

Banks O' Dee Care Home Care Home Service

Abbotswell Road
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Aberdeen
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Type of inspection: Unannounced
Inspection completed on: 23 August 2017

Service provided by:
Irvine Care Limited

Service provider number:
SP2012011953

Care service number:
CS2012312562

About the service

Banks O' Dee Care home is a service for older people which is provided by Irvine Care Limited. Banks O' Dee provides care to 59 older people, of which 4 may be respite/short break places, and 2 named adult under the age of 65.

Banks O' Dee is a purpose-built two storey building situated in Tullos, Aberdeen. The accommodation is over two floors and consists of 60 single bedrooms all with en suite facilities, communal sitting rooms and dining areas. This home is divided into six units, three of these units are specifically utilised for residents living with dementia.

This service registered with the Care Inspectorate on 4 March 2013.

What people told us

We spoke to ten residents, who stay at Banks O' Dee Care Home. We also spent a considerable time observing staff practice in the home and how the staff interacted with residents, especially those who had limited communication. Residents indicated that overall they were happy with the service they received. We were told that they thought the staff were nice, but busy. We were told that they thought the food was fine. We saw residents interacting with staff in a relaxed, informal, friendly manner.

We also sent 20 questionnaires to residents, of which four were completed. Some were completed with the assistance of staff and/or relatives. These residents indicated that they were happy with the service received. There were no comments made. However, there were some concerns raised regarding the staffing levels, residents not being able to share their views and one resident indicated they did not feel safe in the home. We looked into these during the inspection.

We spoke to one relative during the inspection. We also sent 20 questionnaires of which 11 were returned to us. The relatives raised concerns regarding the staffing levels. They felt that there was limited activities happening and occasionally the residents privacy was not fully respected. Relative's comments included "not all carers are as good as the majority", "issues when the care is not 'so good' but usually due to carers being off sick" and "the majority of staff are very caring, helpful and smiling".

The views of the residents and their families have greatly informed the findings of this inspection and are included throughout this report.

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their own improvement plan, their 'heat map' and quality assurance paperwork. These indicated their priorities for development and how they were monitoring 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	3 - Adequate

Quality of management and leadership

3 - Adequate

Quality of care and support

Findings from the inspection

We found that the outcomes for the residents regarding their daily care and support varied significantly depending on the time of day, the unit and the dependency needs of the residents. Although there were a number of areas that should be developed and improved on, we graded the service as being adequate. (See Quality of management and leadership)

We spent a considerable time observing staff practice in the home and how the staff interacted with residents, especially those who had limited communication. Our observation focused mainly on the three units on the ground floor. Observation showed many staff worked with compassion to ensure that the residents were treated as individuals. We saw that staff were willing and wanting to care and help the residents. However, at times there was not enough staff to do what they wanted to do. This resulted in the residents being at potential risk. We saw that at times this resulted in poorer outcomes for the residents not only in the support and care provided but also in their overall quality of life. (See Quality of staffing)

Observation and discussion with residents confirmed that a range of activities, events and outings were offered. Although the activities co-ordinator and some staff were trying hard, there was a general focus on 'events' or 'activities' rather than improving and enhancing the residents' quality of life. The practice and interaction varied significantly between the units. Staff also need to be mindful that those residents who are unable to or do not wish to leave their bedrooms do not become isolated.

Staff were working with other agencies to try improve the outcomes for a number of residents. We received varying feedback regarding the communication and the way in which advice and support had been put into practice. This was mainly due to the high numbers of agency staff being used. (See Quality of staffing.)

Staff had a clearer understanding of safeguarding and the Adult Support and Protection (ASP) procedures. Appropriate steps were taken to report any incidents or concerns promptly to the ASP team.

We found that most of the permanent staff appeared to know the residents well, including their likes, dislikes routines and habits. Residents' personal plans showed that in general the standard and quality of the documentation including the evaluations in general were good. However, we found, there was a lack of detail noted within some of the documentation, in relation to supporting residents who were distressed or anxious, identifying potential risk and how some care was being evaluated. **(See requirement 1.)**

Residents were having their care regularly and formally reviewed. Processes should be further developed to ensure that those residents with complex communication needs could meaningfully contribute to their care review. **(See recommendation 1.)**

The staff and management need to consider the residents' ongoing wellbeing and quality of life outcomes.

