

Dalawoodie House Nursing Home Care Home Service

Newbridge
Dumfries
DG2 0QY

Telephone: 01387 720905

Type of inspection: Unannounced
Inspection completed on: 31 March 2017

Service provided by:
Downing Care Limited

Service provider number:
SP2013012042

Care service number:
CS2013316350

About the service

Dalawoodie House Nursing Home is a care home service, registered to provide care to a maximum of 36 older people with physical or sensory impairment and/or memory impairment or dementia. The provider is Downing Care Limited.

The home is situated in a quiet location near Newbridge in Dumfries and Galloway. Accommodation is over two floors, with stairs, two passenger lifts and a chair lift to enable people to access the upper floor. All bedrooms are single; a small number of which are en suite. Shared bathroom and toilet facilities are available on both floors. The lounges can also be used as dining areas, should people wish to dine there; there is sufficient capacity in the dining room for all residents of the home.

At the time of the inspection 28 people were living in the home.

The aim of the service is "to be the preferred choice for nursing and residential care in Dumfries and Galloway."

The provider's philosophy of care includes aiming "to provide a service which promotes independence and gives encouragement to lead an active and full life as far as age and health allows."

What people told us

We received the following comments:

'The quality of the service in this home has deteriorated since the previous manager left. The new manageress was never to be seen and never made herself known to residents or any member of their family. On the whole the home needs an injection of fresh management and staff.'

'Lack of staff is a huge concern, staff are overworked and the ratio of staff to patients should be improved. This would benefit the residents giving more time and attention outwith visiting and on a more personal level. The turnover of staff is far too frequent with no replacements.'

'There is probably enough trained and skilled staff on duty to meet the required standards, but this doesn't give time for talking to, socialising, or much interaction with residents.'

'I have relatives at Dalawoodie and don't have any worries at all. Feel the staff go above and beyond to help them.'

Self assessment

We received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what they thought that service did well, some areas for development and any changes they had planned.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

The service was not operating at the level we would expect and we have graded this theme as weak.

This inspection was planned as a follow-up inspection to track improvement since the previous inspection. However, during our visit we were concerned about the care of service users and undertook a full graded inspection.

We noted positive interactions between staff and the people living in the home. Staff demonstrated some knowledge about residents' preferences and their care and support needs. It was evident that residents felt comfortable in the presence of staff.

We observed that residents enjoyed taking part in group and individual activities. There was evidence of an ongoing diary of events and activities for residents to take part in. We found that there was some development needed with meaningful activities for residents when the activities coordinator was absent.

We reviewed the records around managing falls and found there continued to be a lack of clear processes in place to enable an overview of who was at risk of falling.

We noted that some people had repeated falls and injuries. We could not see that analysis had been carried out of the reasons for falls, or what action was taken to minimise the risk.

Overall, we were unable to see that the right care and support was in place and we have repeated the requirement made at our previous inspection of 30 September 2016. (See requirement 1)

At the previous inspection, we had continued a recommendation regarding the quality of the content of personal plans.

We looked at the personal plans for several residents. We noted that some work had been done to organise the documentation in personal plans and update it, but we continued to note weaknesses in the content of personal plans:

- lack of information regarding the assessment and monitoring of the risk of falls
- information regarding the monitoring of residents' weights was not up to date
- poor assessment and monitoring of nutritional risks

- poor information regarding the management of nutrition and the risk of falling
- absence of information regarding the management of stress and distress reactions.

We were concerned that some of the documents and records held in relation to residents were inaccurate and did not reflect the care actually provided. We have made a requirement about this. (See requirement 2)

Due to the lack of up-to-date information and omissions of information within personal plans, we were concerned that we were unable to establish how the service was managing the assessed care and support needs of residents. The previous recommendation we made will be included in a requirement about personal plans. (See requirement 3)

At the previous inspection, we made a recommendation that the service must ensure that residents' oral health needs are met. This recommendation had not been met and is continued. (See recommendation 1)

Requirements

Number of requirements: 3

1. The provider must make proper provision for the health, welfare and safety of service users and ensure that:
 - a) adequate investigation takes place in relation to every fall to determine any trigger and/or cause;
 - b) prompt action should take place after each fall to review whether any change to care and support is needed;
 - c) record keeping must be improved to demonstrate that information collected and kept is accurate, sufficiently detailed and reflects the care planned or provided;
 - d) there should be clear and accountable processes in place to make sure that appropriate monitoring takes place in relation to outcomes for each person; and
 - e) staff require training in relation to their role in falls prevention, falls management and also their responsibility to keep clear, accurate and up to date records.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a).

