

Southside Care Home Care Home Service

40 Southside Road
Inverness
IV2 4XA

Telephone: 01463 226227

Type of inspection: Unannounced
Inspection completed on: 16 February 2018

Service provided by:
Southside Nursing Home Ltd

Service provider number:
SP2003002407

Care service number:
CS2003010544

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.

Southside Care Home is registered to provide a care home service to a maximum of 33 older people.

The care home is a converted, two storey Victorian town house situated within a quiet residential area of Inverness. There are 23 single bedrooms and four double bedrooms, some of which have en-suite facilities. There are two bathrooms, one shower room, two communal lounges and a dining room for general use.

There is a passenger lift between the ground floor and the lower split, upper floor. There is a chairlift between the ground floor and the upper split, upper floor. Between the split levels on the upper floor there is stair access only. The care home has a pleasant, enclosed garden to the rear of the building and a well maintained garden in the grounds at the front of the building. There is a small safe decking area off the front lounge.

From the home's brochure, the aims of the service include:

- Our aim is to ensure each resident feels safe, loved and happy, and finds fulfilment and satisfaction in daily life.
- Our care always respects the rights to dignity, privacy, choice, safety, individuality and confidentiality of our residents and their families.
- We achieve our aims through the hard work and dedication of our well qualified, highly trained staff, and we view their continuing professional development as crucial in continuing to provide the highest quality of service.

What people told us

During the inspection we spoke with residents and four relatives and friends. Comments received included:

'I am happy here and have been here for more than seven years. I like my room and feel safe there. I like to keep my room locked as other residents will wander in. There have been many changes of staff and I have seen a few managers. Staff treat me well. No, I have never witnessed poor practice.'

'I miss my home but everyone has been kind and very friendly. It is taking a bit to get used to being here.'

'Sore legs, people always stand on feet and it's sore, makes you shout, they're not pleased, but what else are you supposed to do.'

'I like living here, food is fine, girls are ok, don't see much of them.'

'Just settling in. Making the best of it.'

'I am very relieved that my mother is here and getting her medication at the right times. I have no complaints but the communication from staff could be better. I want to be able to go with my mother to any medical appointments but they are not always letting me know.'

'We usually visit him every week. He has settled well enough but he gets very frustrated by all the people with dementia. We try and take him out when the weather is a bit better.'

Self assessment

A self assessment was not requested in advance of the inspection. We discussed how they should monitor the service and looked at their improvement plan.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

We found that the quality of care and support was weak. Although there were strengths we found there were important weaknesses which caused concern.

From our observations, we could see that residents were not always experiencing good and consistent care and consequently their health and wellbeing was at risk. We have made a requirement and associated recommendations. (See Requirement)

Skin care

Residents should be confident that care staff will ensure that they receive suitable skin and nail care. We found that although a resident had been assessed as having dry vulnerable skin, he had not been prescribed any topical creams. We could see some residents with long dirty fingernails. It was also stated some residents' toe nails were too long which could affect their ability to walk and cause pain. (See Recommendation 1)

Continence care

Residents' continence needs should be assessed when they first come to the home and as required. Residents should use continence products if needed that have been prescribed for them. (See Recommendation 1)

Nutrition, fluid intake and dining experience

Residents who needed assistance to eat did not always receive the help they required. Some residents were reported to be regularly hungry at night. Suitable food should be available at all times and appropriate help given. We observed drinks and food being taken away from a resident without the staff asking if they wished more. For those at risk of dehydration and on a fluid chart, this should be completed regularly throughout the day. The chart should have a target amount that is related to the person's weight. Staff should ensure that mealtimes were an enjoyable occasion. All care staff and kitchen staff should be aware of residents' needs regarding food and drinks. (See Recommendation 2)

Rest

Residents should be able to go to bed when they wish and get up when they want. We observed that many residents were still up and dressed though sleeping in chairs until quite late into the evening. Some residents

were agitated about waiting to go to bed. We also heard reports of residents being woken up to be washed and dressed early each morning. (See Recommendation 3)

