

Durnhythe Care Home Service

Durn Road
Portsoy
Banff
AB45 2QJ

Telephone: 01261 842537

Type of inspection: Unannounced
Inspection completed on: 2 February 2018

Service provided by:
Aberdeenshire Council

Service provider number:
SP2003000029

Care service number:
CS2003000299

About the service

Durnhythe is registered to provide a care home service for a maximum of 35 people. The provider is Aberdeenshire Council.

The home is set within landscaped grounds in the coastal town of Portsoy. There are two floors and there is a lounge and dining room on each floor. There are no en-suite facilities.

The aims and objectives of the service are:

- Fulfil the rights of people using the service and meet their needs as far as possible.
- Provide a safe and secure environment which does not over-protect but makes people aware of any risks.
- Respect people for who they are.
- Make full use of resources available to assist people to reach their potential.
- Always listen with empathy to any views and to act accordingly.

What people told us

We spoke to 15 people. Many of them complimented staff for being caring and hardworking. Some people felt staff were too busy and that staff and managers could be better at responding to queries and concerns. We were told:

- "They're always having to go away and ask, never coming back with an answer."
- "Always feel we have to keep on top of things. Chase things up to make them happen."

People's views informed our findings and are included throughout the report.

Self assessment

We did not ask the provider to complete a self-assessment this year as we planned to look at the service's own improvement plan instead. The service did not have an improvement plan, however, one was started during the inspection to address the concerns we identified and to support longer term improvement.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	3 - Adequate
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

The quality of care and support was weak. While we identified some strengths there were important weaknesses which caused concern. During the inspection the provider responded to our feedback and started to take action to improve the quality of care.

Staff worked hard, however, people did not receive care in a timely manner. We were concerned this was undignified and had the potential to affect people's health, safety and wellbeing (**see Requirement 1**):

- People waited too long for assistance to eat, wash, dress, go to the toilet and take medication.
- Staff told us that they had to make difficult decisions every day about who to care for first. We were very concerned to hear that people living with dementia sometimes had to wait longer as they were seen as less able to complain.
- People waited too long for assistance when they called for help. We heard the call system ring frequently and for long periods of time. Staff told us that some mornings there were eight people calling and waiting for assistance.
- People who spent much of their day in the lounge, particularly people living with dementia, needed more support. We observed people becoming increasingly anxious and frustrated without it.

We saw people looked happier and more relaxed when staff were able to spend time with them and some people enjoyed events like a visit from a local children's group. Overall, people needed a lot more support to enjoy life. Opportunities to talk and become involved in an activity were limited. A person who lived in the home said, "You would think in a care home there would be someone to talk to."

The quality of care planning was unsatisfactory and had the potential to put people's health, safety and wellbeing at risk (**see Requirement 2**):

- People's needs had not been assessed and there was often a lack of guidance on what care and support they required to keep safe and healthy.
- We wrote to the provider during the inspection to highlight a serious concern about the lack of moving and handling guidance to safely assist people who used a hoist to mobilise.
- The language used to describe one person in daily recordings was negative and judgemental. We were concerned that the attitudes suggested by these records had the potential to affect staff behaviour and the quality of the person's care.

Requirements

Number of requirements: 2

1. The provider must ensure that effective arrangements are in place to meet people's needs. This must include having sufficient staff on duty at all times.
 - a. There must be an effective arrangement in place to assess the suitability of staffing levels, including observation of practice, assessment of outcomes for people and feedback from staff and people who experience care.
 - b. The number of staff on duty must be based on people's needs and take account of the layout of the building and the staff skill mix.
 - c. There must be an effective arrangement in place to alter staffing levels in response to people's changing needs.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011 No. 210 Regulation 3, Regulation 4(1)(a) and 4(1)(b), Regulation 15 and Regulation 17.

Timescale: a significant improvement must be evident by 1 June 2018.

2. The provider must ensure that effective arrangements are in place to meet people's health, safety and welfare needs in a manner which respects their dignity.