Timescale for completion: 15 May 2017.

2. The provider must ensure that documents and records held in relation to residents are accurate and their content reflects the care actually provided.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a).

Timescale for completion: 15 May 2017.

3. The provider must ensure that residents' personal plans set out how their health, welfare and safety needs are to be met. In order to do this, the provider must ensure that all residents have personal plans which:

- a) accurately reflect all their current needs;
- b) include information about necessary care and support interventions and are developed to fully reflect the care being provided;
- c) contain risk assessments that are up to date;
- d) utilise the risk assessments to inform care planning; and
- e) reflect a person-centred approach and are developed in line with the National Care Standards.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 4(1)(a) and 5(1).

Timescale for completion: 15 May 2017.

Recommendations

Number of recommendations: 1

1. The service must ensure that residents' oral health care needs are met and:

- a) be able to evidence that staff are competent in the delivery of oral hygiene care;
- b) ensure that oral hygiene products are clean and stored correctly;
- c) ensure that oral hygiene risk assessments are accurately completed;
- d) ensure that records of oral hygiene care are accurately completed; and
- e) ensure staff understand the consequence of inaccurate record keeping.

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

Grade: 2 - weak

Quality of environment

Findings from the inspection

The service was not operating at the level we would expect and we have graded this theme as weak.

We found that the ethos of the home was welcoming and friendly. Visitors we spoke with commented positively about the friendly welcome they received when they visited.

The home had a well-maintained garden area and we noted that residents and their families enjoyed use of the garden.

We saw that there had been changes to furnishings and decoration in some bedrooms. These improvements were positively commented on by relatives we spoke with. There was an ongoing plan of redecoration in the home.

We saw that the home was clean and tidy, both residents and relatives we spoke with commented positively about the cleanliness of the home.

We looked at the systems in place to ensure the safety of the environment and the equipment used to support residents. We saw that records were up to date and appropriate systems were in place to monitor safety and cleanliness.

We made a recommendation at the previous inspection that the manager should maintain the service's restraint register and regularly review the need for the use of this type of equipment.

To fully protect the rights of individual residents it is important that there are clear records about how the decisions have been reached regarding the use of restraint and equipment which could be viewed as restraining, such as bedrails or alarm systems.

We read records and documentation that seemed to describe how a resident had been subject to physical restraint. We examined the resident's personal plan, but there was no risk assessment, no review of the circumstances nor explanation of the reasons for the restraint.

We looked at personal plans for some residents who had bedrails or alarms in place. We found that some of the assessments for their use had not been completed and there was limited information regarding who had been involved in making decisions for the use of equipment.

There was little detail to determine if the use of restraint or equipment which could be viewed as restraining was the most appropriate way to keep individuals safe and in their best interest.

This is now the subject of a requirement and the recommendation we made at the previous inspection will be included. (See requirement 1)

Requirements

Number of requirements: 1

1. The provider must:

(a) ensure that no resident is subject to restraint, unless it is the only practicable means of securing the welfare and safety of that or any other resident and there are exceptional circumstances, and that unless restraint is being used in an emergency situation, that all necessary consents to the use of measures which may constitute restraint are in place; and

(b) ensure that staff in the care service have access to and an understanding of the Mental Welfare Commission for Scotland guidance – Rights, risks and limits to freedom – relating to restraint issues.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 4(1)(a) and (c).

Timescale for completion: 15 May 2017.

Recommendations

Number of recommendations: 0

Grade: 2 – weak

Quality of staffing

Findings from the inspection

The service was not operating at the level we would expect and we have graded this theme as weak.

We saw that staff demonstrated some knowledge about residents' preferences and that trusting relationships had been developed with the people they supported.