Falls

There were residents who liked to walk around the home and who might try and use the stairs. We saw that when a couple of them got tired they started climbing the stairs and looked at high risk of falling down the stairs. Management need to risk assess this situation and seek ways to reduce this risk. (See Requirement)

Activities

The service employed two activity organisers who worked together to provide a range of activities. Feedback about activities from residents was good. Each resident had an activity folder and we could see that each resident or their relative had been asked about their interests and preferences for activities. There was evidence that residents were regularly involved either within a group or individually. The organisers made time to visit people in their rooms on a regular basis. Consideration should be given to providing meaningful activities at weekends and early evening.

Several recommendations made in the last report remain outstanding including about care plans supporting person centred care, about the effective use of ABC charts to help residents with distressed behaviour and following the Mental Welfare Commission guidelines on the use of covert medication.

The requirement about staff having a good understanding of each resident's mobility needs is also outstanding.

Requirements

Number of requirements: 1

1. The provider must ensure that effective arrangements are in place to meet people's health, safety and welfare needs.

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

Timescale: two months from receipt of report.

Recommendations

Number of recommendations: 3

1. Residents should receive appropriate skin, continence and nail care. Staff should be aware of how to support residents with skin, continence and nail care.

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

2. It is recommended that help with nutrition and fluid intake should be improved:

a) Residents should receive the help they need with their meals at the right time. They should get help to be able to have a hot meal. All care staff and kitchen staff should be aware of residents who were at nutritional risk or who needed support to have sufficient fluids. Training should include about nutrition and hydration.

b) Management should ensure that suitable food including for those on a 'soft' diet should be available 24 hours each day. Some residents may wish to eat during the night.

c) For those that need support with hydration and need to be monitored, their fluid charts should be completed regularly. The chart should contain the agreed target amount for each day, which is related to their weight. Information about their progress throughout the day should be included in the handover information.

d) Staff should try and arrange for each person to have an enjoyable meal at each mealtime. Consideration should be given to the table/tray appearance, the availability of condiments, napkins and table decorations. Staff should use best practice in helping those with a cognitive impairment to choose what they want to eat. Staff should if possible promote independence and also create a relaxed and sociable occasion.

National Care Standards, Care Homes for Older People: Standard 13 – Eating well.

3. Management should ensure that residents can go to bed when they wish or when they need to. Staff should be organised so this can happen. In the morning, residents who need support to rise should be helped according to their preferences and needs.

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

Grade: 2 – weak

Quality of environment

Findings from the inspection

The environment was graded as adequate.

Since the last inspection, there had been action to create a more dementia friendly environment. Residents were helped to identify their bedrooms through large door numbers, photo memory boxes and different coloured doors. There were large signs to direct them to toilets and lounges.

There were good supplies of personal protective equipment and foot operated pedal bins to help prevent the spread of infection. The recommendation continues regarding the risk assessment of infection control procedures within the sluices and laundry as there had been no action.

The service used a specialist company to advise on health and safety matters. Their last inspection noted that the service had actioned their previous findings.

From auditing falls records, management decided to start an extra staff on a twilight shift to increase monitoring and to help prevent falls.

We found that there were service schedules for equipment to help ensure they continued to work properly.

We found that there were undesirable odours in areas of the home. There were also seats that could not be used due to urine. (See Recommendation 1 – Quality of Care and Support theme)

At feedback we highlighted areas of the home which needed attention including a bedroom radiator that was uncovered.

Residents should have privacy. It was noted that early one morning when still dark the windows of the downstairs communal rooms were uncovered, and residents up in their night clothes were visible from outside.

Other recommendations from the previous inspections have been continued as they were not met. These were about using a thermometer to assess the water temperature when bathing a resident. We also asked the provider to develop a plan to reduce the number of double rooms used. The Care Inspectorate believes that all residents should be able to have a single room if they wish. Residents should not be asked to share with someone they do not know. Some of the double rooms in use did not have en-suite facilities and did not afford privacy.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

This theme was graded as adequate.

