

Innis Mhor Care Home Care Home Service

Craighill Terrace
Tain
IV19 1EU

Telephone: 01862 731180

Type of inspection: Unannounced
Inspection completed on: 26 January 2018

Service provided by:
Parklands Highland Ltd

Service provider number:
SP2012011901

Care service number:
CS2012310801

About the service

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

This service was registered with the Care Inspectorate on 15 July 2013.

Innis Mhor is a purpose built care home, which is registered to provide a service to a maximum of 40 older people.

The service is situated in the town of Tain in Ross-shire. All bedrooms are spacious, bright and have private ensuite facilities. The service is provided by Parklands Highland Ltd.

What people told us

The inspection volunteer spoke with eight people who use the service and three relatives/carers. Comments from these discussions were mostly positive. People told the inspection volunteer that the carers were kind and caring. Some people stated that they would like to get out more often and that they thought there should be more activities. One person the inspection volunteer spoke with stated that she really enjoyed living in Innis Mhor and that she was able to come and go as she pleased. She also told us that her room was lovely and that she enjoyed having the company of other people and also the staff.

We spoke with six people who use the service and four relatives. During these discussion relatives/carers told us that they felt things had settled down a bit since the last inspection. People told us that they thought the communication was good and that they were kept informed of any changes to their family member's health needs. Relatives/carers we spoke with told us that if they had any issues in relation to the level of care being provided to their family member, they would have no hesitation in going to one of the senior staff or the manager. Where they did this, relatives told us that they found that generally any issues were dealt with.

Comments from other discussions at this inspection are included in the body of the report.

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at the methods the service was using to monitor the quality of the service they were providing. We discussed the service's priorities for development and how they proposed prepare a service improvement plan and monitor the progress of this.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	5 - Very Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We found that the quality of care and support the service provided was 4 – Good. We recognised the service had strengths and that these had a positive impact on the experiences of people.

People spoke positively about the care they received at Innis Mhor. Through observations we noted that staff cared for people in a kind and respectful way.

We observed at two different meal times. There was a pleasant atmosphere in the dining rooms and where people required support to eat their meals, this was carried out in a dignified manner.

We looked at a sample of six care plans. We could see that although these were quite detailed, they were not working documents. Most of the care plans we looked at contained out of date, or conflicting, information. We looked at two people's care plans who were assessed as requiring palliative care. However, the care plans, which should have given staff guidance in relation to this, were empty. There was a reliance on clinical notes and the shift handover sheet, however, these also contained conflicting information. We also found that the service was working against its own confidentiality/record keeping policy and recording personal details relating to individual people's health on a shared handover sheet. **(See recommendation 1)**

It was very difficult to get an up to date and accurate picture of people's health care needs and the levels of support required from staff. We found that one person, who had been in the service for over three weeks, had very limited information in their care plan. Many sections were empty. The manager should ensure that staff are given the time to develop and complete someone's care plan within 28 days of them coming to live in the home. People's care plans should evidence that they, or their family, have been involved in this process. This will ensure that the care provided is person centred and meets people's health and wellbeing needs. **(See recommendation 2)**

We looked at a sample of reviews and although these had taken place, we found them to be of a varied standard. For some people who use the service there was no one present at their review other than one carer. The manager should ensure that where people lack capacity or have no family, efforts are made to access advocacy/representation at reviews. This will ensure that people are represented and their care needs continue to be met. **(See recommendation 3)**

We looked at how staff cared for people who were at risk of their skin breaking down. We could see that there was a system in place and that each month an audit (pressure ulcer cross) was carried out by the nursing staff. Care documentation such as SSKIN bundles were in place, however, in some cases these were poorly completed. Staff should receive further training in relation to this, to ensure that the recording is accurate and in line with planned care. **(See recommendation 4 under this theme and also recommendation 1 under theme 3: Staffing).**

We looked at the medication system and found that generally this was of a satisfactory standard. There were however areas where further improvements were needed. **(See recommendation 5)**

We looked at staff rotas the week of the inspection and the previous four weeks. We could see that there had been some staff shortages, however, this was mainly on the domestic side. We spoke with care staff and asked them whether their workload was manageable and everyone said yes. They told us that there were now extra staffing and domestic hours to cover the new extension and this had made a big difference.