We noted that a training programme was in place and we looked at the records of the training staff had undertaken and what was scheduled. As detailed under Quality of care and support, we had concerns regarding the quality of record keeping in the service associated with ongoing assessments and evidencing care and support.

The service would benefit from a system to formally assess and monitor staff practice and competencies. This would determine if training was impacting on practice and inform staff training plans. This will be the subject of a requirement. (See requirement 1)

We had concerns regarding the quality of record keeping in the service associated with the reporting and recording of serious incidents. This will be the subject of a requirement. (See requirement 2)

We found that the staff team had received some training opportunities to improve the quality of dementia care. The team would benefit from undertaking the learning and development opportunities provided by the Promoting Excellence framework.

The Promoting Excellence education framework is for all health and social services staff working with people with dementia. It promotes rights, choice and personalised support for people with dementia.

We will monitor progress with this at the next inspection.

We noted some evidence of supervision and appraisal meetings having occurred. These had been reintroduced by the recently appointed Clinical Lead Nurse.

We will monitor progress with this at the next inspection.

We noted that some team meetings had occurred and we asked the management team to maintain and develop these forums.

We will monitor progress with this at the next inspection.

Requirements

Number of requirements: 2

1. The provider must:

- (a) carry out a review of staff skills and identify their training needs;
- (b) record the results of the review and the identified staff training needs in writing and provide a copy to the Care Inspectorate; and
- (c) develop a timescaled plan to address any training needs identified by the review referred to at (a) above and provide a copy to the Care Inspectorate.

Without prejudice to the generality of the foregoing, the review and plan referred to at (a) and (c) above must address: -

- (i) the use of measures which may constitute restraint
- (ii) adult support and protection
- (iii) risk assessment
- (iv) record keeping

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 15.

Timescale for completion: 17 July 2017 with a progress plan for completion by 15 May 2017.

2. The provider must ensure that all staff have training to ensure that they are aware that the reporting of serious incidents involving residents and staff need to be managed in line with the provider's policies and procedures and adult support and protection best practice guidance.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 15.

Timescale for completion: 17 July 2017 with a progress plan for completion by 15 May 2017.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

The service was not operating at the level we would expect and we have graded this theme as weak.

During the inspection, we became aware of four incidents that should have been reported to the local area social work team and the Care Inspectorate regarding adult support and protection issues. We had concerns that there was a lack of knowledge regarding the principles of safeguarding vulnerable adults including adult support and protection recording and reporting procedures.

The potential for the non-reporting of incidents and the possibility that significant issues will be missed indicated a high level of risk for residents' safety and protection. This issue will be the subject of a requirement. (See requirement 1)

We examined records of accidents and incidents and noted there was no system in place to audit any accidents and incidents reported to identify patterns and trends. The identification of patterns and trends regarding accidents and incidents can be used to inform the minimisation of recurrence and, therefore, protect residents.

The service needs to progress with the improvement of accident and incident reporting, auditing and management. This will be the subject of a requirement. (See requirement 2)

We recommended, at the previous inspection, that there was a need to re-activate the system of audits, in areas such as care planning, health and safety and the administration of medication, and ensure that staff appropriately evaluated these.

We noted some progress had been made by the recently appointed Clinical Lead Nurse. This will be ongoing and the recommendation will be repeated. (See recommendation 1)

Requirements

Number of requirements: 2

1. The provider must improve the reporting systems and procedures when accidents and incidents occur, to safeguard vulnerable people and adhere to legal requirements. In order to do this the provider must:

- (a) demonstrate that practice is in line with legislation;
- (b) provide training so that staff follow policy and best practice about reporting accidents and incidents and are aware of their legal responsibility in keeping accurate records and retaining records; and
- (c) notify the Care Inspectorate of details of any incident that is detrimental to the health and welfare of a person using the service.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 4(1)(a).

Timescale for completion: 17 July 2017 with a progress plan for completion by 15 May 2017.

2. The provider must improve the way accidents and incidents are audited and implement systems to assess, monitor and manage risks to residents.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 4(1)(a).

Timescale for completion: 17 July 2017 with a progress plan for completion by 15 May 2017.

