

Riddrie House Care Home Service

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Type of inspection:
Unannounced

Completed on:
28 February 2025

Service provided by:
Partnerships in Care Scotland Ltd

Service provider number:
SP2008009728

Service no:
CS2015337316

About the service

Riddrie House is registered as a care home for 32 people aged 18 and over who have mental health conditions. The provider is Partnerships in Care Scotland Limited. At the time of this inspection, 29 people were living in Riddrie House.

The home is purpose-built and is situated in a residential area of Riddrie, Glasgow. It is close to shops, public transport links and other amenities. There is a small car park at the front of the building and an enclosed private garden to the rear.

Accommodation is provided over two floors with lift and stair access to the upper floor. The ground floor has 14 bedrooms, a lounge, dining room and small tearoom. The upper floor, which is intended for rehabilitation, is divided into two parts and has 18 bedrooms. Each part has a lounge and kitchen/dining room. All rooms are single with en-suite toilet and shower. Communal bathrooms are also available to people on both floors. An enclosed smoking area is available outside of the home.

About the inspection

This was an unannounced inspection which took place between 26 and 28 February 2025. Three 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 eight people using the service
- spoke with six members of staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported to achieve positive health and social outcomes.
- People were supported by a skilled and consistent staff team.
- Staff and management demonstrated compassion, understanding, and positive values in their practice.
- The service should improve its quality assurance systems to maintain their high standards

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 leadership?	4 - 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 evaluated this key question as very good because we found major strengths that supported positive outcomes for people.

People living at the service were supported to improve their health and wellbeing and achieve very good outcomes. People, many of whom had spent considerable time in hospital and other settings, were now living in the community, and developing their confidence and independence skills. This had resulted in people experiencing far fewer periods of stress and distress and risk of harm.

People had the opportunity to spend time in their community, attending clubs, using local amenities and developing a healthy routine of activities. A more creative and meaningful programme of in-house activities and events further promoted people's stimulation and inclusion. Some people were supported to enhance their daily living skills and were completing their own shopping, laundry, and cooking with assistance. This gave people a real sense of pride, and some were preparing to live more independently in the community, building on the skills they had achieved.

We observed interactions between staff and people receiving support, and saw compassionate and empowering practice. Staff, who were generally experienced and permanent workers, demonstrated genuine passion in improving people's wellbeing. There was a strong value-based evident in the service that promoted positive rapport and working relationships.

Staff had a thorough understanding of people's needs. They could promptly identify when people's mental and/or physical needs increased and liaised effectively with visiting professionals including GPs, community psychiatric nurses, and social workers. This pro-active multi-disciplinary approach helped to keep people safe and well.

Every person living at the care home had a personal plan, known as a care plan. These were person-centred and highlighted people's likes and dislikes, their health and social needs, and how they wanted to be supported in an individual way. Where people had additional needs, such as diabetes, there were specific plans in place to ensure appropriate care was delivered effectively. Other important issues, such as risk assessments and legal documents, were recorded well to keep people safe from harm.

We noted there were a small number of gaps in daily recordings within care plans. This was generally when people chose not to receive care at a particular time. We asked the service to record when people were offered but chose not to accept support. This will evidence that staff followed care plans and help monitor people's wellbeing more closely. We gave an area for improvement under Key Question 2 to improve quality assurance on this issue to further enhance people's outcomes.

How good is our leadership?

4 - Good

We evaluated this key question as good because there were a number of important strengths which, taken together, clearly outweighed areas for improvement.

People using the service, relatives, and staff offered positive feedback about the management team at Riddrie House. Leaders were seen as approachable, knowledgeable, and supportive. This reflected our own

observations as management demonstrated strong values throughout our inspection. This had developed positive culture and practice in the care home.

Leaders were inclusive and sought the opinion from supported people and staff on how the service could improve. This visible leadership had promoted high levels of morale and meaningful opportunities for inclusion in the service.

There were clinical governance meetings that reviewed important issues within the home including accidents, incidents, and medication. Where issues were identified, leaders ensured appropriate actions were taken, and communicated with partner agencies, to ensure people were safe and well.

Feedback from people and staff, as well as data from clinical governance, was used to develop a service improvement plan. This document was insightful and contained relevant points that will help further improve people's outcomes and experiences.

We did note that improvements were needed in the service's quality assurance systems. Whilst audits of significant areas, such as medication and care planning, were being completed, they should be more frequent and robust. For example, we noted some gaps in the recording of people's weight and continence care. We asked the service to improve its approach to ensure these issues are self-identified and addressed. Robust quality assurance should further enhance people's health and wellbeing (see area for improvement 1).

Areas for improvement

1. To promote people's health and wellbeing, the service should develop frequent and robust quality assurance. This includes, but is not limited to, audits of medication and care planning, and accompanying action plans to support improvement.

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?

5 - Very Good

We evaluated this key question as very good because we found major strengths that supported positive outcomes for people.

People were supported by the right number of appropriately trained staff at the care home. Staffing arrangements were continuously reviewed and discussed with all parties to ensure people's needs and outcomes were fully met.

People could be reassured that staff were recruited safely with appropriate recruitment processes, reference checks, and registration with professional bodies. This promoted a safe, professional environment. New workers completed a thorough induction with a mix of classroom training, online learning, and shadowing of experienced staff to understand their role.

Staff had access to a comprehensive training programme that focused on supporting people's mental and physical wellbeing in a person-centred approach. There was a healthy focus on continuous staff development with workers completing additional courses and qualifications to enhance their skills.

The service's approach to staffing arrangements and development had resulted in a skilled workforce. Staff had a strong understanding of people's needs and wishes, had developed positive rapport with people, and were highly motivated to enhance their life experiences.

There was positive morale across the service and staff told us they felt supported in their role. Workers had regular group and one-to-one meetings to discuss their practice and wellbeing. A range of forums and surveys gave staff an opportunity to influence service development, which gave them a sense of inclusion. This culture enhanced staff performance and outcomes for people.

The service had a keyworker approach where people had a designated worker who reviewed their progress in meeting outcomes. We noted there were some gaps in these recordings when keyworkers were on annual leave. We encouraged the service to develop a contingency plan to ensure people's recordings were kept up to date during these times. We were pleased to see the service had self-identified this issue, and were introducing a resident of the day approach to ensure people's care plans and outcomes were evaluated each month. This will help maintain the service's high standards and positive outcomes for people.

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 wellbeing, the provider should ensure that all care plans are up to date. This should include, but is not limited to, updating information promptly when required, recording six-monthly reviews, and completing monthly audits to ensure accuracy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 9 December 2022.

Action taken since then

People had comprehensive, person-centred care plans that detailed their needs well. People generally had six monthly reviews to ensure their support was effective and plans were up to date. The service was completing audits but these did not always capture gaps in recordings or produce action plans.

This area for improvement was met. However, we have set a new area for improvement under key question two to support improvement in the service's approach to quality assurance.

Previous area for improvement 2

To support people's wellbeing, the provider should ensure staff have access to additional training courses that reflect the needs of all people in the service. This should include, but is not limited to, training in dementia and autism.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

This area for improvement was made on 9 December 2022.

Action taken since then

The service had a comprehensive training programme, with high rates of compliance, that reflected the needs of people living in the care home.

This area for improvement was met.

Previous area for improvement 3

To support people's wellbeing, opportunities and independence, the provider should ensure that communal spaces are not used for storage.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

This area for improvement was made on 9 December 2022.

Action taken since then

The service ensured that communal spaces were now used for activities and/or space for relaxation, which promoted people's wellbeing.

This area for improvement was 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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - 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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