

Rowantree/Rodgerpark Care Home Care Home Service

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Type of inspection: Unannounced
Inspection completed on: 26 July 2017

Service provided by:
BUPA Care Homes (CFHCare) limited

Service provider number:
SP2003002226

Care service number:
CS2003010420

About the service

Rowantree/Rodgerpark Care Home is located in the Rutherglen area of Glasgow in a residential area. The provider of the service is BUPA Care Homes (CFHCare) Limited.

The care home has accommodation for two hundred and twenty-five older people with the accommodation divided up into eight units which provide care for older people, some of whom have dementia, mental health issues and palliative care. At the time of the inspection, 208 people were using the service.

Each of the units had communal lounge/dining space, conservatory area and some themed rooms such as "relaxation room" or "pampering room". All had communal bathrooms and toilets as the bedrooms do not have en-suite toilets. All of the bedrooms were single rooms some of which had hand washbasins.

What people told us

We spoke with 14 of the 208 people who were using the service at the time of the inspection. We also spoke with nine relatives/carers who were in visiting during the inspection.

Before the inspection we issued 30 Care Standard Questionnaires (CSQ) to seek people's views on the service. At the time of this inspection 11 resident CSQs had been returned, four of which strongly agreed, six agreed and one disagreed that overall they were satisfied with the standard of care and support provided. We also issued 30 CSQs to relatives/carers and received 14. Of these, nine said they were very happy and five happy with the standard of care and support provided.

Comments from people we spoke with included:

"Oh its fine here. Staff are ok. Go to the concerts in other units as it gets me out"

"I like getting outside best"

"Food is ok and get plenty of it but I'm really not a big eater anyway"

"Room is fine - warm enough and I can open windows if I want"

"Staff willing to talk and provide good care, they are responsive. I would say the staff are excellent"

"People keep their own company; they'll say hello but no great community"

"Can get a drink anytime hot or cold, food is also available anytime"

"I like staying here - some staff are very good".

"Service is ok"

"Communication is better now"

"The home could be a bit more homely"

"Up at 10.30am but used to getting up at 8.30am"

"Not been out in garden"

X given a Scotch pie and couldn't eat the crust"

"Happy with the service and food however feel the mugs and glasses could be bigger".

Self assessment

The last self-assessment was submitted following a request from the Care Inspectorate in November 2016. We also spoke to the manager about future on-going development plans for the service and took this information into account when writing this report.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

Generally, we were satisfied that service users were looked after safely and supported to an overall good standard. We concluded this from feedback from people we spoke with, observations made and review of records. We also reviewed the home environment and facilities during the inspection. From the returned Care Standard Questionnaires people generally indicated that they were satisfied that health and well-being needs were being met.

We acknowledged that the service had identified that activities available for people needed to improve and were in the process of addressing this. Records lacked information and there was a lack of activity training. People told us they were "bored" and "they have facilities but not used" (See requirement 1).

Care plans had improved however, specific information was missing in some of them and daily notes and body maps had not always been completed where required (See recommendation 1).

We watched how people were supported with their meals and found the atmosphere calm and service users happy. Although we thought the dining experience was generally good, practice varied between units. All units should make sure people have the opportunity to wash their hands before eating.

Medication Administration Records showed that the majority of the time people had received their medication as prescribed. However, we noted the outcomes of "As Required" medications were not always recorded and a small number of signatures were missing. We also saw where some people had continually refused medications and no record of any actions taken. We discussed this fully at feedback for the Manager to action.

Some service users were late out of bed in one unit which meant receiving their first food and drink of the day at lunchtime. One resident had to wait to be assisted to the toilet as staff were busy (See recommendation 2).

Fluid target records showed significant gaps in recording and although running totals were kept, targets were not recorded on the charts (See recommendation 3).

We were concerned about the length of time people appeared to sit without any pressure relief. We discussed concerns we had with the Manager for their consideration and action.

Records remained unclear as to how people were supported to express their views (See recommendation 4).

Requirements

Number of requirements: 1

1. The service must demonstrate that there are suitable and sufficient meaningful activities for service users to engage in based on their personal choices and abilities.

