

Elmgrove Care Home Care Home Service

7 Ballifeary Road
Inverness
IV3 5PJ

Telephone: 01463 243325

Type of inspection: Unannounced
Inspection completed on: 11 January 2018

Service provided by:
Marchmont Homes Limited

Service provider number:
SP2007009346

Care service number:
CS2007161819

About the service we inspected

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 registered with the Care Inspectorate on 1 April 2011.

Elmgrove Care Home is registered to provide a care service for up to 27 older people. The provider is Marchmont Homes Limited.

Elmgrove Care Home is a large house which has been extended. The care home is situated in a residential area on the outskirts of Inverness city centre.

All bedrooms provided single occupancy. In addition there was a range of communal rooms and spaces including two lounges, a conservatory, dining room and seating areas within the entrance.

The aim of the home was to be committed to providing the highest standards of care and to ensure that service users were cared for with respect for their individuality.

There were 25 people using the service at the time of the inspection.

How we inspected the service

We wrote this report following an unannounced inspection. A senior inspector, inspector and an inspection volunteer carried this out on Tuesday 9 and Wednesday 10 January 2018. We gave feedback to the manager on Thursday 11 January 2018. A representative from NHS Highland contracts department was present during the feedback meeting.

During this inspection process we gathered evidence from different sources. We spoke with seven people using the service individually and generally, with people in the dining room and lounges, five visitors and several staff. We looked at a sample of care records, medication records, staff duty rotas, accident records, staff files, audits and action plans. We toured the premises and made observations of the environment.

Taking the views of people using the service into account

People using the service told us they were 'well looked after' and one person said they had 'no complaints'.

People were satisfied with the food:

- 'the food is perfect - they watch my weight for me'
- 'if I don't like it [the food], they'll get something else for me'
- 'the young man really enjoys cooking'
- 'food couldn't be better, I am putting on weight'.

One person we spoke with knew about their care plan, one person told us they didn't have one and one person said they didn't know about a care plan.

People using the service told us the staff 'were very nice', 'you get on better with some than others'. One person thought there were enough staff, one person didn't think there were enough staff and that there weren't enough to do activities. Another person told us 'there doesn't seem to be any activities just now, I like puzzles.'

Taking carers' views into account

We spoke with five relatives during the inspection visit. People spoke very positively about the staff and the way they cared for their relatives. Comments we received included:

- 'just brilliant'[the staff]
- 'care is wonderful, very happy with the care'
- 'made to feel welcome, always'
- 'we all sat down together to reassess my relative's needs for his care plan'
- 'we are made welcome by staff'
- 'I really like it here because [my relative] is happy here. Second to none care'
- 'it's not the most modern but we are very happy with [my relative's] care'
- 'the home worked to improve any issues.'

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 each service user has a care plan and that there is a system in place, to ensure that each care plan is reviewed at least once in every six month period. Particular attention should be given to those residents living with dementia. Each plan of care must include, but need not be limited to, the following information:

- a) Guidance for staff to enable them to effectively support people using the service.
- b) A clear rationale behind decision-making processes particularly where these may impose restrictions on a resident.
- c) Details of any medication required by the service user with specific guidance for any medication prescribed on an 'as required' basis.
- d) An appropriate health care assessment in relation to their continence needs.
- e) Advice and guidance from any professional involved in the care of the service user.
- f) Details of the service user's next of kin, or any person authorised to act on behalf of the service user (including details of Power of Attorney and Adults with Incapacity certificates and treatment plans, where required).
- g) Specialist equipment required by the service user.

This is in order to comply with:

Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: 31 July 2017

This requirement was made on 22 June 2017.

Action taken on previous requirement

Staff had continued to work on care plans. Each person had a care plan in place in the new format. There was some good information in the support plans for staff about the person's life history, which gave them a sense of the person. The support plan had useful tips for staff about the best way to communicate with the person. The information recorded about people's next of kin, or any person authorised to act on behalf their behalf, was much better. Staff had collected good assessment information however, this was kept in numerous, different places and there was poor linkage between the assessment information and the care plans. We discussed that it would be beneficial to review and streamline the way care documentation was held. This would make it easier for staff to use the information to support people, to review and keep the information up to date. Some of the information in the care plans was clear and specific, however, not all needs or risks identified through assessments were supported by a care plan.

The documentation in place to support the prevention and management of pressure ulcers was poor and indicated poor awareness and practice. There had been an improvement to the specific guidance for some medication prescribed on an 'as required' basis. The information in care plans and records about how people's pain was being assessed and managed was poor. Staff need this information about how best to support people's wellbeing and to ensure care is given in a consistent way. There had been some improvement in the care plans to support people's continence, which linked to assessments.

There was little evidence of reviews of care plans or regular updates taking place. The reviews should focus more on the outcomes and experiences for people. The care plans need up to date information so staff know how to meet people's needs. The review records that were in place were out of date, or the information was sparse and incomplete. The provider should include these areas as part of the service's improvement plan, which would help to track and support the progress.