Recommendations

Number of recommendations: 1

1. The provider should ensure that information is gathered from audits, meetings, surveys and other ways, and that this is used to move the service forward. In order to do, this they should:

- a) collate information gathered;
- b) devise action plans to implement any areas identified;
- c) work through devised action plans;
- d) re-visit action plans to ensure they have been completed; and
- e) feedback the outcomes to those who you have gathered the information from.

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

Grade: 2 - weak

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

Previous requirements

Requirement 1

The provider must make proper provision for the health, welfare and safety of service users and ensure that:

- a) adequate investigation takes place in relation to every fall to determine any trigger and/or cause;
- b) prompt action should take place after each fall to review whether any change to care and support is needed;
- c) record keeping must be improved to demonstrate that information collected and kept is accurate, sufficiently detailed and reflects the care planned or provided;
- d) there should be clear and accountable processes in place to make sure that appropriate monitoring takes place in relation to outcomes for each person;
- e) staff require training in relation to their role in falls prevention, falls management and also their responsibility to keep clear, accurate and up to date records.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a).

Timescale for meeting this requirement: To commence immediately, upon receipt of this report, and be completed within three months.

This requirement was made on 18 November 2016.

Action taken on previous requirement

We continued to have concerns regarding the assessment, monitoring and management of the risk of falls. This is fully reported upon under Quality of care and support in this report.

Not met

Requirement 2

We made the following requirement as a result of a complaint investigation.

The service must comply with condition four of the registration certificate dated 28 January 2016 by meeting in full the minimum staffing requirement set out in the staffing schedule dated 5 June 2015 by providing Registered Nursing staff on duty and present in the care home 24 hours per day.

This is in order to comply with: Section 64(1)(b) The Public Services Reform (Scotland) Act 2010.

Timescale: with immediate effect.

This requirement was made on 11 January 2017.

Action taken on previous requirement

The requirement was met immediately by the provider.

Met - within timescales

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

Previous recommendations

Recommendation 1

The provider should ensure that care plans contain the most up-to-date information on how staff should care and support each resident.

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

This recommendation was made on 18 November 2016.

Action taken on previous recommendation

This recommendation had not been implemented and will be included in a requirement about personal plans. See Quality of care and support in this report.

Recommendation 2

The provider must ensure that residents' oral healthcare needs are met and:

- a) be able to evidence that staff are competent in the delivery of oral hygiene care;
- b) ensure that oral hygiene products are clean and stored correctly;
- c) ensure that oral hygiene risk assessments are accurately completed;
- d) ensure that records of oral hygiene care are accurately completed; and
- e) ensure staff understand the consequence of inaccurate record keeping.

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

This recommendation was made on 18 November 2016.

Action taken on previous recommendation

This recommendation will continue. See Quality of care and support in this report.

Recommendation 3

The manager should:

- a) maintain the service's register of equipment that could be recognised as being a form of restraint;
- b) ensure that the risk assessment process provides staff with guidance as to the suitability of the use of such equipment for individual service users;
- c) regularly review the use of such equipment; and
- d) ensure that all staff have an understanding of the good practice guide Rights, risks and limits to freedom (Mental Welfare Commission for Scotland).

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

This recommendation was made on 18 November 2016.

Action taken on previous recommendation

This recommendation had not been implemented and will be included in a requirement about restraint and the use of equipment that could be viewed as restraining. See Quality of environment in this report.

Recommendation 4

The manager should ensure that information is gathered from audits, meetings, surveys and other ways, and that this is used to move the service forward. In order to do this, they should:

- a) collate information gathered;
- b) devise action plans to implement any areas identified;
- c) work through devised action plans;
- d) re-visit action plans to ensure they have been completed; and
- e) feedback the outcomes to those who you gathered the information from.

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

This recommendation was made on 18 November 2016.

Action taken on previous recommendation

This recommendation will continue. See Quality of management and leadership in this report.

Complaints

There had been one upheld complaint about the service since the last inspection. See the section - What the service has done to meet any requirements we made at or since the last inspection.

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

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
30 Sep 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	2 - Weak
17 Sep 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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