- a. Each person must have a written plan which sets out how their needs should be met.
- b. Relevant staff must be familiar with the content of the plan and have the necessary knowledge, skills and confidence to provide the care the person needs.
- c. There must be an effective arrangement to assess how well the plan is being implemented, taking account of people's experiences and outcomes, and to alter the plan and the care in response to changing or unmet need.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011 No. 210 Regulation 3, Regulation 4(1)(a) and 4(1)(b), Regulation 5, Regulation 15.

Timescale: a significant improvement must be evident by 1 June 2018.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of environment

Findings from the inspection

The quality of the environment was adequate. There were strengths which had a positive impact on people's experiences and weaknesses which constrained performance.

The home was warm, clean and tidy. People could personalise bedrooms with their own belongings. The equipment people used to call for assistance and to mobilise was serviced and in working order. There were regular safety checks and small repairs were carried out promptly.

People's choice about where to spend time had been restricted. Staff told us that people's breakfast was served in the ground floor dining room as there was not enough staff on duty to support people who liked to eat in the first floor dining room.

The provider's plans to rewire the building, replace the kitchen, redecorate bedrooms and establish a rolling maintenance programme had not progressed further. Some doorways and bedrooms were difficult for residents and staff to negotiate with wheelchairs and hoisting equipment due to limited space.

The provider should develop an environmental plan to help prioritise improvements and monitor progress (**see Recommendation 1**).

Residents did not have en-suite toilets and used shared facilities. Some people would have preferred a private toilet. The provider did not currently have plans to improve this aspect of the environment.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should develop an environmental improvement plan, with clear priorities and appropriate timescales, which will ensure the care home is a safe, pleasant and comfortable place to live.

National Care Standards Care Homes for Older People: Standard 4 - Your Environment; and Standard 5 - Management and Staffing Arrangements

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The quality of staffing was weak. While we identified some strengths there were important weaknesses which caused concern. During the inspection the provider responded to our feedback and started to take action to improve the quality of staffing.

People complimented staff for being "friendly", "obliging" and "hard working". Some felt staff were very busy. They said, "you have to wait. When they help they are good," and "you can see they're hashed."

Staff told us that they worked "flat out", "at a hundred miles an hour", however, it had become increasingly difficult to meet people's needs. We were concerned that there had been times when people did not get the right care at the right time due to inadequate staffing levels (**see Requirement 1 in care and support theme**). Staff told us they felt physically and mentally tired, that morale was very low and they were coping with feelings of guilt and frustration about the quality of care. By the end of the inspection staffing levels had been temporarily increased and an in depth review of people's needs and staffing levels was planned.

The staff team's ability to provide adequate care was also compromised by a lack of knowledge, skills and confidence regarding important parts of their work (**see Requirement 1**). Some keyworkers were unsure how to assess, plan and review people's care. Some staff had not received an adequate induction or the training they required to care for people safely. For example, moving and handling training was overdue for a number of staff. We concluded that the staff team's capacity to provide safe and person-led care was at risk of being compromised by not having enough direct care hours to meet people's needs and a lack of adequate training and support (**see Requirement 1 in the management and leadership theme**).

Requirements

Number of requirements: 1

1. The provider must ensure that staff have the knowledge and skills to meet people's care needs. In order to achieve this, the provider must:

- a. Review training records, seek feedback from staff and people experiencing care and assess staff practice in order to identify and prioritise staff training needs.
- b. Develop a plan, with appropriate timescales, to provide the necessary training. The plan should include arrangements for assessing how well staff demonstrate that they have the knowledge and skills to perform their role and for identifying any further training or support needs.
- c. Implement the plan.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011 No. 210 Regulation 3, Regulation 15

Timescale: 1a and 1b must be completed by 1 April 2018 and 1c must start by 1 April 2018.

A significant improvement must be evident by 1 June 2018.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

The quality of management and leadership was weak. While we identified some strengths, there were important weaknesses which caused concern.