This requirement had not been met. The management and staff are continuing to address this requirement. The timescale has been extended to 31 March 2018.

Not met

Requirement 2

The provider must ensure the premises provide a safe, pleasant and comfortable environment for the people who use the service. In order to do this the provider must:

- a) Ensure a robust risk assessment is carried out of the premises.
- b) Plan and take action to address areas of risk identified in the risk assessment within a reasonable planned timescales. This should include action to address the following areas highlighted at the inspection:
 - i) poor infection control arrangements relating to practice, usage of commodes and unsatisfactory arrangements for cleaning and storing commodes, inadequate sluice facilities
 - ii) poor infection control arrangements relating to the laundry facilities
 - iii) lack of alert or restriction to people using the service accessing the back stairwell which leads to the area beside the kitchen

- iv) torn and uneven flooring in an upstairs bedroom
- v) poor lighting
- vi) lack of handrails in corridors
- v) poor maintenance and repair of the indoor and outside of the premises and grounds.

This is in order to comply with:

Regulations 4(1)(a) and 10 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: An action plan to address areas of risk identified within reasonable and planned timescales must be submitted by 30 June 2017.

This requirement was made on 22 June 2017.

Action taken on previous requirement

Although this requirement had not been fully met the provider had taken action to address this requirement and had made good progress. There was work in progress and further action to be taken.

A risk assessment was in place, however, was quite generic and did not specifically address the care home premises. The provider had arranged for an external company to carry out a fire and risk assessment of the premises to address this. It was proposed that an action plan would be put in place to address areas highlighted as a result of this. The risk assessment was due to take place on 26 January 2018.

The sluices had been upgraded and hand washing facilities were now in place. The provider must ensure that the access to these areas can be restricted to safeguard people using the service. Although the downstairs sluice showed signs of being used, the hand washing facilities did not and no hand towels were available. New storage arrangements were in place for storing clean linen. However, we did see clean linen stored beside unwashed laundry. Management should ensure that staff have a good awareness of infection control and protection practices and that these are carried out.

Alarms had been fitted to the front and back stairwell door to alert staff when these were opened. Staff were finding the current arrangements time consuming and it was proposed that alternative solutions would be looked at, for example a key pad, which was linked into the fire alarm system.

The flooring in some of the rooms had been replaced. There were two remaining rooms, which still had torn flooring and there were plans to replace these next. The lighting in several areas of the home was much improved. Some areas had still to be addressed.

Hand rails had been put in place in the corridor upstairs. There were no hand rails in the downstairs corridors. It was planned that these would be put in.

As rooms became vacant they were being redecorated before the next person was admitted. The upstairs corridor had been painted and the new flooring had made a significant improvement to this area.

Overgrown vegetation had been cut back in the grounds, which had made an improvement. Appropriate arrangements should be put in place to sustain and build on existing improvements. The action planned to address areas of risk and to make improvements should be included as part of the service's improvement plan, which would help to track and support the progress.

This requirement had not been met. The management and staff are continuing to address this requirement. The timescale has been extended to 31 March 2018.

Not met

Requirement 3

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

- a) Review the training needs of all staff and record your findings.
- b) Ensure that there is a mandatory training programme that addresses the review of training needs. This should include but need not be limited to including training in the following areas:
 - i) dementia care
 - ii) continence care
 - iii) infection control
 - iv) food and nutrition (including food hygiene).
- c) Ensure that records are maintained detailing which training events have been attended and by whom.
- d) Develop a system to ensure that the learning from the training is implemented in practice.
- e) Following the training, seek feedback from people using the service and their carers about how well staff are caring for them.

This is in order to comply with:

Regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: 31 July 2017

This requirement was made on 22 June 2017.

Action taken on previous requirement

The quality of training records had improved as each person has a record in their file of the training they had completed to date. Training was recorded in individual files, which makes it difficult to quickly and easily have an overview of the training profile. This is an area which should be developed for example, using a tracker. The service had continued to provide a range of training, however, training records showed there were still gaps in people's learning. The manager was aware of this and the purchase of an online learning system in November 2017 was part of the plan to improve staff knowledge. Improvement to the induction was continuing to be developed.

The management need to make sure that the planned weekly reviews of progress of mentor and trainee take place and that their review of new employees' performance and suitability to the role is completed at week 11, in line with their plans. The provider should continue to implement the action they planned to fully address this requirement.

This should be included as part of the service's improvement plan, which would help to track and support the progress. Personal development plans should be put in place for staff, which take account of individual training needs. **(See recommendation 3)**

Although progress had been made to address this requirement, it has not been fully met. The management and staff are continuing to address this. The timescale has been extended to 31 March 2018.

Not met

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

Previous recommendations

Recommendation 1

Management must ensure that accurate records of accidents and incidents are maintained, reviewed and appropriate follow-up action is taken to minimise risk to people living or working in the service.

