

Rubislaw Park Care Home Care Home Service

Rubislaw Park Road
Aberdeen
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Telephone: 01224 810 030

Type of inspection:
Unannounced

Completed on:
1 July 2021

Service provided by:
Rubislaw Care LLP

Service provider number:
SP2014012374

Service no:
CS2014332384

About the service

Rubislaw Park Care Home is a purpose-built, two-storey building set in the west end of Aberdeen. The building was significantly refurbished in 2015 and an extension was completed in 2018 to increase occupancy. It is owned and managed by Rubislaw Care LLP. The service is registered to care for up to 86 older people.

The layout has been designed to encourage small group living in small units, each with its own living and dining area. A number of shared facilities including a bar and cinema room provides opportunities for people to engage in with families, fellow residents and family. There are secure outdoor patio and garden areas.

Rubislaw Park states: "Our home is built on a foundation of respecting individuals' needs and wishes and on providing the flexibility for residents to make their own choices. The home offers a homely living environment that is ideal for older people with care needs, overseen by a skilled and friendly team experienced in a personalised approach".

This service registered with the Care Inspectorate on 22 April 2015.

What people told us

We spoke with people living at the service and their families. we used some of their comments to inform our inspection, for example;

"Everything is fine, the staff are so lovely and helpful".

" Mums condition has improved since moving in, more good days now".

"Just worried about all the staff changes, don't know why this is happening".

"The manager is a breath of fresh air".

"Things are on the up".

"I take my hat off to the manager and the team, they are all wonderful".

"Staff are always accommodating, and we feel that we could approach them about anything, including any problems. Staff speak very respectfully to everyone. I have no concerns about care and support".

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 care and support during the COVID-19 pandemic?	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?

5 - Very Good

We evaluated the service as performing at a very good level in supporting peoples wellbeing. There were very few areas for improvement, and where there were, peoples experiences and outcomes were not impacted negatively because of this. Opportunities were being taken to strive for excellence within a culture of continuous improvement.

Rubislaw Park had a warm, welcoming and relaxed atmosphere. Residents and staff took time to share their thoughts and experiences with us, giving us a better perspective of peoples outcomes from the service.

A new manager had come into post in November 2020, which appeared to have had a positive impact on the services provided. The staff team worked well together, were pro-active and improvement focussed. This meant that any issues or concerns identified were dealt with quickly and appropriately, contributing positively to peoples overall experiences.

Staff engaged with residents in a gentle and respectful manner, people were involved in day to day decision making around their care and support. Where they were no longer able to make decisions, information had been gathered from those who knew them best to ensure that people continued to receive care and support that was right for them.

People moved freely throughout the open spaces within the home and were able to enjoy private garden and patio areas. Some people needed a little more support and supervision to keep them safe, staff carried this out sensitively and discretely to support independence and minimise distress.

The way people spend their day should promote feelings of purposefulness and wellbeing. The activities manager was working hard to ensure that everyone had an opportunity for involvement. Time had been spent getting to know residents, finding out about their past lives and hobbies, and consideration had been given to peoples different abilities so that everyone had an opportunity to participate.

There were a variety of planned activities to choose from which promoted both physical and mental wellbeing. We saw people enjoy dance and exercise classes, gardening and baking. Some people had one to one time where they could spend time doing puzzles or chatting if this was what they wanted.

The provider had identified that an increase in the number of activity staff was needed to maximise opportunities for involvement for all. They were actively recruiting at the time of our inspection.

It is important for peoples wellbeing that they are supported to remain connected with their families and communities. The provider had used a variety of ways to support visiting during the pandemic, including the use of technology. Visiting was in line with government guidance, we saw that people were receiving visitors in the home and some people were beginning to visit the local community.

The provider had made links with local church groups, had a volunteer from the princes trust, and were working on developing relationships with neighbours. Together this supported feelings of connectivity for residents.

Personal plans were individualised and detailed. Record keeping was of a very good standard, this meant that information was easy to find and was up to date. As a result, people would receive care and support that was individual to them.

We saw that there were well established relationships between the home and health care services. Any health concerns or issues were identified early by staff and the appropriate advice and treatment sought. Detailed health assessments were in place and staff kept good records of changes in peoples conditions.

Staff had carried out a review of the systems for administering peoples medications, had identified and were carrying out a number of improvements. As a result of this work, people could be confident that medication management was safer and that they would continue to receive treatment that met their needs.

People had access to snacks and drinks when they wanted, they told us that they were happy with the menu, and felt that there was enough variety. Where there was a medical need for peoples food and fluid intake to be recorded, we saw that staff had completed records correctly and evaluated the results to support on going treatment for people.

We spoke with staff about keeping people safe. They were able to demonstrate a very good working knowledge of what might mean people were at risk, and how and who they would report any concerns to.

How good is our care and support during the COVID-19 pandemic?

