

Ranfurly Care Home Care Home Service

69 Quarrelton Road
Johnstone
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Telephone: 01505 328811

Type of inspection:

Unannounced

Completed on:

27 September 2018

Service provided by:

Silverline Care Caledonia Limited

Service provider number:

SP2014012299

Service no:

CS2014326139

About the service

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Ranfurly Care Home was registered with the Care Inspectorate in September 2014 and provides care for up to 60 older people. At the time of our inspection 59 residents were living in the home. The provider is Silverline Care Caledonia Ltd.

The purpose-built home is located in the residential area of Johnstone and is near bus routes. It is on two levels and divided into four units. Each unit has a lounge and a dining room. The bedrooms have en-suite shower facilities and communal bathrooms and toilets are also provided. Residents have access to three large and safe garden areas. The home has a minibus for outings.

The provider's mission statement is 'to provide high quality care to our residents, peace of mind for their families, and be a great place to work'.

What people told us

There were 59 residents living in the home at the time of our inspection. During our visit, we spoke with 9 residents, 10 visiting relatives and a visiting community psychiatric nurse. We also received four completed care standards questionnaires from people living in the home and relatives. We spoke with staff throughout our inspection and as part of our general observations. We observed lunchtimes and carried out two SOFI 2* observations involving residents with limited communication abilities.

Overall residents, relatives and staff gave positive feedback about the standard of care at Ranfurly Care Home. When areas for improvement were identified we explored these further and communicated them anonymously to the manager and with a view to supporting improvement if needed. Comments included:

- 'I like it very much here. Staff are lovely and very helpful'.
- 'Sometimes it can get a bit too quiet'.
- 'Generally the staff are very good with the residents'.
- 'Can't praise the staff enough'.
- 'There should be more stimulation for the residents'.
- 'I can make suggestions and I feel listened to'
- 'It's good. I like the food as well'.

*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who may be unable to tell us

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?	3 - Adequate
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

The service demonstrated positive experiences for residents. As a result we were confident that people experienced good outcomes while accessing care and support from the service. Residents and relatives we spoke to commented, overall, positively on their experience of the service.

We saw that staff reviewed and assessed the needs of residents regularly. This meant that staff were responsive to changes in people's health and wellbeing. Staff worked in partnership with health and social care professionals to ensure that health and wellbeing needs were met. The service carried out all required risk assessments and reviews regularly. This was important to ensure a good level of care and to protect the rights of vulnerable people.

People told us that they were supported by genuinely caring and friendly staff who demonstrated good knowledge of the people in their care. Our observations of mealtimes showed that staff were able to skilfully use their knowledge of the residents to interact with compassion and positivity. We saw that the service had improved mealtimes to make them more enjoyable and to maximise choice. This meant that people experienced compassionate and respectful care that maintained their dignity and respected their choices and wishes.

People we spoke to gave us mixed feedback on the quality of activities available to residents. We observed some good practice that demonstrated that staff knew individual residents and their preferences well. However, we also noted that staff were at times too task orientated. This meant that staff missed some opportunities to act and interact consistently in a way that supported people to get the most out of life. We discussed this with managers and encouraged them to review how they could increase staff awareness and improve the consistency of activities throughout the service.

The service had worked on improving practice in the areas of medication management and medication administration records. However, we found that further improvements should be made to ensure that good practice is achieved more consistently. Existing quality assurance processes did not appear to be sufficiently effective or robust to ensure consistently good practice. We discussed this with managers and decided that a previously identified area for improvement would continue (see outstanding area for improvement 2). We will follow this up at our next inspection.

How good is our leadership?

3 - Adequate

The service had an on-going action plan to manage and support improvements in the service. Managers used some of the measurable outcomes from their quality assurance systems to inform this action plan. This meant that the service had a basic, development plan that took audit outcomes, feedback and best practice guidance into account. We discussed with managers how they could improve their service development plan by working out the service's strengths and areas for improvement in a more evidence-based way.