Requirements

Number of requirements: 1

1. The provider must ensure that all service users' personal plans are reviewed in order to ensure that they contain all of the required up-to-date information about each resident's care and support needs. Particular attention should be taken to ensure that all care plans are outcome focused. Personal plans should detail the action taken by staff to prevent risk as well as the actions taken to assist and support residents who display stress or distress reactions.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011), Regulation 4(1)(a) - Welfare of Users; and Regulation 5 - Personal Plans.

Timescale: by 31 December 2016.

Recommendations

Number of recommendations: 1

1. The provider should ensure that residents can contribute to their six-monthly care review using methods that suit their communication needs and preferences.

National Care Standards, Care Homes for Older People - Standard 11: Expressing Your Views.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We found that the cultural and physical environment at Banks O' Dee to be adequate.

We found that although there had been refurbishment work done to improve the environment, there were areas that were bland and un-stimulating. We found some kitchenettes to be untidy and requiring a deep clean. As staff were not readily visible on entering the home, the entrance to the home was unwelcoming. This left visitors unsure of where to go or who to try and contact.

We found one of the units smelled of stale urine, despite some work undertaken to address the concern. Systems and processes should be improved as a matter of priority to ensure that the residents have a nice place to stay that promotes a positive quality of life. **(See requirements 1.)**

The management team had undertaken an assessment of the environment to identify areas that could be improved to make the home more dementia friendly. Further work was required to assist or improve the residents' ability to remain orientated, remain independent and to move towards a more 'homely' feel within home. **(See recommendation 1.)**

We found that the physical and cultural environment within Banks O' Dee Care Home needs to improve, especially within some units, the entrance to the home and the gardens. Although progress has been made within some areas, all the residents should have a nice place to stay that promotes a positive quality of life.

Requirements

Number of requirements: 1

1. The provider must ensure that the whole home remains odour free.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4 (1)(a) - Welfare of users and Regulation 10 - Fitness of premises.

Timescale: To start immediately and completed by 13 October 2017

Recommendations

Number of recommendations: 1

1. The manager should re assess the environment and practice using the King's Fund Tool - Is your care home dementia friendly? And develop an action plan to address any areas for improvement identified.

National Care Standards Care Homes for Older People - Principles: Realising Potential; and Standard 4: Your Environment

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The home continued to use a significant number of regular agency registered nurses. This was having an impact on the outcomes for the residents and the permanent staff. We therefore found the quality of staffing to be adequate.

We found that the recruitment processes were in line with good practice. A detailed competency based induction program was in place. However, staff were not always being appropriately supported and monitored in a consistent manner to ensure a positive culture was being developed and maintained in the home. The organisation was in the process of introducing a new Registered Nurses Development program.

Staff undertook a wide range of training, refresher training and development according to their roles and responsibilities. The management team had captured the development needs of each staff member. The

management team were focused on ensuring mandatory training was undertaken in a timely manner. However, due to the lack of permanent staff within supervisory roles, the monitoring of staff practice to ensure that learning became imbedded into culture and practice was limited. **(See requirement 1.)**

All staff were appropriately registered with the Scottish Social Services Council (SSSC) or the Nursing and Midwifery Council (NMC).

The staffing rota clearly reflected all the staff on shift. The management team were assessing the staffing levels using a specific staffing tool based on the residents' dependency levels. However, this tool was not effective at identifying the true staffing requirements of the home. We saw that some units were left unsupervised for significant periods of time. This left those residents with dementia at potential risk of harm. Although, staff tried to ensure that the residents' needs were being met this was having a negative outcome on the residents' quality of life. Although the staff on shift were knowledgeable, skilled and knew the residents well there was not enough staff. Although the number of agency staff being used had reduced, it continues to be high. The management were monitoring staff sickness levels and continued to actively recruit for permanent staff. **(See requirement 2 and recommendation 1.)**

All staff we spoke with spoke highly of working at Banks O' Dee. They were delighted to have a permanent manager in post. They stated that communication and team working had improved. The atmosphere in the home during the inspection was very friendly and the staff group appeared happy. This was having a positive outcome on the residents.

Requirements

Number of requirements: 2

1. The provider to undertake a review and redevelop the staffing roles within the service to ensure there are enough competent staff to monitor, assess and promote good practice and a positive culture.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011), Regulation 4(1)(a) - Welfare of Users and Regulation 15(a)- Staffing

Timescale: by 1 December 2017.

2. The provider to ensure that the home is appropriately staffed, at all times, to ensure the safety of the residents and that the residents' quality of life improves.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011), Regulation 4(1)(a) - Welfare of Users and Regulation 15(a)- Staffing

Timescale: by 29 September 2017.

