

Achvarasdal (Care Home) Care Home Service

Reay
Thurso
KW14 7RR

Telephone: 01847 811226

Type of inspection: Unannounced
Inspection completed on: 30 August 2017

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Care service number:
CS2003008461

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The service is provided by Crossreach, formerly Church of Scotland, and is registered to provide a care home service to a maximum of 28 older people. There were 13 residents living at the home at the time of the inspection.

The service is located in Achvarasdal, a former Victorian shooting lodge, in Caithness.

Crossreach's mission statement is; "In Christ's name we seek to retain and regain the highest quality of life, which each individual is capable of experiencing at any given time."

Our aim is to create a homely environment with a welcoming atmosphere, where individuals are supported to do as much for themselves as possible and so promote their independence and fulfilment.

The objectives to enable us to deliver our aim include:

- To offer an individual, needs' led service to all within our care, regardless of gender, culture, social background or ability.
- To maintain a safe and comfortable environment.
- To promote choice in all aspects of daily life.
- To offer opportunity for fulfilling activities and pastimes.
- To maintain dignity and respect privacy.
- To promote an individual's independence.

What people told us

As part of this inspection we were accompanied by an inspection volunteer. They spoke with people who live in the service.

Overall the feedback was positive and people were happy living in the service. They all said that the staff were good and one said that "staff listen to what I say". All said that the meals that were on offer were good and that there was "plenty of choice". People were not necessarily aware of what activities were on offer however, some did not take part and this was a personal choice. Others said that "nothing much" was going on and some said that they were "bored". Lots of people commented favourably about the gardens but said that the opportunities to get out and about which included their local community was limited. Everyone said that they were happy with the environment and this included their bedrooms. However one person said that they were having some issues with the person that was living next door to them. This was shared with the manager and the providers representative at feedback following the inspection.

Individual comments from both the people who live in the service included:

"The gardens are very nice."

"I choose when to get up and when I go to bed."

"I enjoy being here and my room is nice."

"I have a new TV and am pleased with this."

"Overall the food is excellent and the majority of the staff are very nice and helpful."

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their own improvement plans and quality assurance paperwork. These demonstrated some priorities for development and how they were monitoring of the quality of the provision within the service.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Achvarasdal Care Home provides adequate support to those people that live in and visit the service. However the service benefitted from a staff team who worked towards trying to improve the quality of life and experiences for the people who live there.

People, where able, were involved in developing their care by staff who knew them well and we observed some caring conversations during the inspection. However the care plans and supporting documentation did not fully reflect peoples needs, wishes and preferred outcomes. In addition some of the outcomes were not specific to individuals which meant that the evaluation of whether they were being met or not were not meaningful. Formal reviews of care and support were held, however we could not always see that the person who was using the service was asked for their opinions. **(See Requirement 1)**

We felt that specific care plans in relation to continence, stress and distress and end of life care needed to be further developed. This was to ensure that people's individual needs were clearly identified to support staff with meeting care and support needs. **(See Recommendations 1, 2 and 3)**

The way that information was recorded and monitored with regard to fluid intake needed to be reviewed and improved. **(See Recommendation 4)**

Overall we thought that the service worked well to meet the health and wellbeing needs of the people they supported. Staff worked closely with healthcare professionals to ensure that people's healthcare needs were addressed. There were good relationships with community nurses and the local GP's.

The service was in the process of recruiting a new activity staff member. We were told that staff were allocated each shift to spend time with people and to carry out the activities that were identified on the planner. We could not see that this always took place. **(See Recommendation 5)**

The management of medications was good and staff were suitably trained.

Requirements

Number of requirements: 1

1. The provider must ensure that the care plans for people were outcome focussed and person led. That they are in place for all identified needs and reviewed and amended so that they effectively set out how their health, welfare and safety needs are to be met.

This is in order to comply with:

Regulation 5(1)(2)(a)(b)(i)(ii)(iii)(c) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instrument 2011/210.

Timescale for meeting this requirement: 31 January 2018.

Recommendations

Number of recommendations: 5

1. The provider should ensure that care plans are further developed for people who live with dementia, or have cognitive impairment. These should contain personal and unique information gathered by the service, which influences how they support people in their day to day life and makes a positive difference. There should also be guidance for staff in relation to appropriate strategies to use when supporting people in times of stress and distress. Care plans should be evaluated and updated as necessary to ensure that the information is a current reflection of people's needs.

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

2. The provider should ensure that each person who uses the service should have an up to date, person led care plan in place that supports promoting continence. That it is updated to reflect any changes in a person's needs, circumstances, level of support or treatments, and is regularly reviewed with the person, and their representative, to ensure their needs are being met.