When we spoke with people who used the service and their relatives/carers we were told that they, or their family member, would like more activities and would like to get out and about more often. We did see some activities taking place on the two days of inspection. On the second day there was no information for people as to what activities were taking place in the home that day. We did see some signs on the first day. Through the 'you said we did' recordings we could see evidence of some very person centred, one to one activities taking place. The provider, manager and staff should look into ways that they can accommodate people's requests to get out and about. They should also continue to look at how they can improve the programme of activities, by using information gathered when developing care plans in relation to people interests and hobbies, both past and present. This will ensure that activities remain meaningful for everyone who wishes to participate in both group and one to one activities. **(See recommendation 6)**

Although there were several areas where the service needed to make improvements, we found that generally, outcomes for people who lived in Innis Mhor were still good. People who used the service and relatives/carers confirmed this. Therefore, we have assessed that the grade for this theme will remain at a grade 4 for this inspection. However, it was discussed that the service need to make immediate improvements to the quality of their record keeping, as this will have an effect on outcomes for people if the recommended improvements are not made.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 6

1. The manager should ensure that staff are working in line with Parklands record keeping/confidentiality policy. The handover sheet should not be used as a record of people's changing care needs. Any personal details should be recorded in people's individual care notes/care plans and stored securely within the home.

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

2. The provider should ensure that work continues on care plans for people who use the service. Where people have been recently admitted into the home a care plan should be developed and completed within 28 days. This should contain information gathered from the person, or their family, to ensure that the care provided is a reflection of their health and wellbeing needs, taking in to account their abilities and preferences.

There should be a regular effective audit of people's care plans to ensure that they remain working documents. Any changes to people's care that is recorded in the clinical notes should be transferred to their care plan, to ensure that the care being provided is as planned.

Where people are admitted into the home for palliative care, or become ill and require end of life care while staying in the home, appropriate care plans should be developed by nursing/senior staff. This will ensure that staff have the guidance they need to meet the care needs of people and ensure they are comfortable and pain free at all times.

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

3. The manager should ensure that where people who use the service lack capacity, or have no family, the manager makes efforts to access advocacy/representation at reviews. This will ensure that people are represented and that all their care needs continue to be met.

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

4. The manager should ensure that care documentation such as SSKIN bundles and topical medication administration records are accurately and consistently kept. This will ensure that staff are delivering care that reflects the outcome of the person's risk assessment and plan of care.

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

5. The manager should ensure that the service make further improvements to the management of people's medications. In order to do this they must:-

- a) Ensure that where they have dispensed and administered a controlled drug, this is recorded in both the controlled drug book and the medication administration record. (MAR).
- b) Record the site where they apply transdermal patches.
- c) Ensure that a pain assessment tool is used where a person lacks capacity and is unable to express whether they are in pain.
- d) Ensure that 'As required' protocols are updated where medication has been changed.
- e) Ensure that they return any unused medications to pharmacy.

National Care Standards Care Homes for Older People.

Standard 15: Keeping well – medication

Standard 5: Management and staffing arrangements.

6. The manager should ensure they look into ways that people who live in Innis Mhor are offered regular access to the outdoors. People who wish to participate in activities and outings should be supported and encouraged to do this and where possible, remain connected to their local community. Activities should be planned using information gathered about each person's interests and hobbies, both past and present. This will ensure that the activity provision in the home continues to be meaningful for all those who wish to take part.

National Care Standards Care Homes for Older People. Standard 12: Lifestyle – social, cultural and religious belief or faith.

Grade: 4 – good

Quality of environment

Findings from the inspection

We found the quality of the environment to be 5 – Very Good at this inspection.

