of people's nails during this inspection.

The management team were reviewing personal plans and nailcare plans as part of personal plan audits. They planned to take forward further improvements needed to ensure that all residents have person centred nailcare plans.

We received positive feedback about the condition of people's toenails from a visiting professional.

We concluded that sufficient progress had been made to meet this area for improvement with further actions planned to continue to improve people's experience of personal care.

This area for improvement has been met.

Previous area for improvement 11

The manager should ensure that staff practice is directed by the information included in care plans, and that food and fluid intake charts are fully completed to inform the planning of care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "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 5 May 2023.

Action taken since then

Food monitoring records sampled were well completed and included details such as portion size and any snacks taken between meals. This provided a good overview of an individual's daily nutrition intake.

There was one instance where reference was made to food and fluid monitoring in a nutrition and hydration plan however a fluid monitoring chart could not be found and we asked the management team to follow this up.

Personal plans that directed staff were evidently being updated to reflect for instance, that people required to be weighed weekly or required nutritional enhancements such as fortification.

We noted that whilst most people on fluid monitoring were meeting and exceeding their targets, these were set too low having been calculated using a formula that was now not in keeping with the current best practice guidance. The management team re-assured us this would be updated in line with the most recent guidance.

A review of fluid intake at 2pm daily provided an opportunity to see if people were on track to meet their fluid targets and to take necessary action to optimise fluid intake.

This area for improvement has been met.

Previous area for improvement 12

To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving "as required" medicines, medication administration records charts should include:

- a. the reasons for giving "as required" medication; and
- b. the outcome and whether the medication was effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

This area for improvement was made on 5 May 2023.

Action taken since then

As required medications (PRN medications) were clearly documented. PRN protocols for all medications were in place. The reasons for administering PRN medications were consistently recorded. Carer medication notes were in place and these consistently noted when PRN medication was administered. These records were consistent with the dates and times of PRN medications recorded on the medication administration record. The effectiveness of PRN medications was also being recorded. It is less consistent in some units than other, however improvement had been achieved.

This area for improvement has been met.

Complaints

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

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