Temporary management arrangements, which had been in place for 5 months, were inadequate. We did not see effective day-to-day leadership:

- Managers were not appropriately involved in people's day-to-day care. They did not know enough about staff practice or outcomes for people to provide the necessary direction, guidance and support.
- Staffing levels were not altered in response to people's changing needs or feedback from people that they were waiting too long to receive care.
- Staff did not feel managers listened to them. Appropriate action was not taken to address their valid concerns about people's care, staffing levels, training, team work and leadership.
- There were few opportunities for meaningful discussions about how to improve care and support staff to work together more effectively.

- Quality assurance activities, such as audits and investigations, were either not carried out or did not lead to improvement.

During the inspection, the provider responded to our initial feedback by seconding a skilled and experienced interim manager to lead the service. We were reassured by the immediate action taken by the interim manager to keep people safe and longer-term plans to support staff and improve the quality of care.

Requirements

Number of requirements: 1

1. The provider must ensure that people's health, safety and wellbeing needs are met in a manner which promotes their dignity by implementing effective management arrangements for the service. These arrangements must be sufficient to ensure that:

- a) Each person has an up-to-date assessment of their needs and a care plan which explains how they should be met
- b) Staff have the knowledge and skills to meet people's needs.
- c) The service is staffed at all times to meet people's needs.
- d) People's care needs are met and care is provided in a way which respects people's dignity.
- e) Concerns regarding the quality of the service are identified and addressed in a timely manner.
- f) The quality of the service is rigorously assessed and appropriate action taken to address areas for improvement.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011 No. 210 Regulation 3, Regulation 4(1)(a), Regulation 5, Regulation 15 and Regulation 17.

Timescale: a significant improvement must be evident by 1 June 2018.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

Residents' social, emotional and recreational needs should be met. In order to achieve this, the provider should take the following action:

- Each resident and/or their representative should have the opportunity to take part in an outcome-focused assessment of the resident's social, emotional and recreational needs as part of the care planning process.
- The service should be staffed and resourced to meet the residents' identified needs.
- There should be an ongoing process of evaluation to identify what the outcomes have been for individuals as a result of the social, emotional and recreational support provided. The evaluation should consider what the resident's individual experiences have been.

National Care Standards, Care Homes for Older People: Principles - Realising Potential; Standard 17 - Daily Life.

This recommendation was made on 9 October 2017.

Action taken on previous recommendation

Limited progress had been made with plans to improve people's social, emotional and recreational care. Plans were in place for a regular church service which people could choose to attend.

Recommendation 2

The provider should ensure there are sufficient staff on duty to meet residents' emotional, social and recreational needs. In order to achieve this, the provider should:

- Plan and carry out a collaborative outcome-focused review of staffing levels. The review should consider the views and experiences of residents, staff and relatives.
- Share the outcome of the review and any plans to improve how the service is staffed with residents, relatives, staff and the Care Inspectorate.
- Implement any improvements and evaluate within an agreed timescale to assess the impact on residents' experience and outcomes.

National Care Standards, Care Homes for Older People: Principles - Realising Potential; Standard 5 - Management and staffing arrangements.

This recommendation was made on 9 October 2017.

Action taken on previous recommendation

This recommendation had not been met.

Recommendation 3

The service should have a collaborative outcome-focused quality assessment process linked to an improvement plan to help identify, prioritise and monitor improvements.

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

This recommendation was made on 9 October 2017.

Action taken on previous recommendation

This recommendation had not been met.

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	
11 Aug 2017	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
15 Dec 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
16 Aug 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
7 Mar 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed

Date	Type	Gradings	
		Management and leadership	Not assessed
27 Aug 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
9 Mar 2015	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
3 Dec 2014	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
21 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	Not assessed
6 Nov 2013	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
4 Dec 2012	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
8 Sep 2011	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
10 Jan 2011	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed

Date	Type	Gradings	
		Management and leadership	Not assessed
20 Jul 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
17 Mar 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
1 Sep 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
12 Mar 2009	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
1 Dec 2008	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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