Activities should promote and maintain health and wellbeing of service users and in so doing; there must be access to outdoor space and events.

This is in order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work improvement Scotland (requirements for Care Services) SSI 2011 (2011/210).

Timescale for implementation: To commence within one week of receipt of this report and be concluded within six months.

Recommendations

Number of recommendations: 4

1. Care plans should be developed further to make sure there is specific information recorded about how best to meet service user's needs.

National Care Standards - Care Homes for Older People Standard 10 - Exercising Your Rights

2. The Provider should undertake a further review of staffing levels within the Units identified to ensure these are adequate to meet the needs of the people living there. In doing so, the Provider should consider involving staff in this consultation and monitoring routines.

National Care Standards - Care Homes for Older People Standard 10 - Exercising Your Rights.

3. Records of fluids taken by people should be accurately recorded in a timeous manner and any targets identified.

National Care Standards - Care Homes for Older People Standard 6 - Support Arrangements.

4. The service should develop ways in which to seek out the views and opinions from service users with more advanced communication needs or do not wish to attend formal meetings.

National Care standards 10 Care Homes for Older People - Exercising Your Rights.

Grade: 4 - good

Quality of environment

Findings from the inspection

The service had complied with legal requirements such as checks in fire safety, hoists and food hygiene and a range of environmental checks continued to be undertaken periodically. This had helped make sure that the environment was maintained and repairs undertaken where required.

Temperature recording for medication and kitchen fridges was noted to be over the maximum limit within the Woodburn Unit and nothing recorded to show any action taken to address this (See recommendation 1).

The service had started to use the Kings Fund environmental audit tool in order to help develop the environment into a more dementia friendly area. However, we found that signage could still be better throughout units to help people find their way about (See recommendation 2).

Service users could move around freely within units and toilets were accessible. Where support was required to mobilise, we saw that this was provided in a dignified, appropriate manner. Specialised equipment was used where required such as bathing equipment; hoists and assistive technology. Appropriate maintenance checks had been carried out.

The fixtures and fittings within individual units was variable however, generally still needed improving throughout (See recommendation 3).

Automatic lighting was quick to go out and we suggested reviewing this.

We noticed that some bathroom and toilet doors were locked in one of the units. We suggested this practice should be reconsidered.

An old Care Inspectorate report was on display in one of the units and should be replaced with the most up to date one.

Garden areas were developed for all units which meant people could enjoy pleasant outdoor areas. Fencing had been installed around all the units to help keep people safe.

The service continued to undertake refurbishment and modernisation in areas. Conservatory areas within units were being re-roofed and were inviting and relaxing to sit in.

The environment was safe and clean for residents and their visitors. People told us that they felt secure and comfortable.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. Temperature recording for medication and kitchen fridges should be within recommended limits and records of actions taken to address any discrepancies should be completed.

National Care Standards: Care Homes for Older People, Standard 4 Your Environment.

2. Signage should be improved throughout all units taking into consideration the needs of cognitively impaired service users.

National Care Standards - Care Homes for Older People; Standard 4: Your Environment.

3. The fixtures and fittings should be reviewed and improved upon within individual units.

National Care Standards - Care Homes for Older People; Standard 4: Your Environment.

Grade: 4 - good

Quality of staffing

Findings from the inspection

During our inspection we watched how staff supported and engaged with service users and observed them as being warm, caring and professional. Staff also demonstrated that they knew the service users well and how to support them.

Overall, staff recruitment files showed that safe recruitment practices had been followed. However, we saw that where there had been gaps in employment; no records had been completed to explain this. This may be in part due to part of the interview record being completed by the interviewee rather than the interviewer. Records should also be updated to reflect Scottish Legislation (See recommendation 1).

Staff were supported in their roles through staff supervision and staff told us how they "felt part of a good team and supported by their manager".

Smaller training sessions were planned to be carried out by the Unit Manager in the Melrose Unit.

The service checked regularly to make sure staff were registered with their relevant professional body. The Manager supported staff to meet the conditions on their certificate through a programme of Scottish Vocational Training.

Staff meetings happened regularly within each of the units. These covered a good range of information relevant to the staff attending including the development of the service. Other regular meetings took place which helped the level of communication throughout the service.