Where things went wrong with a person's care and support, managers were able to demonstrate how they dealt with it in an open and constructive way. This meant that people's rights were respected and that managers used learning from accidents, incidents or complaints to improve the service. People told us that they found managers to be approachable and responsive.

We saw that managers had started to use a mealtime observation tool for observations of practice during mealtimes. These were designed to ensure consistency of practice and to drive further improvements. Staff feedback and our own mealtime observations showed that the tool appeared to be effective. This meant that the

service had started to use regular observations of practice as an effective quality assurance tool. We encouraged managers to keep developing the mealtime observation tool and to empower more junior staff members to become involved in carrying out and evaluating those observations. We also spoke to managers about how their quality assurance system could be further expanded by including more regular observations of practice in other areas of care.

We found that the frequency, intensity and scope of audits did not always reflect existing strengths and weaknesses. Managers appeared to spend a lot of time measuring areas of good practice, whilst not focussing on areas that needed improvement. This meant that although extensive quality assurance processes were in place, they were not always effectively driving improvement. We discussed this with managers and identified this as an area for improvement (see area for improvement 1).

The service used meetings, newsletters, info boards and surveys to inform people and to gain their input and feedback. This meant that people were involved in quality assurance and development planning at a basic level. We encouraged managers to review how residents, families and junior staff could be further empowered to become involved in quality assurance systems and activities. This should involve looking at how quality assurance systems and outcomes can be made more transparent (see area for improvement 1).

Areas for improvement

1. The provider should improve processes and systems for quality assurance. This should include, but not be limited to:

- Ensuring that audits are driving improvement by measuring performance in areas that have been identified as relevant and important. Audit tools should be flexible enough to allow managers to measure things that are a priority for their service.
- Ensuring that the intensity and frequency of audits corresponds to identified strengths and weaknesses.
- Ensuring that quality assurance data and processes are transparent and that relevant data is shared with service users and staff.

This is to ensure care and support is consistent with the Health and Social Care Standards 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?

4 - Good

We saw that residents and staff benefitted from good working relationships and a warm atmosphere. Staff communicated effectively with each other. People told us that they valued staff and that they found them kind, compassionate and friendly. This meant that staff were confident in building positive interactions and relationships with residents relatives.

The service maintained a robust system of training and staff development. Staff benefitted from regular supervision and appraisals. We saw that the service had increased the level and intensity of dementia care training and a lead practitioner was in place to support staff with their learning. This meant that staff were effectively supported to increase their competency in caring for people living with dementia.

We found that the service responded flexibly to changing situations to deploy staff. A recent example showed us that managers had increased staffing levels at night to meet increased need. This meant that the service was responsive to feedback and took other factors, like the size and layout of the building, into account when setting staffing levels.

People told us that staff were effective in meeting their or their relative's care needs. However, people also told us that they felt that staff were often very busy and appeared to have little time for meeting people's social needs. Our observations also found that staff tended to be task focussed at times. This meant that there was a risk of people missing out on meaningful contact and stimulation. We encouraged managers to use a variety of measurements, including feedback from residents, relatives and staff to determine the right number, skill mix and deployment of staff. We also stressed the importance of making the process of how the service determines staffing levels and deployment as transparent as possible.

How good is our setting?

4 - Good

Residents benefitted from a modern, purpose-built service. The environment included features and designs to promote independence for older people and people living with dementia. Residents were able to personalise their bedrooms. Residents gave us positive feedback on their environment. This meant that the setting contributed to achieving good outcomes for people.

Each unit was well designed to promote independence and allow a maximum of free movement, but we saw that there was no clear concept for the doors dividing the individual units. Managers encouraged staff to leave these doors open, but on various occasions we found them to be shut. This meant that people could not always independently access all areas and features of the home, including the quiet lounges. Managers reassured us that this will be addressed and that planned building work in the upstairs corridor area will help to address this.

