

# Rubislaw Park Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 June 2023

**Service provided by:**  
Rubislaw Care LLP

**Service provider number:**  
SP2014012374

**Service no:**  
CS2014332384

## About the service

Rubislaw Park is a purpose-built care home, situated in the west end of Aberdeen. The two-storey home is divided into three units providing dementia, residential and nursing care in smaller group living environments. The service is registered to care for up to 86 older people.

Five interim beds are commissioned by Aberdeen City Health and Social Care Partnership to provide specialist end of life care which is supported by the local Hospital at Home team.

All bedrooms have ensuite facilities which include a toilet and wash hand basin and shower. Each unit has communal living spaces which includes lounge / dining areas and a bathroom. The service also benefits from a hairdresser and treatment salon, sensory room, library, cinema and bar area.

The home is set in spacious grounds with secure outdoor patio and garden areas.

## About the inspection

This was an unannounced inspection which took place on 31 May 2023 and 1 June 2023. Two inspectors carried out the inspection.

To prepare for the inspection we viewed 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 14 people using the service.
- spoke with 11 families.
- spoke with four visiting professionals.
- spoke with staff and management.
- walked round the building.
- observed practice and daily life.
- reviewed documents.

## Key messages

- There were warm and caring interactions between staff and people experiencing care.
- People were supported to stay connected with their families and friends.
- Families reported being happy with the care and support their loved ones received.
- Quality assurance and improvement was well led.
- People benefitted from clean, high-quality facilities.
- The service demonstrated a very good level of commitment to staff learning and development.
- Improvements were required to ensure risk assessments were personalised.

## 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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We saw some kind and caring interactions between staff and the people they support. People were smiling, laughing and happy and appeared comfortable. One person told us "Staff were very friendly" and a family member told us that they were "impressed" with how staff looked after their loved one. There were positive, supportive, and friendly relationships evident which helped people to feel valued.

Staff worked in small, dedicated teams and knew people well. People's choices and wishes were known and followed. We heard of many different examples of this. This demonstrated that people were valued and treated as individuals.

We found that people looked well, they were well presented and appeared comfortable within their environment. This meant we could be assured that people's dignity, sense of identity and wellbeing was being promoted.

People benefitted from regular access to meaningful activities. A team of activity staff were employed within the service. There had been a range of activities and opportunities that people enjoyed, this included bingo, a weekly choir, zumba, and coffee mornings. People had access to a minibus to undertake outings within the community. One family member told us that there were "always plenty of things going on". This meant people were spending their time purposefully to promote feelings of wellbeing.

People were supported to celebrate notable events such as birthdays and events throughout the year. This helped people remain orientated to the pattern of the year and stay connected to the wider world.

People could be assured that the service were alert to changes in their health needs and sought the right support for them. People benefitted from regular access to health care professionals including specialist nurses, podiatry, dental hygienists, and GPs. This meant people's health benefitted from the right healthcare, from the right person at the right time. One professional reported that communication was 'excellent' with them receiving appropriate and timely referrals. Another told us "This is the best care home I have ever been in." This meant people's health and wellbeing needs were being met.

Arrangements were in place for regular monitoring and evaluation of matters that can impact on a person's health or wellbeing. This included skin condition, weight, and mobility. This kind of monitoring assisted people to keep good health, as it meant any concern was identified early and was then, usually, easier to address.

People had personal plans, which included good detail around people's life stories, choices, preferences and indicated their desired support outcomes. We found our observations during inspection matched the details contained within the plan. This contributed to person centred care.

Staff were observed responding sensitively, providing support and reassurance on occasions when people were distressed. This contributed to people feeling safe and valued. The home had recently installed a sensory room. People received 1 to 1 sessions within this safe, calming environment to explore different sensory experiences. We heard examples of how this had reduced people's stress and distress levels and

promoted sleep.