Not all meetings however covered matters arising from the previous meeting or action plans. This meant it was difficult to see progress made as a result of the meetings (See recommendation 2).

Informative and reflective staff supervision sessions took place. The service continued to develop these and we acknowledged how much these had improved since the last inspection with more of a coaching model being used.

A staff training plan was used which was based on what training staff needed. Trainers reviewed the plans to make sure they could deliver what was requested.

We saw examples where specialist training had been provided along with mandatory training.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. All relevant recruitment records should be suitably dated and interview record sheets should be completed in full.

National Care Standards - care homes for older people; Standard 5, Management and staffing.

2. Minutes of staff meetings should be developed to make sure they demonstrate where actions have been taken to address points raised at previous meetings.

National Care Standards - care homes for older people; Standard 5, Management and staffing.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Unit Managers operated an 'open door' policy and we were told how approachable they were by residents and visitors who said they could speak with them easily if they had any concerns or points to discuss.

We concluded that people were generally pleased with the service they received from what they told us as well and the feedback within thank you cards and on-line reviews.

The service had ways way to make sure it was delivering a good service including completing audits. Areas that were covered by audits included looking at how well things worked and how well records were completed.

The manager looked at all the information gathered from the audits which gave an overall summary of how well the service worked. Information from the audits was given every month to Head Office who checked the service was operating to a good level. A home improvement plan was developed from any actions required from home reviews, internal and external audits, surveys and meetings.

The service had mostly taken actions highlighted through the audits, although a small number of care plan audits did not show actions taken to rectify issues identified. We also could not see where requests from meetings had been actioned or acknowledged (See recommendation 1).

A care home mystery shopping visit had been undertaken. This looked at how well the service had acted during an initial enquiry about living in the home and a visit. Results were positive.

Inspections and monitoring visits from external professionals helped show if/how things could be done better.

The service had acted on points raised through resident and visitor surveys. We saw where a recent survey however was not easily accessible in some of the units. We feel consideration should be given to making the surveys more accessible for people to read.

The Manager told us how BUPA were aiming to promote leadership within the services and develop staff potential. A staff listening group had already been developed in line with this which aimed to get staff views and responses to a range of questions about team work. We look forward to seeing the responses to these at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should be able to evidence how actions required through consultation or audits is addressed or acknowledged.

National Care Standards - care homes for older people; Standard 5, Management and staffing.

Grade: 4 - good

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

Previous requirements

Requirement 1

The service must ensure care plans contain adequate and accurate information relating to service users' needs in order for staff to be able to fully meet their needs. In doing so, the issues highlighted above must be addressed.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (d) - Welfare of users.

Timescale for implementation: To commence within one week of receipt of this report and be concluded within six months.

This requirement was made on 4 October 2016.

Action taken on previous requirement

The majority of the care plans we looked at had been completed to a satisfactory standard. We identified two which required to be completed in full; however, the Manager completed these to a satisfactory standard as a result of us identifying their omission.

We therefore concluded that this requirement had been met. A recommendation has been made however, in relation to the further development of making care plans more person-centred (See recommendation 1, Quality Theme 1).

Met - outwith timescales

Requirement 2

The service must demonstrate that there is suitable and sufficient meaningful activities for service users to engage in based on their personal choices and abilities. Activities should promote and maintain health and wellbeing of service users and in so doing; there must be access to outdoor space and events.

This is in order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work improvement Scotland (requirements for Care Services) SSI 2011 (2011/210).

Timescale for implementation: To commence within one week of receipt of this report and be concluded within six months.

This requirement was made on 4 October 2016.

Action taken on previous requirement

We acknowledged that the service had identified that activities available for people needed to improve and were in the process of addressing this. Records lacked information and there was a lack of activity training. People told us they were "bored" and "they have facilities but not used" (See requirement 1, Quality Theme 1).

Not met

Requirement 3

The provider must ensure that Pain Management Assessment tools are completed appropriately and there is an effective monitoring system to make sure sufficient time has passed between the dispensing of analgesia.

This is in order to comply with: SSI 2011/210 Regulation 4(1) (a) - a requirement to make proper provision for the health welfare and safety of services users.