A new six bed extension had been added to the existing home. This was now open. We found this to be very bright and airy. People had access to the outdoors from the communal lounge.

The rooms throughout the home were spacious and very nicely furnished. Each room had en-suite facilities. We spoke with people who used the service and they told us that they were very happy with the quality of the environment. People told us they found their rooms comfortable and homely.

At the last inspection we found that there was a shortage of domestic staff. We could see that domestic staff were struggling to complete all the tasks identified on the cleaning schedules, in particular the deep cleaning. At this inspection we found that this had improved. Although at times there were still domestic staff shortages, the home appeared to be clean and the cleaning schedules were being completed. The manager agreed to monitor this and to ensure that there were sufficient domestic staff on each shift.

There was a system for the reporting of accidents and incidents. We could see that staff were reporting accidents. However, we noted that the manager did not always notify the Care Inspectorate where a person had received an injury that required GP/hospital attention. The manager took this on board and agreed to do these notifications retrospectively. **(See recommendation 1 and also under theme: Management and Leadership)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The manager should ensure they notify the Care Inspectorate of any accidents where people who use the service sustain an injury that requires attention from a GP or referral to hospital. Any injury reportable under RIDDOR should also be notified to the Care Inspectorate.

National Care Standards Care Homes for Older People. Standard 4: Your environment and Standard 5: Management and staffing arrangements.

Grade: 5 - very good

Quality of staffing

Findings from the inspection

We found the grade for the quality of staffing to be a 4 - Good at this inspection.

We spoke with people who used the service and their relatives/carers during this inspection. People told us that the staff looked after them well. The inspection volunteer spoke with people who told her that if they rang the bell for help, staff usually came quite quickly. One person we spoke with told us that, although the staff were very busy, they could have a cup of tea, or a drink, if they asked for it.

We found that there was more evidence of training taking place for staff at this inspection. There was a training tracker in place. This worked on a traffic light system showing where training had taken place, was due or was out of date. Due to some of the issues we found in the recording in care plans and care documentation, we would recommend that staff receive further training in tissue viability and also record keeping. **(See recommendation 1)**

Staff we spoke with confirmed that they were offered training and had access to training through an electronic system.

When we interviewed some of the staff they told us that they had recently had supervision with a senior member of staff or the manager. The manager told us that they were making some progress with the annual appraisals. **(See recommendation 2)**

There was a programme of meetings for all staff and a full staff meeting every other month. There had been some issues raised at the night shift meeting in relation to people being wakened early. Through discussion we asked the manager to ensure that where people were being wakened early, it was at the their request, or had been discussed and agreed as part of their care plan.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The manager should ensure that staff receive further training in tissue viability and the keeping of accurate records. Those staff who require further training in developing person centred care plans should receive this as soon as appropriate training is available.

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

2. The manager should ensure they continue to work on the programme of supervision and appraisal for all levels of staff who work in the home. Care staff should be supervised in all aspects of their work through observed practice sessions. The outcome of observed practice (both strengths and weaknesses) should be followed up through supervision and annual appraisals, where staff and management can discuss both training and development opportunities, where this is appropriate.

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

We found the quality of management and leadership to be a 4 - Good at this inspection.

We spoke with people who used the service and their relatives/carers at this inspection and they told us they found things to have settled down since the last inspection. Relatives/carers told us that they found the manager and senior staff approachable and were happy to take any concerns they had to them. They confirmed that where they did take any issues forward they were dealt with where possible.

There was a system in place for people who use the service, or their relatives/carers to make complaints/concerns or positive comment. We could see that where there had been complaints or concerns raised these had been dealt with in line with the service policy.

There was evidence to support that the manager looked for feedback from the people who used the service. There were residents' meetings, which were based on a questionnaire and people could use 'yes' or 'no' cards to give their answers.

