

## Dail Mhor (Care Home) Care Home Service

Strontian  
Acharacle  
PH36 4HZ

Telephone: 01967 402481

Type of inspection: Unannounced  
Inspection completed on: 28 February 2017

**Service provided by:**  
NHS Highland

**Service provider number:**  
SP2012011802

**Care service number:**  
CS2012307211

## About the service

Dail Mhor is a care home for older people located within the village of Strontian. The service is registered to provide care for up to six older people, one of whom may be a respite placement.

The home adjoins the local GP surgery and is close to local shops and community resources and facilities.

All bedrooms are for single occupancy and have en-suite facilities. There are a range of communal spaces for seating and dining.

The home has its own garden which is adjacent to local woodland. A support service and lunch club are also provided from the premises.

## What people told us

Comments from residents and relatives included the following:

'The meals are good. I enjoy them and there is always a choice.'

'The staff are good'.

'There's not a lot of activities, but I occupy myself'.

'More than happy with the care provided'.

'(My relative) gets all the care and attention they need'.

'Staffing levels seem generally ok with the exception of weekends'.

'Bedroom is ok, it is what it is'.

'I believe the care and support is very good'.

'A very lovely home, with kind, caring staff'.

'I have the freedom to live my life as I wish and where I like to be, doing what I enjoy and feeling in good health because I eat well and have suitable exercise'.

## Self assessment

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well along with areas for development.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	4 - Good
Quality of management and leadership	not assessed

## What the service does well

Within the care plans we looked at we found some good personalised information within these. It was evident that staff were promoting independence for as long as possible with individual residents. A person centred approach to care and support was encouraged within the home. We evidenced this through the care plans, observations and speaking with staff and residents.

Within some of the 'Getting to Know Me' life stories there was good detailed information as to what was important to the resident. Staff had also taken time to find out individual preferred routines and personal preferences and choices within activities of daily living.

The daily records kept by staff provided a good overview as to how each resident had spent their day.

During our time in the home, we saw that residents appeared well cared for and chose where they spent their time within the various communal and seating areas. In addition we observed that residents liked being able to walk freely round the home, including to the kitchen service hatch for drinks or snacks.

Relatives were made to feel welcome in the home and were encouraged to visit at any time. They were supported to remain an important part of their relative's life. Relatives considered that communication between the care staff and them was good.

Since the last inspection, staff have developed protocols for the use of medication prescribed on an as required basis and these had been signed by the prescribing health professional.

Staff within the home have worked there for a long time. We saw that staff knew the people living within the home very well and that they were committed to providing a good service to them. We observed good, kind and supportive relationships between staff and residents

The cook and staff team had a good knowledge of residents nutritional needs and their food and meal preferences. Records showed that there was a good range of meals served. We saw that there was flexibility within menus with alternatives always available on request. Residents confirmed that they enjoyed the meals and snacks.

There was a weekly activity timetable in place. Activity request forms have been used to gain feedback from residents on a one to one basis as to activities they would like to do. Short and long-term activity goals had been identified. However, activity provision within the home is limited as identified below.

Residents and their relatives were very happy with the care and support provided and spoke highly of the staff team.

## What the service could do better

We considered that there was a need to develop more detailed care plans for some residents, particularly for those residents living with dementia or where there had been changes to someone's health and care needs. Care plans should provide appropriate guidance for staff to ensure consistency of care and reflect current best practice guidance.

In addition, care plans for people staying at the home on a respite basis needed to be developed further. The care plans should reflect the reasons why someone is receiving respite care, along with guidance for staff as to how these needs are to be effectively and consistently met.

Care plans made reference to the management of continence, however, overall we felt that staff were managing incontinence. Staff should be supported to develop and encourage a culture of promoting continence rather than managing incontinence.

We discussed the need for consistent recording and being able to evidence the action taken where an incident had occurred.

We discussed the protocols and administration records for medication that is prescribed on an 'as required' basis. Protocols should be further developed to include the criteria for when medication should be administered. The manager was to review the administration record format to ensure that 'as required' medication was appropriately recorded.

We found that activity provision within the home could be very limited. A meeting had been held with staff in September at which staff had put forward a number of views, ideas and suggestions as to how this could be improved. However, it was difficult to evidence how this had been taken forward. In discussion with the management team we identified that some new activities had started. In addition some of the short and long-term goals for individual residents had been achieved. Staff should promote these achievements.

Records kept in relation to activity provision showed that those provided were generally quite standard and were not reflective of the staff ideas and resident activity request forms or life histories.

There have been limited opportunities for staff training and development. The provider has an on-line learning resource, however, it was evident that staff were not up to date with some of this training. In addition, one-to-one supervision had not been carried out with all staff in line with the provider's policy. The manager had attended a training session on 'Promoting Excellence' in dementia care and is to introduce and use this resource with the staff team.

We concluded that there was one main factor which contributed to all of the above areas that could be improved upon. This was the current staffing levels and arrangements within the home. Within a small staff team, the staff are having to cover significant staff sickness and vacancies, by working additional shifts. A recent successful recruitment process should fill one of the vacancies, however, the provider needs to ensure that there are effective and appropriate systems in place to cover staff sickness, training and annual leave at all times. A common theme throughout discussions we had with staff was the shortage of staff and the impact this can have on the team. **(Please see requirement 1 and 2) .**

## Requirements

### Number of requirements: 2

1.

The provider must review the current staffing arrangements within the home and develop an action plan as to how existing shortages are to be managed effectively. This should take into consideration current vacant posts, sickness and annual leave cover. This should also ensure that the manager's time, or the person acting in their absence, is supernumary, as per the conditions of registration.

This is to comply with: SSI 2011/210 Regulation 4 (1) (a) (b) and (c) - Welfare of users, Regulation 9 (1) and (2) (b), Fitness of employees and Regulation 15 (b) (i) - Staffing.

This also takes account of the National Care Standards, Care Homes for Older People, Standard 5 - management and staffing arrangements.

Timescales: Action plan to be developed within two weeks of receipt of this report.

2. The provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users;

(a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This is to comply with: SSI 2011/210 Regulation 4 (1) (a) (b) and (c) - Welfare of users, Regulation 9 (1) and (2) (b) - Fitness of employees and Regulation 15 (b) (i) - Staffing.

This also takes account of the National Care Standards, Care Homes for Older People, Standard 5 - Management and Staffing arrangements.

Timescales: by 31 July 2017

## Recommendations

Number of recommendations: 0

## 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).

## Inspection and grading history

Date	Type	Gradings	
23 Feb 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
20 Feb 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good

Date	Type	Gradings	
		Management and leadership	4 - Good
26 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
4 Sep 2013	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
8 Aug 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	4 - Good

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