

Renfrew Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
12 March 2025

Service provided by:
Renfrewshire Council

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About the service

Renfrew Care Home is situated in a residential area of Renfrew. It is close to local transport links, shops and community services. The service provides residential care for up to 60 people, all of whom may have a diagnosis of dementia.

The service provides accommodation over two floors and there are 60 single bedrooms. All rooms have en-suite toilet and shower facilities. The accommodation is divided into five houses, and in each house there is a dining room and a lounge. There are also shared bathroom facilities in each house.

There is a communal outdoor garden space which is accessible from the ground floor. The houses on the first floor also have access to balconies. The garden has outdoor facilities including an area that outdoor activities could take place, such as mini golf and bowling. There is also a summer house and picnic area that can be used.

About the inspection

This was an unannounced inspection which took place on 7 and 9 March 2025 between 10:30 and 21:00 hours. 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 19 people using the service and eight of their family and friends
- reviewed feedback from 17 questionnaires from family members
- spoke with 15 staff and management and feedback from five staff questionnaires
- observed practice and daily life
- reviewed documents
- reviewed feedback from one visiting professional.

Key messages

- People benefitted from a welcoming, well-presented environment.
- People experiencing care and relatives had positive relationships with staff and management.
- Opportunities should be explored to involve people in more meaningful activities, and getting outside.
- Staffing arrangements need to consider people's experiences and feedback.
- Further training in stress and distress management should be offered.
- Personal planning and daily recordings require improvement.
- People had confidence in the management team.

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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People were supported with personal care which respected their choices and wishes. People were happy with the care and support they received. One person said, "We are looked after very well," and a relative commented, "Staff know my relative well."

People's wellbeing benefitted from a positive approach to mealtimes. They experienced support from staff who knew people's likes and dislikes well. A visual choice was offered which meant people could make knowledge-based decisions of what they liked. People had access to regular drinks, meals and snacks and records were maintained. Someone said, "The food is wonderful!" and another, "All the meals are nice, if you don't like something you can get something else." Systems were in place to monitor people's weights and nutritional status, with appropriate referrals to health professionals when additional support was needed. A good selection of adaptive crockery and cutlery were available which also supported people to be as independent as possible.

Medications were generally managed well; effective audits were in place for medication administration which meant managers could act on any discrepancies and offer support to staff when needed.

People were protected by effective infection, prevention and control measures which were in place. Staff demonstrated understanding of how to minimise cross contamination through hand hygiene and the safe use of protective equipment (PPE).

Activities were to be provided by care staff on each unit. There was currently no activities co-ordinator in post. We were informed of some nice things happening, which included the use of the cabin alternate Mondays for coffee/teas, animals coming in, lunch outings, chair exercises, musicians and church coffee events. There was a reliance on external entertainment. During our inspection, we saw limited activities provided. Care staff did not have sufficient time to support people effectively with activities. This included people who would benefit from more one-to-one activities if they were unable to participate in groups. We observed long periods across all units where people were unoccupied and not meaningfully engaged (see area for improvement 1).

People were not encouraged to move regularly to promote physical activity. We did not see people being supported to the garden to sit and get fresh air when it was a particularly nice day when we visited. This meant there were missed opportunities for people to maintain and enhance their mobility and independence. A number of people experiencing care and families told us people would like to get out more.

Relatives and friends we spoke to felt welcome; however, visitors were discouraged to visit people in lounge areas. People could use bedrooms, a seated area at the end of corridors or the dining room. A visiting policy was not in place. This should be developed to recognise the importance of connection to people's health, wellbeing and human rights and ensure people are welcomed and included (see area for improvement 2).

People living with dementia can experience stress and distress at times due to a number of contributing factors. Staff needed training to enhance their understanding of dementia. This should include how to respond to people experiencing stress and distress to allow support to be provided in meaningful ways. Documentation on incident forms highlighted staff needed to develop skills around de-escalation measures, and increase understanding of how dementia affects people in an individual way (see area for improvement 3).