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

3. The provider should ensure staff discuss with people using the service, where appropriate, to develop end of life plans that meet the person's previous wishes as much as possible and involve families, friends, those important to them and relevant health professionals.

National Care Standards, Care Homes for Older People

Standard 6: Support arrangements
Standard 19: Support and care in dying and death.

4. The provider was to review and improve the way that staff recorded and monitored peoples fluid intake. This was so that there was clear information about how much people had taken and what was being done to support people that were not meeting their identified targets.

National Care Standards, Care Homes for Older People
Standard 6: Support arrangements
Standard 13: Eating well.

5. The provider was to review the way that activities and social aspects of living in a care home was managed. The service should support people with maintaining their interests and develop activities and things to do that are meaningful to them.

National Care Standards, Care Homes for Older People
Standard 5: Management and staffing
Standard 12: Lifestyle – social, cultural and religious belief or faith
Standard 17: Daily life.

Grade: 3 – adequate

Quality of environment

Findings from the inspection

The environment was pleasant and people told us that they were happy living in the home. They were able to personalise their bedrooms and were supported by staff to do so. A new "garden" lounge had been developed which was a good way to bring the outdoors in and people were being involved with decorating this. However some people felt that they would like to get outside more often.

The Kings Fund tool which had been used and had identified actions had not been carried forward and we would encourage that this is revisited. This would ensure that the environment supported those who lived with dementia thereby promoting a sense of wellbeing and safety.

There were good systems and processes in place for the ongoing general maintenance and decoration of the home.

There were systems in place which looked at how to manage any potential environmental risks. However these had not been reviewed to ensure the continued safety of people using the service. **(See Recommendation 1)**

Contract cleaners were being used at present and they were aware of their roles and responsibilities. Cleaning schedules and infection control audits were used to ensure the continued overall safety and cleanliness of the building.

Monthly reviews were carried out of accidents, incidents and falls and this information was shared with staff. However not all of these reviews had resulted in peoples care plans or risk assessments being updated to reflect how people were being supported with their ongoing safety. **(See Requirement 1)**

A dependency tool was regularly used to assess the overall needs of people using the service. However there was no link from this, to identifying staffing levels or the deployment of staff on each shift or taking account of the layout of the building. We forwarded a copy of our guidance "Records that all registered services must keep" which gives clear information on how to manage this. **(See Recommendation 2)**

A previous recommendation with regard to entering and leaving the building had not been addressed. **(See Recommendation 3)**

Requirements

Number of requirements: 1

1. The provider was to put in place and implement a system whereby accidents / incidents / falls are reviewed to ensure that people's safety is addressed and that they are not left at continued risk, to include but not limited to ensuring the following:

- a) That where the review of each episode shows that patterns, triggers or other factors are highlighted, that this is used to assist in the effective management and possible minimisation of such incidents.
- b) That once an effective review has taken place of any falls / accidents / incidents, that where needed, people's risk assessments and care plans reflect the changes that need to be made to their care and support.
- c) That those people who are deemed at risk of falls have the appropriate assessments / diaries and care plans in place.
- d) That the care plans and associated documentation are reviewed on a regular basis or when needs dictate.
- e) That there is evidence of discussions with people and their relatives when making decisions about their care and support needs.
- f) That you implement a falls risk management strategy in a meaningful way.

This is in order to comply with:

Regulations 4(1)(a), 10(1)(2)(a) of the Social Care and Social Work Improvement Scotland (Requirements of Care Services) Regulations 2011 Scottish Statutory Instrument 2011/210.

Timescale for meeting this requirement: 31 January 2018.

Recommendations

Number of recommendations: 3

1. In order to ensure the continued safety and security of people living, working and visiting the service the provider was to implement and review their environmental risk assessments on a regular basis.

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

2. The provider was to ensure that the dependency tool was used to evidence the assessment of staffing levels and the deployment of staff for each shift. Records were to be maintained so that it was available for everyone using the service.

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

3. The provider and management should ensure they review how they managed the security of the door leading into the home. This was so that residents' safety was maintained, alongside the ease of those visiting. They were to take into consideration the best practice of the Mental Welfare Commission, specifically for those who had a cognitive impairment and could not make informed choices about going out alone. In addition, they were to ensure that all residents' care plans and risk assessments indicated how they were working with residents to ensure their safety was being maintained.

National Care Standards, Care Homes for Older People
Standard 4: Your environment
Standard 5: Management and staffing
Standard 9: Feeling safe and secure.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Crossreach had robust policies and practices in place to support safe recruitment in line with best practice guidance and their recruitment selection policies and procedures. These assisted Crossreach to make sure appropriate staff were employed.