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

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

National Care Standards Care Homes for Older People, Standard 9: Feeling safe and secure

This recommendation was made on 22 June 2017.

Action taken on previous recommendation

A new form had been introduced for reporting incidents and accidents, which asked staff to record more specific information. The manager viewed all accident reports and was now collating information in a central book to give an overview. This should make it easier to review accidents and incidents, identify if there are any trends or patterns and take any relevant preventative action. Some of the accident forms were not completed and not all accidents that had occurred had been recorded centrally. The management and staff should continue to improve the way they record and review all accidents and incidents. This will enable them to make best use of the information to reduce accidents and incidents, wherever possible, and safeguard people's wellbeing.

Recommendation 2

Day-to-day maintenance and repairs should be carried out promptly to ensure the environment is safe and pleasant for people living and working in the service.

Appropriate arrangements should be put in place for:

- a) staff and people using the service to report items or issues requiring repair or maintenance
- b) repairs and maintenance to be carried out within reasonable timescales
- c) keeping accurate maintenance records of dated, issues reported, action planned/taken and when completed.

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

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

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

This recommendation was made on 22 June 2017.

Action taken on previous recommendation

Improvements had been made to the way staff reported faults and repairs. The service now had a person employed for maintenance 10 hours a week. Records were being maintained of when faults and repairs were being reported, when the record was viewed by management and the action taken. Some improvement still needs to be made to records of follow-up action recording and completion dates. We could see that repairs or remedial action was taking place within reasonable timescales.

Recommendation 3

The provider should ensure that there is a supervision and appraisal programme in place for all members of staff. Staff should be given the opportunity to meet with their manager 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 them 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 June 2017.

Action taken on previous recommendation

New appraisal forms had been introduced which encouraged a more collaborative, supportive process. The manager had carried out appraisals with staff. It was good to see staff files had a support plan about what matters to them. Files contained a strength based appraisal, constructive feedback on staff member's contribution to care and ideas on how they can support improvement. This was a significant piece of work that had been carried out, which should continue to be built on. The service's policy refers to appraisal resulting in a personal development plan. Theses are not in place and the next step should be to develop these.

No supervision had been carried out yet. The manager proposes to carry out supervision once a year initially. The service's policy states supervision is carried out every 2 months. The policy was due for review and we discussed it would be useful to revisit the policy and practice and develop an achievable plan for this year. The provider and manager agreeing an approach to supervision and implementing this over the next year should be part of the service's improvement plan, which would help to track and support the progress. There had been two meetings and two 'My Home Life' experience discussions since the last inspection. More regular, planned staff meetings should be established to share information, promote professional discussion, assess progress and to plan next steps.

Recommendation 4

The provider should develop a quality assurance system to monitor the service's performance, identify what is working well and what could be done better and to inform improvement plans and improve the quality of the experience for people using the service. The provider and manager should prioritise required improvements and ensure the health 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 June 2017.

Action taken on previous recommendation

The manager had recently undertaken training on auditing and risk management, which they proposed to use to help improve the quality assurance system. Although there was a quality management/assurance policy in place, it would be useful to revisit the policy and practice and develop it to meet the needs of the service. The way the service looks at what is working well and what could be done better, should involve people using the service. This information should link to the service's improvement plan and ways to improve the quality of the experience for people using the service.

The progress of this recommendation will be followed up at the next inspection.

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
22 May 2017	Unannounced	Care and support 3 - Adequate Environment 2 - Weak Staffing 3 - Adequate Management and leadership 3 - Adequate
11 Nov 2016	Unannounced	Care and support 3 - Adequate Environment 2 - Weak Staffing 3 - Adequate Management and leadership 3 - Adequate
1 Jun 2016	Unannounced	Care and support 3 - Adequate

Date	Type	Gradings	
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
6 Nov 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
29 Jul 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
28 Jan 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
3 Oct 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	Not assessed
4 Jun 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
21 Mar 2014	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
11 Dec 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
5 Aug 2013	Unannounced	Care and support	2 - Weak

Date	Type	Gradings	
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
10 Aug 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
25 Apr 2012	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
16 Dec 2011	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	Not assessed
22 Jun 2011	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
13 Apr 2011	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	Not assessed
1 Dec 2010	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
3 Jun 2010	Announced	Care and support	3 - Adequate
		Environment	1 - Unsatisfactory
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
9 Dec 2009	Unannounced	Care and support	1 - Unsatisfactory

Date	Type	Gradings	
		Environment Staffing Management and leadership	1 - Unsatisfactory 3 - Adequate 1 - Unsatisfactory
29 Jul 2009	Announced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 1 - Unsatisfactory 2 - Weak 1 - Unsatisfactory
6 Apr 2009	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak Not assessed 2 - Weak
2 Dec 2008	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 2 - Weak 3 - Adequate
5 Aug 2008	Announced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 2 - Weak 3 - Adequate

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