4 - Good

7.2 Infection prevention and control practices are safe for people experiencing care and staff

We evaluated how well infection control practices support a safe environment for people experiencing care and support. The home is based in a large two storey building with eighty-six rooms and accessible communal areas. We concluded that people's welfare and safety was promoted, and that the provider, manager and staff had taken robust action to ensure people were kept as safe during the pandemic.

During an outbreak of Covid-19 the application of strict infection control procedures is paramount to make sure the risk to people's safety is minimised. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of people experiencing care as well as all staff.

Government guidelines and processes provide regular testing for staff. The availability of this testing was communicated to staff and these were being carried out in line with best practice guidance. This meant that vulnerable residents were safer because staff who tested positive could self-isolate quicker.

The home had enhanced cleaning schedules and we observed staff cleaning frequently touched areas throughout the inspection.

There were enough handwashing facilities in the home and staff supported residents who required this with hand hygiene.

Staff spoken with were very knowledgeable about the actions they should take in order to keep themselves and the residents safe. We also saw that they promoted social distancing and to wear Personal Protective Equipment (PPE) appropriately.

The systems and processes in place to deliver and provide assurance, that the home was cleaned to an acceptable standard to minimise the risk of transmission of Covid-19 from exposure to the environment, were mostly good enough. We discussed how Infection Prevention and Control (IPC) audits could be improved to address some of the issues we identified during the first day of our visits. We saw that hard to reach areas were not always as clean as they should be. Staff were not always disposing of their PPE safely by placing this in general waste bins. Some clinical waste bins were broken, and these bins as well as PPE were not always available at the direct point of care such as toilets, or at exits and entries to the home. Some areas such as nursing stations were cluttered and there were plastic plants and ornaments in communal areas which were hard to keep clean. The staff changing area was not as clean as it should be with lockers and surfaces requiring to be decluttered and outside clothes being hung up together. We discussed these issues with the manager.

By the second day of our visit significant progress had been made to addressing these issues, some were in the process of being completed as new equipment had been ordered and this was yet to arrive. New pedal bins were on order and the manager had set out plans to buy new staff lockers and have the area redecorated.

Overall we found the environment of the home was generally very clean and the manager had been proactive in addressing the issues identified on the first day. The provider and manager should give further consideration to enhancing the effectiveness of IPC audits, and in ensuring the clinical waste bins are operational and along with PPE are available at the direct point of care, doing so will help to help minimise the potential spread of infection. We have made this an area for improvement (area for improvement 1).

7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care

People who use care services should feel confident that staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes.

Staff told us about the training that they had received in relation to infection control practice, including, putting on and taking off PPE and handwashing. We saw staff were using PPE correctly.

Staff told us how they were using the training they had received to inform practice, we saw staff working hard to provide good support to people.

We saw that the staff team had completed training about Covid-19, this training supported staff to keep the residents and themselves safer from infection or cross-contamination.

Management of the service carried out Covid -19 compliance audits which included spot checks on things like the correct use of PPE and handwashing. They also provided support for ongoing learning and development across the staff team.

Staff laundered their own uniforms and were able to describe best practice in the transporting, temperature for laundering and storage of these.

Staff told us that they had access to regular supervision. As a tool for supporting staff regular supervision helps the workforce to improve outcomes for people. They also told us they had access to regular team meetings to discuss practice, share ideas and discuss concerns. These processes helped staff to stay up to date with best practice guidance and be able to support people better.

As well as regular supervision staff also told us they had access to the latest guidance for working and caring for people safely through the pandemic, this guidance and impact on practice was discussed at daily flash meetings as well as at team meetings. This meant that staff received information timeously and could make any required changes to practice quickly.

Staff told us they felt well supported and safe at work, they felt working through the pandemic had pulled them closer together as a team. They told us management of the home was accessible and supportive, however should they wish they all had been provided with contact details of independent support should they require it.

Areas for improvement

1. In order to improve infection control practice in the home the provider should ensure infection control audits and checks are effective in identifying and addressing any issues and concerns. In addition the provider should ensure that PPE is available for staff at the direct point of care.

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

'My environment is secure and safe.' (HSCS 5.17); and
'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

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

The provider should ensure that systems are in place to monitor and assess internal policy and staff practice in relation to infection prevention and control. Where deficits are identified, a plan of action should be implemented to take prompt action to bring about improvement.

This is to ensure that 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)

This area for improvement was made on 26 October 2020.

Action taken since then

There had been some improvement made on systems and processes, however work was ongoing in relation to monitoring staff practice and quality assurance processes.

Previous area for improvement 2

The provider should ensure that appropriate personal protective equipment (PPE) is readily available at the point of the delivery of care.

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

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

This area for improvement was made on 26 October 2020.

Action taken since then

The provider was in the process of purchasing further PPE stations to ensure that it was available at the point of care. Work is ongoing in this area.

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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	5 - Very Good

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