Timescale for Implementation: The provider must do this within 24 hours of the publication of this report.

National Care Standards Care Homes for Older People Standard 5: Management and Staffing Arrangements, Standard 15: Keeping well - medication, has been taken into account when making this requirement.

This requirement was made on 4 October 2016.

Action taken on previous requirement

Pain assessment tools were used when they were needed to help staff decide if people with communication problems required pain relief.

Staff who gave out medications had started to complete a record of when the medication rounds started and finished. This helped make sure sufficient time had passed between the dispensing of analgesia.

Met - outwith timescales

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

Previous recommendations

Recommendation 1

The service should develop ways in which to seek out the views and opinions from service users with more advanced communication needs or do not wish to attend formal meetings.

National Care standards 10 Care Homes for Older People - Exercising Your Rights.

This recommendation was made on 11 June 2015.

Action taken on previous recommendation

While we saw some people supported with specific ways of communicating, this was not clear in all care plans we looked at. Records remained unclear as to how many people with communication problems were supported to express their views

(See recommendation 4, Quality Theme 1).

This recommendation is not met.

Recommendation 2

Staff should make sure service users are reminded about the alternative menu available to them.

National Care standards 10 Care Homes for Older People - Exercising Your Rights.

This recommendation was made on 11 June 2015.

Action taken on previous recommendation

The alternative menu was displayed. We saw some examples where alternative dishes were offered to people. We reminded the manager that this should be consistent across all units and that they should be responsive to people's needs such as use of pictorial menus.

This recommendation is met.

Recommendation 3

The issues highlighted above in relation to the safety and security of the environment should be reviewed, assessed and addressed where risks are identified.

National Care Standards: Care Homes for Older People, Standard 4 Your Environment.

This recommendation was made on 4 October 2016.

Action taken on previous recommendation

The fence around the Waverly unit had been erected.

This recommendation is met.

Recommendation 4

Temperature recording for medication and kitchen fridges should be within recommended limits and records of actions taken to address any discrepancies should be completed.

National Care Standards: Care Homes for Older People, Standard 4 Your Environment.

This recommendation was made on 4 October 2016.

Action taken on previous recommendation

Temperature recording for medication and kitchen fridges was noted to be over the maximum limit within the Woodburn Unit and nothing recorded to show any action taken to address this (See recommendation 1, Quality Theme 2).

This recommendation is not met.

Recommendation 5

Signage should be improved throughout all units taking into consideration the needs of cognitively impaired service users.

National Care Standards - Care Homes for Older People; Standard 4: Your Environment.

This recommendation was made on 4 October 2016.

Action taken on previous recommendation

We found that signage could still be better throughout units to help people find their way about (See recommendation 2, Quality Theme 2).

This recommendation is not met.

Recommendation 6

All relevant recruitment records should be suitably dated and interview record sheets should be completed in full.

National Care Standards - care homes for older people; Standard 5, Management and staffing.

This recommendation was made on 4 October 2016.

Action taken on previous recommendation

Overall, staff recruitment files showed that safe recruitment practices had been followed. However, we saw that where there had been gaps in employment; no records had been completed to explain this. This may be in part due to part of the interview record being completed by the interviewee rather than the interviewer. Records should also be updated to reflect Scottish Legislation (See recommendation 1, Quality Theme 3)

This recommendation is 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.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
24 Nov 2016	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
26 Aug 2016	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 4 - Good 4 - Good 4 - Good
16 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
11 Jun 2015	Unannounced	Care and support Environment
		3 - Adequate 3 - Adequate

Date	Type	Gradings	
		Staffing Management and leadership	3 - Adequate 3 - Adequate
28 Jan 2015	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 2 - Weak 2 - Weak
12 Jun 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
27 Feb 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
23 Aug 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
1 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed 4 - Good 4 - Good
20 Apr 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
16 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good Not assessed
1 Jun 2011	Unannounced	Care and support Environment	4 - Good 4 - Good

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	4 - Good
19 Jan 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
4 Nov 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
30 Mar 2010	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
2 Dec 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
17 Feb 2009	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
28 Aug 2008	Announced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	4 - Good

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