As many staff had left, the home relied on agency nursing and care staff to make up shifts day and night. This resulted in less continuity of care for residents as agency staff might not know them so well. The regular staff team were unsettled and several expressed a lack of confidence in management. This perhaps led to a lack of professional standards by some staff who were reported to be falsifying residents' records including about fluid intake and skin care. Residents should be confident that their carers are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Failure to comply with codes of practice of the Scottish Social Services Council could put a care staff's registration and thus their employment in jeopardy. Management should ensure residents' records are completed appropriately through observed practice and regular supervision. These good employment practices were not happening and the recommendation made in the last report is continued.

The recruitment procedure followed good practice. The recommendation about recruitment is continued in order for management to review the home's recruitment policy in line with the guidance 'Safer Recruitment through Better Recruitment'.

Since the last inspection some staff had accessed training, for example, in safe moving and handling and there were other courses planned. Staff would soon be able to access food hygiene training online. All staff within the care home including ancillary staff should have an awareness about dementia, with front line carers achieving the 'skilled level' of the 'Promoting Excellence' framework. The recommendation about training is continued.

There had been only one staff meeting since the last inspection. Meetings should happen on a regular basis in order to share and maintain good practice.

We observed that at each shift change there were two handovers, one between nurses and one from nurse to carers. We suggested that to save time and to help carers understand the health needs of the residents that there be one handover for nurse and carers on new shift.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

Management is graded as weak.

Since the last inspection the Care Inspectorate has received several anonymous complaints about management. At the time of the inspection a new experienced manager was due to start in a matter of weeks. It was hoped that this would help to settle the staff team.

The recommendations made in the last inspection report are continued as there has been no action. These included about participation. There had been no meetings organised within the home where residents and relatives could express their opinions about the service. There was a recommendation about audits which had not been completed. We recommended that the manager have health and safety training in order to understand her responsibilities within the home. The acting manager had not had this training. The recommendation to develop an improvement plan had been partially implemented. The plan now needed to become an effective action document, with staff responsibilities clearly identified within a manageable timeframe.

Requirements

Number of requirements: 0

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

Requirement 1

It is a requirement that resident's mobility is assessed regularly and results recorded in their care plan. All care staff should be aware of each resident's mobility needs so they can provide appropriate help for their safety.

This takes account of Regulation 4(1)(a). The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instrument 2011/210).

Timescale: within one month of receipt of this report.

This requirement was made on 8 August 2017.

Action taken on previous requirement

This had not been fully actioned.

Not met

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

Previous recommendations

Recommendation 1

It is recommended that each resident's care plan contains information about what is important to them, about their interests and preferences and about their history. This is to help staff provide personalised care and this should also help to inform the activities programme.

Audits of care plans should be developed to support improvement in the quality of information.

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

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

This had not been fully actioned. The care plan template does not support person centred care very well, being a list of descriptive statements with the relevant ones highlighted. Management plan to review the care plans in use. To continue.

Recommendation 2

It is a recommendation that the service reviews the use of 'ABC' charts to ensure that they provide useful information to help identify the resident's support needs and so improve outcomes for the person.

National Care Standards, Care Homes for Older People: Standard 6 – Support plans

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

This to be continued.

Recommendation 3

It is recommended that covert medicine arrangements are reviewed soon after being established and then on a regular basis. The Mental Welfare Commission guidance should be followed.

National Care Standards, Care Homes for Older People: Standard 15 – Keeping well – medication .

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

The document in place was reviewed annually with GP, though this was not in line with the Mental Welfare Commission guidance. To be continued.

Recommendation 4

It is recommended that the dining experience for residents be improved.

a) The service should support residents to be able to choose their meals in a way that takes account of their abilities. Residents with dementia can be helped through being offered a choice of a sample of the main meals on offer. This allows them to see and perhaps smell the food which might help them to understand what is available.

b) The dining table should provide an attractive and welcoming setting for the meal.

c) Staff present in the dining room should be respectful to residents and include them in their conversation. If possible staff should try to create an enjoyable social occasion for the residents at mealtimes.