Areas for improvement

1. The service should carry out a review of how they support people to spend their day and consider new and meaningful ways of engaging with the community, trying new hobbies and having an opportunity to fulfil any wishes and aspirations.

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); and
'I can choose to spend time alone' (HSCS 1.26).

2. In order to promote meaningful connections for people, the service should devise a visiting policy that considers how the human rights of every person living in a care home has the opportunity to connect with family, friends and the community.

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

'I am an adult living in a care home and restrictions to routine visiting are needed to prevent infection, I can nominate relatives/friends (and substitutes) to visit me. My nominated relatives/friends will be supported by the care home to see me in person day-to-day and to be directly involved in providing my care and support if that is what I want' (HSCS 5.16).

3. To ensure that people have confidence that staff are trained, competent, and skilled around supporting stress and distress, the service should provide training for staff on how to support people living with dementia and/or a mental health condition.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3:18).

How good is our leadership?

4 - Good

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

Management were approachable and people felt listened to, with complaints being well managed. People told us that they felt confident to give feedback or raise any concerns because they knew this was welcomed and responded to in a spirit of partnership. One family told us, "I very much feel there is an open-door policy to staff and management," whilst another explained, "It is clear that the care home

manager is dedicated to providing a good service and leading her team."

Management demonstrated a clear understanding about what was working well and what improvements were needed. They ensured that the needs, outcomes and wishes of people living in the service were the primary drivers for change. This had been recently strengthened by the introduction of some new aspects around quality assurance. One person said, "Great leadership in the individual houses and the senior leadership team," whilst another felt, "The home is very well run."

Whilst there was a comprehensive quality assurance system, management had had to prioritise their time dealing with other matters. This meant that some aspects of quality assurance had not been as frequent as planned. However, aspects that had taken place had been followed up with clear action plans to make them meaningful and improve outcomes for people.

A home improvement plan was in place that identified some areas for improvement; however, more detail was needed to ensure that this could be used to drive the improvements identified. Quality assurance activities and feedback from people should inform actions. The service was in a good position to look at ways of involving people they support and their families with self-evaluation (see area for improvement 1).

People could be assured that the service learned from any adverse incidents to improve the quality of care and support.

Areas for improvement

1. To promote good outcomes and to minimise the risk of poor outcomes, the service should ensure that there are governance and oversight systems in place to identify risks through self-evaluation. This should be detailed in an improvement or action plan and used to drive improvements.

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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People living in the care home and their families were positive about the staff group. One person told us, "Staff are fabulous, friendly and welcoming." Whilst another similarly said, "Staff are very polite and welcoming." Another explained, "The staff members that look after my relative treat them like one of their family."

People living in the care home and staff benefitted from a warm atmosphere because there were good working relationships across all departments of the care home. The facilities management staff and care staff worked well together.

Whilst the service used a dependency assessment, this did not give a true reflection of the care and support needs of people experiencing care. Some people needed more support and, in particular, two staff to

provide some aspects of their care. Staff and people experiencing care gave examples of staffing levels not being responsive to increases in people's health needs, along with increased time to respond to call bells and assisted technology to support those at risk from falls.

Staff explained that these pressures reduced their capacity to offer more than basic care needs at times, with little time to speak to people or support them to maintain interests and hobbies. The completion of paperwork and care planning was not up to date as time was focused on supporting people, which they did well. Some staff felt overwhelmed at times and rushed. Methods to assess staffing levels should consider the wellbeing of staff. Approaches to assessing staff levels should consider safe staffing guidance and the views of staff, people, their families and carers.

Staffing vacancies had led to an over-reliance on agency staff, which reduced consistency for people. Although agency staff had been block booked when possible. Whilst families were very complimentary about the care home's permanent staff, we received the following comments, "Staff in my opinion cope well as they want to deliver a good service however extra staff could lighten their workload", and "There has been a lot of temporary staff within the care home and this has definitely had an impact on the care given."