We noted that there were records of accidents where people had sustained injuries that required a GP visit, or referral to hospital, which had not been notified to the Care Inspectorate. The manager also needs to ensure that where she has notified the Care Inspectorate of an incident that requires further investigation, an update is completed and submitted to the Care Inspectorate through the eforms system. **(See recommendation 1)**

We looked at a sample of the audits carried out by the management and nurses. We were not able to access any audits from before January 2018 as these had been filed away. The manager should ensure that documentation required to support ongoing evaluation of people's care is left within care plans/files for an appropriate length of time and not filed away where it is inaccessible to staff when needed. **(See recommendation 2)**

We looked at the care plan audit for January and we could see that it had picked up many of the issues we found with the care plans during the inspection.

In most of the other audits we looked at we found that they were not effective as they were not picking up ongoing issues for example, SSKIN bundles, Tmars and reviews. This was also the same for the medication audit.

Work needs to be carried out in this area to ensure that where audits are being carried out, they are effective and therefore, bring about improvements to the quality of service provided to people who live at Innis Mhor. **(See recommendation 3)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The manager should ensure they notify the Care Inspectorate of any accidents where people who use the service sustain an injury, which requires attention from a GP or referral to hospital. Any injury reportable under RIDDOR should also be notified to the Care Inspectorate.

National Care Standards Care Homes for Older People. Standard 4: Your environment and Standard 5: Management and staffing arrangements.

2. The manager should ensure they develop a system to ensure that people's care documentation is kept on file for an appropriate length of time, to support the ongoing evaluation of people's care. When removed from people's care plans, records should be stored appropriately and should be easily accessible to management/staff/health professionals where this is necessary.

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

3. The provider/manager should continue to develop and implement a quality assurance system to monitor all aspects of the service. It should identify what is working well and what could be done better and should inform improvement plans and improve the quality of the experience for people using the service. The provider and manager should continue to work on the identified improvements. This will ensure the health and wellbeing of people using the care service is protected and enhanced.

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

Grade: 4 – good

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

The provider should ensure that all people using the service have a full, written, accurate, personal plan in place within 28 days of receiving a service. These personal plans should fully reflect service users' needs and choices/ preferences in relation to their health, welfare and safety. Each plan should evidence involvement with the service users or their relative/carer, where appropriate. The care plan should be evaluated regularly to ensure that all the information remains current. Where there are frequent changes to someone's care needs, the care plan should be updated as necessary, rather than using progress notes for this purpose.

Where people who use the service have period of being unwell or experience short term illness such as a chest infections, temporary care plans should be developed. This will provide staff with guidance on any changes to care during these times.

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

This recommendation was made on 22 August 2017.

Action taken on previous recommendation

There were still issues with the care plans at this inspection. Many were found to be out of date and contained conflicting information. A further recommendation has been made in this report to allow progress to be monitored in this area.

Recommendation 2

Where people who use the service have been assessed as being at risk of developing a pressure ulcer, staff should ensure that any care documentation which has been put in place is accurately and consistently kept. This is to ensure that care is being delivered in line with the assessment and planned care.

National Care Standards Care Homes for Older People.
Standard 6: Support arrangements and Standard 14: Keeping well – health care.

This recommendation was made on 22 August 2017.

Action taken on previous recommendation

In the sample we looked at we found that staff were still not completing records in relation to managing people's tissue viability needs accurately, or consistently. A further recommendation has been made in this report.

Recommendation 3

The manager should ensure they continue to develop a review planner for the service. This is to ensure that people who use the service receive a minimum of two reviews in each year. Family should be part of this process where appropriate and the care plan should be updated as a result of the review process taking place.

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

This recommendation was made on 22 August 2017.

Action taken on previous recommendation

There was a review planner in place and we could see that reviews had taken place since the last inspection. The manager needs to ensure that they access advocacy for those people who lack capacity and have no family to represent them when reviews take place. A recommendation in relation to this has been made in this report.

Recommendation 4

The provider/manager should look in to improving the way they inform people of the daily activities in the home. Information could be displayed in both pictures and words in the units and in the reception area of the home. This would benefit those people who live with dementia or have communication difficulties.