National Care Standards, Care Homes for Older People: Standard 17 – Daily life.

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

There had been some action to meet this recommendation. It is detailed further in the report. This has been met.

Recommendation 5

It is recommended that the manager develop an action plan to carry out the improvements she has identified to make the home more dementia friendly.

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

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

This has been met.

Recommendation 6

The provider and management should risk assess the infection control procedures used in the sluice rooms and laundry. Action should be taken to reduce significant risk.

National Care Standards, Care Homes for Older People: Standard 4 - Your environment.

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

This is continued.

Recommendation 7

The provider and management should develop policies and procedures regarding water hygiene and the prevention of legionella.

National Care Standards, Care Homes for Older People: Standard 4 - Your environment .

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

An inspection by a specialist company is planned. Recommendation continued for management to review service policies.

Recommendation 8

Staff should use a thermometer when supporting residents to have a bath or shower. This is to help to prevent a resident being scalded and is good practice.

National Care Standards, Care Homes for Older People: Standard 4 - Your environment.

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

There is evidence that thermometers have been used but not on every occasion when a resident is bathed. This to be continued.

Recommendation 9

It is recommended that the provider develop a plan as to how and when the care home will be able to provide each resident with a single room. The Care Inspectorate is committed to the principle that each resident should be able to have a single room if they wish.

National Care Standards, Care Homes for Older People: Standard 4 - Your environment.

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

This is continued.

Recommendation 10

Management should ensure that staff are up to date with all mandatory training including food hygiene.

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

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

This is continued.

Recommendation 11

Management should ensure that staff are given regular supervision and appraisal. Practice observations should be used as part of these procedures. Staff should be encouraged to develop their skills and practice to support good outcomes for residents.

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

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

This is continued.

Recommendation 12

It is recommended that the providers and management consider different strategies to support participation in the service. It is important to get feedback and suggestions from people who use the service and their relatives to evidence the quality of the service.

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

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

There had been no residents' and relatives' meetings. This is continued.

Recommendation 13

The provider should ensure that where an audit has been carried out, the manager must ensure that the audit cycle is completed. A follow up should be carried out to ensure that appropriate action has been taken and the audit has been effective in bringing about improvements to the service.

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

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

This is continued.

Recommendation 14

It is recommended that the manager access suitable training about health and safety legislation and relevant issues within a care home. The manager should have knowledge in this area in order to perform her role competently.

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

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

This is continued. The acting manager had no health and safety training.

Recommendation 15

The provider and management should develop an improvement plan that clearly states the actions identified, who is responsible and the timescales identified for completion. The plan should be available to staff, residents and relatives and other stakeholders.

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

This recommendation was made on 8 August 2017.

Action taken on previous recommendation

An improvement plan has been devised for 2018. An action plan needs to be drawn up to clearly identify who is responsible for each development within a manageable timescale. This is continued.

Recommendation 16

The service should ensure they develop their policy and procedures with regard to recruitment and follow best practice as per 'Safer Recruitment through Better Recruitment' guidelines. The service should demonstrate that these guidelines are followed for all recruitment in the service.

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

This recommendation was made on 12 October 2017.

Action taken on previous recommendation

This is continued to allow management to review the service policy.

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	
8 Aug 2017	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
31 Aug 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
15 Mar 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	5 - Very good
3 Feb 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	5 - Very good
5 Dec 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	5 - Very good
22 Jan 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	5 - Very good
6 Sep 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	5 - Very good
16 Jan 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	Not assessed
23 Jun 2011	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	Not assessed
5 Jan 2011	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good
18 Jun 2010	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
8 Jan 2010	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
14 May 2009	Announced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
29 Dec 2008	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
25 Jul 2008		Care and support	2 - Weak
		Environment	2 - Weak

Date	Type	Gradings	
		Staffing	2 - Weak
		Management and leadership	2 - Weak

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