Mandatory induction training and a staff learning and development programme supported staff with their learning, registration with SSSC and ongoing personal development. Staff told us that training opportunities were better. The use of reflective accounts following training were not being used at present. However the manager was aware that this could be used to promote what staff had learnt and how it could influence a positive change in their day to day practices. **(See Recommendation 1)**

Supervision and appraisal are also used to promote safe staff practice in their duties and we could see that any training needs were identified and planned for.

Some staff meetings had been held at which there was good attendance. Information was shared so that staff were aware of how the service was progressing and what actions were needed to be carried out to ensure that there were positive outcomes for people using the service. **(See Recommendation 2)**

People we spoke with said that staff were kind and that they were listened to. Some said that their personal preferences were promoted by staff.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. It is a recommendation that the provider further their training programme to include; but not limited to care planning, risk management, end of life and continence. That following any training that reflective accounts were used as a way of assessing staffs learning and that new skills are then translated into positive outcomes for people using the service.

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

2. It is a recommendation that the provider ensure they further develop the management of staff meetings for all grades of staff. They were to ensure that there was a focused approach to the overall development and improvement of the service, on behalf of the people living in the home and that the staff group were involved with this. The meetings were to provide a forum where best practice was discussed and shared. Action plans were to be used to ensure that any changes, improvements or developments were highlighted and were fully addressed.

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

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

There were some systems and processes in place that were being used to assess the overall quality of the provision of care and support. These were audit based and included such areas as:

- care plans
- infection control
- accidents, incidents and falls
- food and fluid charts
- the environment
- training
- snapshot surveys.

Crossreach provided a "Toward Quality" tool and an audit checklist for the year. However these had not been used. In addition some of the audits that had been carried out and not necessarily resulted in improvements.
(See Recommendation 1)

There were internal and external support systems in place for the manager who had been seconded to work in the service following consultations with NHS Highland.

Meetings for people and their relatives had not taken place since the last inspection. Some people we spoke with and that had commented in the questionnaire felt that these could be a good way to gain views and influence positive changes. **(See Recommendation 2)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider should ensure they use and develop the quality assurance systems to effectively assess the quality of the service they provide. They should develop a clear improvement plan to enhance the overall quality of the service thereby improving the outcomes for people using the service, their relatives and staff.

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

2. It is a recommendation that the provider ensure that the people using the service and their relatives were afforded different opportunities to comment on and influence the overall way their care and support was managed. Where this resulted in change this was to be effectively planned for and revisited to ensure that all were happy with the outcomes.

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

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The provider must ensure that the care plans for service users are in place, reviewed and amended so that they effectively set out how the service user's health, welfare and safety needs are to be met.

This is in order to comply with:

Regulation 5(1)(2)(a)(b)(i)(ii)(iii)(c) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instrument 2011/210)

Timescale for meeting this requirement: 31 January 2017.

This requirement was made on 20 September 2016.

Action taken on previous requirement

Whilst there had been some developments with regard to the quality and content of the care plans, there had not been enough significant improvement to meet this requirement. Therefore, the provider was to ensure that all care plans across the range of healthcare needs that were identified were person-centred, outcome focused and effectively set out how people's care and support needs were to be addressed.

Not met

Requirement 2

The provider must ensure they review the current arrangements for reporting and monitoring all accidents and incidents to ensure that:

- a) Staff report all accidents and incidents and maintain accurate records.
- b) Management and staff carry out regular risk assessments relating to accidents and incidents and take appropriate preventative action with regard to individual needs.
- c) Management have a consistent approach to monitoring and analysing accidents and incidents and take appropriate action.

This is in order to comply with:

Regulations 4(1)(a), 10(1)(2)(a) of the Social Care and Social Work Improvement Scotland (Requirements of Care Services) Regulations 2011 Scottish Statutory Instrument 2011/210.

Timescale for meeting this requirement is: 31 January 2017.

This requirement was made on 20 September 2016.

Action taken on previous requirement

We could see that regular monthly review of accidents, incidents and falls were being carried out. However, this had not resulted in an improvement with regard to the development or review of appropriate and person centred risk assessments, falls diaries or care plans.

The overall management of the layout of the building and staffing had not been taken into account when reviewing people's safety.

There had not been enough significant improvement to fully meet this requirement.

Not met

Requirement 3

In meeting this requirement people using the service can be confident that the provider has an effective system for identifying and monitoring staff development and needs so that staff have the right skills and experience to care for them.