People who are approaching the end of their life received compassionate, dignified, and respectful care. End of life care plans were detailed and reflected people's individual needs and wishes. Staff showed respect and behaved kindly. Spiritual care was accessed as needed. This enabled staff to respect people's wishes and promote a dignified death.

People enjoyed their meals in an unhurried relaxed atmosphere. Meals were served at tables in dining areas, or in people's bedrooms, according to personal needs and preferences. The food was of a good quality, it was home cooked, fresh, and hot. The kitchen staff had a very good overview of people's nutritional needs including where people required their diet to be fortified. This ensured people's food and diet was tailored to their needs. The manager undertook regular dining experience audits to ensure quality. This assured us that people's nutritional needs were being met.

We saw that people were regularly offered fluids throughout the day. The recording of people's fluid intake could be improved to ensure an accurate record is maintained where required. We found some fluid charts had not been completed fully and some people were not consuming their recommended daily intake. This meant we could not be confident that people's hydration needs were being met. The service was reviewing these areas and taking the required actions.

The service has a medication policy in place and medication audits were carried out. We examined a sample of medication administration records and found that people had received the right medication at the right time. This helped people to maintain good health.

The service was visibly clean, tidy and odour free. Cleaning schedules were in place which meant that good standards of hygiene were being kept.

We found that personal protective equipment (PPE) and hand washing facilities were readily available throughout the home. However, we saw that residents were not being encouraged to undertake hand hygiene prior to mealtimes. This meant we could not be assured that possible cross infection was being minimised. We brought this to the manager's attention at the time of the inspection.

## How good is our leadership?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefited from an experienced and well organised staff team who knew them well. The service was well led and benefited from a committed and experienced manager who was focused on supporting the team to deliver good care.

Quality assurance processes were effective. A full and comprehensive system of audits were in place and regularly completed. The audits fed into an improvement plan for the home, of which senior management had an overview. This meant we could be confident that improvements were driven forward.

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences. We found the right people had been informed about significant events which included families,

guardians, other professionals and the Care Inspectorate.

Daily flash meetings took place which are attended by the representatives from each staff group including the activity coordinator, housekeeping, care and nursing staff. This meant that the manager had a clear oversight of the daily plans and needs of the home.

Staff regularly reviewed people's health needs through clinical risk meetings. This meant that people received care and support based on their current circumstances.

Systems were in place to safeguard people's finances and people had access to their money when needed. This promoted choice and a sense of wellbeing for people.

People's views about the service were considered during regular residents and relative meetings. This meant that people were regularly consulted about their support and the service that they received.

A regular newsletter shared relevant and valuable information with families on activities and developments in the home. This helped keep families informed and updated.

Relatives and staff told us they felt able to raise any issues or concerns with the manager and had confidence that this would be acted on. This contributed to people feeling valued.

Systems were in place to support staff development which included supervision sessions and observation of practice. This helped ensure a competent and confident workforce.

Managers were observed to be accessible to people living in the service, staff and visitors. An open-door policy was described by staff who told us they felt able to raise any issues or concerns with management. This contributed to staff feeling valued.

We found the management team responsive, and they effectively addressed issues raised by us during the inspection.

## How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff were welcoming, warm, and working with the best intentions to meet people's needs. We observed that staff worked together well, in a positive and calm manner. Staff we spoke with during the inspection were very positive when describing their experiences of working within the home. One staff member told us that they "feel very privileged to be part of such a lovely, fabulous team". This sense of togetherness provided a pleasant and positive atmosphere for the people experiencing care.

People were being cared for by a regular, consistent staff team. Staff were aware of their role and the leadership roles within the home. Care was being given in accordance with the core values of dignity and respect.

The manager was supportive and visible to the staff team. The leadership team supported wellbeing of staff by recognising staff performance and encouraging activities to enhance staff morale such as employee

of the month and daily exercise time for staff. This helped the staff group feel valued and their morale was boosted. This had an impact on delivery of care as the staff team was stable and people benefited from a happy and motivated team.