National Care Standards Care Homes for Older People
Standard 8: Making choices and Standard 4: Your environment.

This recommendation was made on 22 August 2017.

Action taken on previous recommendation

On the first day of inspection there were notices up to inform people of the day's activities, however we did not see this on the second day. There was evidence to support that there was a planned programme of group and

one to one activities. People we spoke with told us that they would like more access to the outdoors and outings. Some relatives we spoke with told us that they would like to see more activities taking place in the home. We have made a recommendation in relation to the provision of meaningful activities in this report.

Recommendation 5

The provider should ensure that at all times there are sufficient staff in the building to ensure that all planned cleaning tasks are carried out. This is to ensure that the building remains a clean and pleasant environment for people to live in.

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

This recommendation was made on 22 August 2017.

Action taken on previous recommendation

Although we could see that there were still some domestic staff shortages this was less than at the last inspection. We could see evidence that staff were completing the planned deep cleaning of bedrooms. We found the home to be clean and odour free. This recommendation has been met.

Recommendation 6

The manager should ensure they continue to work on the system of training and development for staff. This is to ensure that staff who work in the home are supported to develop their skills and knowledge and can confidently and competently carried out their roles. In order to do this the manager should:-

- a) Continue to build a training analysis for all staff.
- b) Ensure that training/refresher training is provided for staff in the following areas:-
 - i) infection control
 - ii) fire awareness
 - iii) tissue viability/general pressure care
- c) Continue to develop and implement a system to ensure that the learning from the training is implemented in practice.
- d) Following training, seek feedback from people using the service and their carers about how well staff are caring for them.

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

This recommendation was made on 22 August 2017.

Action taken on previous recommendation

Work had continued on the programme of training for staff. The training analysis was now complete and the manager monitored this regularly. There had been training in two of the three areas identified in the recommendation above. Care staff still required training in tissue viability and general pressure care. A further recommendation has been made in relation to training at this inspection.

Recommendation 7

The manager should ensure they continue to work on the system of supervision and appraisal. The system should progress until there is a programme in place for all members of staff. Staff should be given the

opportunity to meet with their line manager/senior carer on a regular basis. Supervision meetings should take account of the staff member's training and development needs within the role that they are employed to do and inform the training plan. A record should be maintained of each and every supervision meeting.

This will support management to identify where staff may need further training or assistance. This is in order to ensure each staff member is skilled and competent in the work that they do and carry out safe and effective practice.

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

This recommendation was made on 22 August 2017.

Action taken on previous recommendation

The manager had made good progress in relation to implementing the system of supervision. Staff we spoke with confirmed that they had received recent supervision with a senior member of staff. Work needs to continue on developing the system of annual appraisal for all levels of staff. We could see that this was in the early stages at this inspection. A recommendation has been made in this report to allow progress to be monitored in this area.

Recommendation 8

The provider/manager should continue to develop and implement a quality assurance system to monitor all aspects of the service. It should identify what is working well and what could be done better and should inform improvement plans and improve the quality of the experience for people using the service. The provider and manager should continue to work on the identified improvements. This will ensure the health and wellbeing of people using the care service is protected and enhanced.

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

This recommendation was made on 22 August 2017.

Action taken on previous recommendation

Some work had been carried out in this area. We looked at some of the recent audits and found that not all these were effective. The recent care plan audit had highlighted many issues with the care plans, however other audits for example, medication, care documentation, SSKIN bundles and reviews failed to pick up ongoing problems. We were unable to access any audits prior to January due to them not being accessible. A further recommendation has been made in this report to allow progress to be monitored in this area.

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 Jul 2017	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
28 Feb 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
28 Jun 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
21 Jan 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
10 Jun 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
11 Dec 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Jul 2014	Unannounced	Care and support	4 - Good
		Environment	5 - Very good

Date	Type	Gradings	
		Staffing	2 - Weak
		Management and leadership	4 - Good

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