The provider must ensure that all staff employed to work within the home are trained to carry out their duties for which they are employed. They should ensure that accurate training records are maintained. In order to achieve this, the provider must:

- a) Review the training needs of all staff and record your findings.
- b) Ensure that there is a mandatory training programme that addresses the review of training needs. This should include, but not be limited to, including training in the following areas: Dementia, Continence, Oral Health, Restraint and Risk Management, Care Planning and Review and Scottish Vocational Qualifications.
- c) Ensure that records are maintained detailing which training events have been attended and by whom.
- d) Develop a system to ensure that the learning from the training is implemented in practice.
- e) Following the training, seek feedback from people using the service and their carers about how well staff are caring for them.

This is in order to comply with:

Regulation 15(b)(i)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instrument 2011/210).

Timescale for meeting this requirement: 31 January 2017.

This requirement was made on 20 September 2016.

Action taken on previous requirement

There had been enough significant improvement with identifying, planning and carrying out of training for staff and we could evidence this when speaking with staff and looking at relevant paperwork. However it was not the case that staff were carrying out reflective accounts following any training and it was the intention of the newly appointed manager to ensure that this was commenced.

Met - outwith 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 are further developed for people who live with dementia, or have cognitive impairment. These should contain personal and unique information gathered by the service, which influences how they support people in their day to day life and makes a positive difference. There should also be guidance for staff in relation to appropriate strategies to use when supporting people in times of stress and

distress. Care plans should be evaluated and updated as necessary to ensure that the information is a current reflection of people's needs.

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

This recommendation was made on 20 September 2016.

Action taken on previous recommendation

There had not been enough significant improvement with regard to the development of the care plans. Therefore, this recommendation remains in place.

Recommendation 2

The provider should ensure that each person who uses the service should have an up to date, person centred care plan in place that supports a promoting continence approach to continence care. That it is updated to reflect any changes in a person's needs, circumstances, level of support or treatments, and is regularly reviewed with the person, and their representative, to ensure their needs are being met.

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

This recommendation was made on 20 September 2016.

Action taken on previous recommendation

There had not been enough significant improvement with regard to the development of these care plans. Therefore, this recommendation remains in place.

Recommendation 3

The provider should ensure staff discuss with people using the service, where appropriate, to develop end of life plans that meet the person's previous wishes as much as possible and involve families, friends, those important to them and relevant health professionals.

National Care Standards, Care Homes for Older People
Standard 6: Support arrangements.
Standard 19: Support and care in dying and death.

This recommendation was made on 20 September 2016.

Action taken on previous recommendation

There had not been enough significant improvement with regard to the development of these care plans. Therefore, this recommendation remains in place.

Recommendation 4

The provider and management should ensure they review how they managed the security of the door leading into the home. This was so that residents' safety was maintained, alongside the ease of those visiting. They were to take into consideration the best practice of the Mental Welfare Commission, specifically for those who had a cognitive impairment and could not make informed choices about going out alone. In addition, they were to ensure that all residents' care plans and risk assessments indicated how they were working with residents to ensure their safety was being maintained.

National Care Standards, Care Homes for Older People
Standard 4: Your environment
Standard 5: Management and staffing
Standard 9: Feeling safe and secure.

This recommendation was made on 20 September 2016.

Action taken on previous recommendation

As there had been no relatives' meetings since the last inspection we could not evidence that their views had been taken into account with regard to entering and leaving the building. This recommendation remains in place and will be assessed at the next statutory inspection.

Recommendation 5

The provider should ensure they continue to use and develop the quality assurance systems to effectively assess the quality of the service they provide. They should develop clear improvement plans to enhance the quality of the service and improve the outcomes for people using the service, their relatives and staff.

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

This recommendation was made on 20 September 2016.

Action taken on previous recommendation

Although various audits had been undertaken and strategic improvement plans had been developed we felt that overall this had not resulted in improved outcomes for those people using the service. This is also borne out in the fact that the three requirements and four recommendations that had been made from the last and follow up inspection had not been fully met.

Therefore, this recommendation remains in place.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
10 Feb 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
20 Sep 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
30 Mar 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
29 Oct 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
11 Feb 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
29 Jul 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
29 Jan 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
5 Sep 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
15 Nov 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
17 Apr 2012	Unannounced	Care and support	1 - Unsatisfactory
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	Not assessed
22 Feb 2012	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
4 Nov 2011	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
4 Oct 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
14 May 2010	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
3 Feb 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
1 Sep 2009	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	5 - Very good
17 Feb 2009	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
4 Jun 2008	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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