The service showed a very good level of commitment to staff learning and development. Records were in place evidencing staff had accessed a wide range of training. Annual appraisal meetings provided the opportunity for staff and management to discuss areas of strength and possible areas for development. We spoke with staff who were being supported to progress in their careers and were applying for higher education. This meant that people experiencing care could be confident that staff were trained and competent.

Staff champions had been appointed who led and supported the development of staff learning across a variety of different topics, for example, tissue viability and IPC. This allowed sharing of knowledge and skills within the team.

New staff underwent a robust induction process which included shadowing visits to learn about people's support needs. This meant staff were provided with the necessary information to undertake their role.

Staff supervision is an important tool not only to support staff but also to obtain feedback from staff that could contribute to improved practice. We found staff had received regular supervisions sessions. Supervised assessments were undertaken where staff's performance were graded on a scale from excellent to poor. This allowed staff to feel more confident and empowered in their roles and more engaged in their work.

Observations of staff practice were undertaken to assess learning and competence. We saw records of observations and reflective discussions around infection prevention and control, hand washing and donning and doffing personal protective equipment. This helped to highlight good practice as well as any areas for improvement.

## How good is our setting?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The home provided a high-quality environment that was safe and well kept. People benefitted from warm, comfortable, and welcoming communal living areas with plenty of fresh air and natural light. The environment was clean and tidy, with no evidence of intrusive noise or smells. Some of the areas within the home had been recently refurbished providing new and refreshed facilities for people, this contributed positively to a comfortable living environment for people.

The atmosphere was pleasant and homely. People's rooms were personalised which promoted each person's experience, dignity, and respect. People were comfortable, whether spending time in the communal areas or in their own room. Furniture had been laid out in communal areas in a way that encouraged socialising. This meant people could feel free and at ease in their environment.

People benefitted from premises and equipment that were regularly monitored and maintained. The maintenance team were visible and accessible throughout our visit. We saw routine repairs and maintenance were being actioned. Minor issues identified during our visit were promptly rectified. This

meant people were experiencing high quality facilities.

People with a sensory, dementia or other cognitive impairments were supported through the provision of signage on doors to aid orientation to their environment. The service had taken into account good practice guidance, the Kings Fund tool for people with dementia, when designing the home. One unit had been decorated as though it were a street with different coloured door and name plaques. This helped people feel safe and comfortable within their home.

Pictures on the walls had been chosen carefully to enhance people's memories of places that they may have visited. This helped provide comfort and familiarity to people.

## How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefitted from personal plans that were based on people's individual needs, wishes and choices. Plans were organised and easy to follow. There was a good level of detail within the care and support plan to guide staff around how best to care for and support each person. Personal plans were evaluated monthly this helped to ensure people's needs were being met. Some information needed updated to reflect the care provided, for example, where a person no longer required a piece of equipment. However, this did not detract from the quality of care because staff had very good underpinning knowledge of people's needs.

Where a risk had been identified, a risk assessment had been undertaken. We found that standard templates were being used which meant these were not always written in a personalised way. Therefore, we could not be assured risks to people's health and wellbeing were being managed. (See area for improvement 1).

Supporting legal documentation was in place to ensure people were protected and to uphold their rights.

We saw regular six-monthly reviews took place which involved people and their family/representatives, which meant care was planned and reviewed in a meaningful way.

### Areas for improvement

1. To ensure risks to people's health and wellbeing are managed, the provider should ensure all risk assessments are personalised to the person.

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

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 5.19); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24).

**This area for improvement was made on 1 July 2021.**

#### Action taken since then

We found that infection prevention and control (IPC) procedures helped keep people safe. There were systems and resources in place to help prevent the spread of infection. These included a regular walk round by the manager to check standards within the home. We found that personal protective equipment (PPE) was readily available throughout the home.

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](http://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 and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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