We were encouraged by detailed plans for an on-going refurbishment programme. This included a focus on dementia friendly features and designs. We saw some examples of people being involved in making choices for the planned works. We discussed the importance of meaningful involvement of residents, relatives and staff in plans for changes or improvements to the environment. A previously identified area for improvement regarding the meaningful involvement of people was continued and will be followed up at the next inspection (see outstanding areas for improvement 4)

The service had a very attractive and large garden space. Managers told us that these garden spaces were regularly used in the warmer months. During our visit we found that the garden door was locked. Staff explained to us that most residents were only able to access the garden when accompanied by staff. This meant that people's outcomes could be negatively affected by a lack of access to the outside. We discussed this with managers and stressed the importance of making improvements to garden access part of the service development plan.

How well is our care and support planned?

4 - Good

We found that residents benefitted from a robust care planning system that contained some good detail and person-centred content. Personal risk assessments were carried out regularly. People benefitted from having their care plans and healthcare assessments carried out and overseen by competent nursing staff. Where necessary, staff worked effectively with external health professionals to inform people's care plans. This meant that staff used the care plan system effectively to deliver care and to support good outcomes for people.

The service carried out regular reviews of the personal plans with residents or their representatives. People's wishes and preferences were established and documented. This included information about people's life history. This meant that people were involved in shaping their care and support and that their choices and preferences were recorded.

The individual care and support plans contained a section for anticipatory care planning. We found that this was often not meaningfully completed. Anticipatory care planning can help people and their families to make choices about future care, including end of life care. Managers were aware of the fact that some of the anticipatory plans still needed more detail and had plans to address this. We encouraged managers to use staff training and quality assurance processes to ensure that people are supported to have meaningfully completed anticipatory care plans.

We found that care plans did not contain clearly formulated personal outcomes. This meant that care plans did not always acknowledge things that are important to people in their lives in relation to the subject of the care plan. It also meant that care plans did not always sufficiently identify individual strengths and abilities. We discussed this with managers and identified it as an area for improvement (see area for improvement 1).

Areas for improvement

1. The service should include personal outcomes in personal plans and ensure that these are meaningfully evaluated.

- the personal outcomes should acknowledge things that are important to people in their lives in relation to the subject of the personal plan
- the personal outcomes should acknowledge individual strengths and should demonstrate a shared sense of purpose to which the person, their family, staff and relevant others can contribute
- evaluations and reviews of the personal plans should meaningfully measure if and how the personal outcome is achieved.

This is to ensure care and support is consistent with the Health and Social Care Standards 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

People living in the home should be able to eat well and enjoy their food and drink.

To ensure best practice around mealtimes the provider should:

- Ensure that the quality of the mealtime experience is regularly monitored by carrying out practice observations at mealtimes.
- Evaluations should include, but not be limited to, the mealtime environment and atmosphere, enabling choices, meeting individual needs and providing assistance appropriately.
- The frequency of the observations should be based on the unit's performance.
- The findings of the observations should inform a regularly updated action plan.
- Staff on each unit should be actively involved in observations and action planning.
- The length of time people wait for their food at the beginning of meals or in between courses should be reviewed.

National Care Standards for Care Homes for Older People: Standard 5 - Management and staffing arrangements and Standard 13 - Eating well.

This area for improvement was made on 20 December 2017.

Action taken since then

The service had used a variety of measures, including observations of practice, training and changes to work processes to improve mealtimes. We observed that these measures were effective and we noted that people benefitted from improved mealtime practice.

This area for improvement will not continue.

Previous area for improvement 2

People living in the home should be able to live as well as possible and be protected from risk and harm.

To ensure best practice guidance for medication management is being followed, the provider should:

- Ensure there is a complete, accurate and consistent auditable record of all prescribed medicines entering, administered or destroyed, and leaving the service.
- Ensure that protocols for every medication prescribed 'as needed' are in place.

- Covert medication should be managed following current best practice guidance from Mental Welfare Commission.
- Ensure that prescriber's instructions are fully adhered to.

National Care Standards for Care Homes for Older People: Standard 15 - Keeping Well - medication and Standard 5 - Management and Staffing Arrangements

This area for improvement was made on 20 December 2017.