Recommendations

Number of recommendations: 1

1. The provider should ensure that the staffing assessment tool is reviewed to ensure it takes account of residents' social, emotional and recreational needs as well as the environmental challenges within the home.

National Care Standards Care Homes for Older People – Standard 5: Management and Staffing Arrangements.

Grade: 3 – adequate

Quality of management and leadership

Findings from the inspection

A detailed organisational quality assurance framework was in place and being used. Unfortunately, the audits undertaken were not clearly identifying the concerns in the service. The organisation's 'Heat Maps' which the manager used as a development plan, were confusing and did not clearly identify the areas of development required. The tool used by the regional managers to assess and monitor the service was ineffective and did not take into account Scottish legislation and good practice. This resulted in large sections of the tool being 'not applicable'.

Although a detailed quality assurance system was in operation the service has failed to sustain or improve the outcomes for the residents since the home was registered in 2013. This has mainly been due to lack of permanent, competent staff and a permanent management team. We hope that with the commitment given by the organisation to address the concerns identified and having a permanent manager being in post that the residents' quality of life will begin to improve and be sustained.

The management team acted promptly to address and manage two serious incidents involving residents. Full investigations were commenced and staff have implemented appropriate learning outcomes, with the aim of preventing any further incidents. **(See requirement 1.)**

We were given assurances, by senior management, of the actions to be taken to address the concerns highlighted throughout this report. The organisation was committed to improve the outcomes for the residents. Given our findings and the varying practices, the potential risks identified to the residents and the assurances from the senior management, we have graded this service as adequate. The management team have volunteered to supply us with information regarding their staffing assessment on a monthly basis. We will continue to monitor and assess this service closely.

Requirements

Number of requirements: 1

1. The provider must ensure that the quality assurance processes are effective and clearly identify areas for improvement. The processes should be responsive to improving the service's individual performance, based on relevant legislation and good practice and actively drive good practice and standards forward. The systems must be focused on improving the outcomes and the quality of life for the users.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011), Regulation 3 - principles and Regulation 4(1)(a) - Welfare of Users

Timescale: by 1 December 2017.

Recommendations

Number of recommendations: 0

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 all service users' personal plans are reviewed in order to ensure that they contain all of the required up-to-date information about each resident's care and support needs. Particular attention should be taken to ensure that all care plans are outcome focused and detail the action taken by staff to assist and support residents who display stress or distress reactions.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011), Regulation 4(1)(a) - Welfare of Users; and Regulation 5 - Personal Plans.

Timescale: by 31 December 2016.

This requirement was made on 7 July 2016.

Action taken on previous requirement

See Quality of care and support for details.

Not met

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 residents can contribute to their six-monthly care review using methods that suit their communication needs and preferences.

National Care Standards Care Homes for Older People – Standard 11: Expressing.

This recommendation was made on 7 July 2016.

Action taken on previous recommendation

We found that all residents were having their care regularly and formally reviewed. However, there remained limited opportunities for residents, especially those residents with complex communication needs, to meaningfully participate in their care review.

The quality assurance systems in place were not effectively identifying the residents' thoughts, views or wishes.

Recommendation 2

The provider must continue to ensure that the environment is developed to promote a positive quality, supports independence and choice.

National Care Standards Care Homes for Older People – Standard 4: Your Environment.

This recommendation was made on 7 July 2016.

Action taken on previous recommendation

The redecoration program within the home was ongoing. Observation of staff showed, staff were busy doing tasks but still took the time to engage with the residents in meaningful ways. We saw many positive outcomes for the residents.

However, since the last inspection there has been a high turnover of staff and the service were relying heavily on agency registered nurses. This had an impact on the outcomes for the residents in promoting a positive quality of life, supporting independence and enabling choice.

Recommendation 3

The provider should ensure that the staffing assessment tool is reviewed to ensure it takes account of residents' social, emotional and recreational needs as well as the environmental challenges within the home.

National Care Standards, Care Homes for Older People – Standard 5: Management and Staffing Arrangements.

This recommendation was made on 7 July 2016.

Action taken on previous recommendation

Although the management assess the staffing levels on a regular basis, staff were unaware of the process. The management should ensure that staff, relatives and residents are fully involved in the staffing assessment process.

Complaints

Please see Care Inspectorate 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	
12 Apr 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
7 Jul 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
27 Nov 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
19 Jun 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

Date	Type	Gradings	
9 Jan 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	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
19 Mar 2014	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
13 Sep 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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