We concluded that improvement was required to ensure safe staffing and discussed with the service aspects which could further support them to demonstrate that they act in accordance with the newly enacted Health and Care (staffing)(Scotland) Act 2019 (see requirement 1).

Requirements

1. By 30 June 2025, to promote the wellbeing of people, the provider must ensure staffing arrangements are sufficient to support positive outcomes.

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

- a) regularly assess and review people's care and support needs
- b) demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements
- c) implement quality assurance systems to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is in order to comply with section 7(1)(a) 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:

'People have time to support and care for me and to speak with me' (HSCS 3.16).

How good is our setting?

4 - Good

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

People benefitted from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment is relaxed, clean, tidy and well

looked-after, with no evidence of intrusive noise or smells. Parts of the home had been upgraded with new floor coverings and painting. One family told us, "The unit is very clean and tidy and rooms are always clean," while another explained, "The care home is comfortable and residents are free to decorate their rooms as they wish. I think this is important as the sight of familiar pictures, ornaments, small items of their own furnishings aids the settling in process."

There were clear planned arrangements for the regular monitoring and maintenance of the premises and the equipment to ensure people were safe.

Whilst people were protected from the spread of infection because cleaning schedules and regimes were based on good practice guidance and carried out when needed, the detail in the schedule recordings could be enhanced to be more meaningful.

People were encouraged to personalise their bedrooms and we found them to be individual and homely.

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.

People could be assured that they had a personal plan to provide staff with some information about their past life and people that were important to them.

Personal plans contained relevant risk assessments; however, the outcomes from these were not then used to inform the plans to make them meaningful. They were mainly focused on health and did not include outcomes important to people and focused entirely on people's needs and tasks to be carried out. There was little recognition of enabling assets-based approaches that nurture personal confidence, self-esteem or independence.

Whilst staff reviewed each personal plan monthly, any changes were not then transferred into the relevant personal plan to ensure that staff were referring to the most up-to-date information; this included end of life support. The service explained that they were planning to review the format for personal plans; however, this was a significant risk to people not receiving the correct care and support from ad hoc agency staff who may not have met them before (see requirement 1).

People and/or their representatives were invited to six-monthly reviews, which ensured that they were involved in the care and support to be planned going forward. Personal plans were not always updated to reflect any changes that had been discussed.

A range of daily monitoring documents were in place for people; however, these were being overused as a more blanket approach was often used, rather than for specific people who needed enhanced monitoring, for example, with bowel management, food and fluid intake or to maintain healthy skin. This had led to inconsistent completion and gaps in documents for those who should be a focus. Daily recording was also inconsistent across units; some records contained a meaningful narrative to show how people had spent their day. We found some people had not had any recordings for a number of days which meant it was difficult to ascertain what support had been provided, or what outcomes had been met (see requirement 1).

Requirements

1. By 30 June 2025, the provider must ensure each service user has a personal plan in place 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) assessment and personal planning reflects people's assessed needs, how these will be met and include outcomes and wishes
- b) relevant risk assessments are completed and used to inform the personal plan
- c) where a service user needs a specific aspect of their health monitored, that supporting documents are completed and that senior staff have an overview of these
- d) daily recordings evidence how people's outcomes and wishes have been met.

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).

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 health and wellbeing and improve the quality of their experiences, the provider should improve the current management of medications. This should include PRN (as required) medication and link directly to people's stress and distress care plans.

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 September 2022.

Action taken since then

The service is currently looking to realign the care plans to bring the information together in the plans. PRN (as required) protocols were in place in a medication folder, although these were very basic and generic. They had not been personalised to how people's stress and distress may present. We noted that staff needed more training in this area and have made an area for improvement (see section 'How well do we support people's wellbeing?'). We found inconsistencies in reporting on people's outcomes following the administration of PRN medication. Positive Behaviour Support plans were in place and work was planned to bring these together, including realigning risk assessments.

This area for improvement was not 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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