Action taken since then

The service had organised medication training for staff and reviewed their practice for competency checks and quality assurance. However, we found that some of the sampled medication administration records showed that the service needed to strengthen their quality assurance processes further to ensure consistently good practice.

This area for improvement will continue and will be followed up at the next inspection.

Previous area for improvement 3

People living in the home should not be unnecessarily restricted.

To ensure this, the provider should ensure the use of equipment that can be seen as restraining is assessed. Appropriate consent for the use of bedside rails should be obtained and documented in line with Mental Welfare Commission Scotland guidance - Rights, risks and limits to freedom.

National Care Standards for Care Homes for Older People: Standard 5 - Management and staffing arrangements and Standard 9 - Feeling safe and secure

This area for improvement was made on 20 December 2017.

Action taken since then

We found that the service had reviewed and improved their practice for the use of bed side rails. Required documents for consent and risk assessments were in place.

This area for improvement will not continue.

Previous area for improvement 4

The home's environment should enable people to be as independent as possible.

To achieve this, provider should carry out the King's Fund environmental assessment tool 'Is your care home dementia friendly?' to support them to affect changes in the home.

The tool should be used with involvement of people living with dementia, family members and staff.

The ongoing use of the tool and any actions based on its use should form part of the home's service development plan.

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

This area for improvement was made on 20 December 2017.

Action taken since then

We found that although there was some evidence that the King's Fund tool had been used, this was very limited and not clearly included in the service development plan. The service should continue to try to find more effective ways to involve people who live, visit or work in the home in evaluating the environment and in planning improvements.

This area for improvement will continue and we will follow it up at the next inspection.

Previous area for improvement 5

People living in the home should be safe and their environment well maintained.

To do this the provider should keep all records of regular maintenance checks used to protect people from harm and infection complete and up-to-date.

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

This area for improvement was made on 20 December 2017.

Action taken since then

We found that the service had taken effective action. Maintenance records and checks were complete and up to date.

This area for improvement will not continue.

Previous area for improvement 6

People living with dementia in the home should be confident that staff have the necessary skills and knowledge to support them.

To achieve this the provider should ensure that all staff members are trained to a level of the Promoting Excellence framework appropriate for their role.

Staff should have personal development plans that include how they are developing their skills in supporting and caring for people with dementia and in using person-centred practices.

The provider should consider staff to be identified as dementia ambassadors who are supported by the manager to identify areas for improvement and to facilitate dementia learning.

National Care Standards for Care Homes for Older People: Standard 5 - Management and staffing arrangements.

This area for improvement was made on 20 December 2017.

Action taken since then

The service took effective action. We found that staff had completed training and that a lead practitioner was in place to promote and ensure good practice.

This area for improvement will not continue.

Previous area for improvement 7

Staff working in the home should be given the opportunity to reflect on and develop their practice through regular supervision.

To achieve this the provider should ensure that regular supervision sessions are carried out on time and as scheduled in line with the provider's policy.

National Care Standards for Care Homes for Older People: Standard 5 - Management and staffing arrangements.

This area for improvement was made on 20 December 2017.

Action taken since then

The service had implemented an effective schedule for staff supervisions. This meant that the number and frequency of staff supervision meetings was increased. A clear and standardised format for supervisions was in place, including a helpful booklet to help staff prepare for their supervision meeting.

This area for improvement will not continue.

Previous area for improvement 8

People living in the home should feel confident that the service is managed in a way that ensures safe, positive and improving outcomes.

To ensure this the provider should ensure that all records of incidents and accidents are completed fully and correctly.

Records should be kept in a way that allows straightforward tracing of individual cases and actions taken.

All reportable incidents should be reported timely in accordance with Care Inspectorate guidance on notification reporting for registered care services.

National Care Standards for Care Homes for Older People: Standard 5 - Management and staffing arrangements and Standard 9 - Feeling safe and secure.

This area for improvement was made on 20 December 2017.

Action taken since then

The service had taken effective action. We found that accident and incident documentation was completed correctly, including evidence of follow up. All reportable incidents were reported correctly.

This area for improvement will not continue.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

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

How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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