care inspectorate

Spynie - (Care Home)
Care Home Service

Duffus Road
Elgin
IV30 5JG

Telephone: 01343 552255

Type of inspection: Unannounced
Inspection completed on: 14 May 2018

Service provided by:
Intobeige Ltd

Service provider number:
SP2004005486

Care service number:
CS2003055110

HAPPY TO TRANSLATE

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.

Spynie - (Care Home) is registered to provide a care service to a maximum of 56 older people. Five of these places may be provided to named individuals under 65 years old. There were 40 people living in the service at the time of the inspection.

The service registered with the Care Inspectorate on 01 April 2011.

The provider is Intobeige Ltd.

The service was provided from a single storey building located on the outskirts of Elgin. All bedrooms were single occupancy and had ensuite facilities. There were three separate wings within the care home - Brodie, Cawdor and Duffus. Each wing includes a lounge, dining area and an enclosed courtyard garden area.

The service's aims and objectives include:

"To provide care for service users with age related illnesses in a way that enables them to retain their personal choices, involvement and maximises independence within the limits of their mental and physical conditions and within a risk assessment framework.

To work in partnership with families and carers providing information, support and advice as required.

To give service users the opportunity to make informed choices regarding their care wherever possible, sharing information regarding care plans and treatment."

What people told us

We were accompanied by an inspection volunteer during this inspection and they spoke with some people who live in the service and some relatives/representatives.

There was a mixed response from people who live in the service, comments were:

- "I want to go home"
- "It's fine and I have things to do"
- "I have a very lumpy bed"
- "I have been here for ages and it's alright"
- "No one has ever asked me if I would like to go out"
- "Our activities organiser takes me out for a walk. I feel well supported and I get to choose what I want"
- "I would like to get up more often"
- "The staff are very good"
- "The majority of staff are excellent"
- "I am happy enough here"
- "It's boring and there's nothing to do"
- "I don't get out in the garden and I used to potter about at home"
- "I've never had a chance to input into my care"
- "Too much fat on the menu"

- "There are a couple of staff I wouldn't trust"
- "They are not always available to come and help me"
- "They are nice but some are off hand and cheeky".

We received some questionnaires prior to the inspection and some people commented:

- "I don't have the happiness that I used to"
- "I want to be at home, the people in the blue shirts can be rude"
- "The nurses here can be quite rude to be honest"
- "I get on well with the staff and I only have to press my buzzer once."

The inspection volunteer had the opportunity to speak with a relative and they commented:

- "Its perfect here and they are good to me and my wife. The manager was only here for 6 months but I didn't speak with him, nor him to me and I felt that he was hard on the staff"

We received some questionnaires prior to the inspection and the responses were mixed. Comments included:

- "My wife quickly settled. Some hand rails were fitted and I had a word with the manager whom very soon got them fitted all the way round and were painted red. However, my wife fell but staff informed me"

- "The quality of the food is poor and I have to supplement my father's food intake. Most of the food is mushy and does not look appetising. Other residents frequently enter my father's room and the door is very often unlocked. I have been unable to visit my father due to repeated outbreaks of infection"

- "My mother was in Spynie for only nine days. However, I would like to point out that it seemed nice, clean and pleasant. Staff were good and showed kindness toward my mum and to me. Thank you for being so kind and empathetic at such a difficult time"

- "I am pleased with all the care my father receives. The staff do a wonderful job and I feel more than happy with my father staying at Spynie"

- "We cannot recommend the care home strongly enough. The staff are not only carers but friends as well. We travel a long distance and the staff welcome us and look after us too. We would highly recommend the care home to anybody"

- "Staff are all polite and professional. My mother's needs are all met with dignity and respect. Her room is very nice and clean. When I used the call button it was answered instantly. I would not hesitate to recommend Sypnie Care Home."

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork.

From this inspection we graded this service as:

Quality of care and support 1 - Unsatisfactory

Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

Overall the quality of care and support was unsatisfactory. There were major weaknesses in critical aspects of performance, which required remedial action to improve experiences and outcomes for people. Those accountable for actions must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

Some staff were seen to be kind and caring toward people, which made them feel supported and well cared for. However, we observed a person who was in their bedroom calling out intermittently and appeared to be distressed. We observed people who were distressed and tearful, with no attempt made by staff to interact, or to involve these people with meaningful activities. Staff lacked the knowledge skills and confidence to effectively support people with their stress and distress. The care plans, in relation to the management of people's stress and distress, did not contain sufficient person centred information to support staff knowledge, in terms of being able to care effectively for people during any episodes of stress. **This was made the subject of a formal Improvement Notice.**

There were two people sharing a specialist chair, which meant that they were only able to get up every other day. On the day we observed the person to be distressed in her bedroom, the other person was using the chair. Staff were aware that the lady experienced less stress and distress when she was able to get up, sit in the chair and spend time with other people in communal areas. No action had been taken to ensure she was provided with her own chair so she could choose to get out of bed, sit up and spend time with other people. **This was made the subject of a formal Improvement Notice.**

There was some positive feedback about the meals that were on offer. Several people had lost weight. We observed some people with either drinks, supplements, cake and fruit in front of them that remained uneaten for several hours. This led us to question whether people had eaten sufficient amounts. The care plans, in relation to meeting nutritional needs, did not contain sufficient person centred information for staff as to how to support people with their meals and nutritional needs. Poor nutrition can lead to malnutrition, which in turn has serious consequences for the overall health of the person, such as, tissue viability, mobility and oral healthcare. **This was made the subject of a formal Improvement Notice.**

The support plans in relation to continence needs did not contain sufficient information, with regard to supporting people with their needs and furthermore, the service failed to demonstrate commitment to the education and training of staff. Unmet needs in relation to continence can lead to complications with the management of falls, skin care and associated illnesses. **This was made the subject of a formal Improvement Notice.**

Inconsistent preventative measures were noted with regard to pressure ulcers and wound management. We did not see any initial assessment of pressure ulcer development within a care plan. There was no wound management plan in place and confusing information with regard to the grading of the pressure wound. Staff had not been trained to identify continuing risk to people in this field whenever changes occurred, such as, developing illness, weight loss and diminished mobility. Links with external medical professionals, to ensure that

changes are highlighted in a timely fashion to ensure risks are mitigated, was poor. **This was made the subject of a formal Improvement Notice.**

There was information within the support plans with regard to people's legal status. This helped staff to assist their relatives and representatives when making decisions about welfare needs.

The overall quality of the care plans was poor with little recognition of people's wishes and choices. Care plans were lengthy and staff told us that they had little time to read them, or did not refer to them at all. The evaluations of the care plans simply stated "reviewed and to continue" despite it being evident, from observation, that people had unmet care needs and further action was required to improve experiences and outcomes. The poor quality care plans meant people were not being adequately or effectively supported with their health and wellbeing needs, which could result in deterioration in their health. In addition, the service failed to demonstrate commitment to the education and training of staff in relation to effective care planning. **This was made the subject of a formal Improvement Notice.**

We saw that not all risks had been identified such as, the potential risks associated with stress and distress. Where bed rails and sensor mats were being used, these had not been adequately assessed or decisions made using the tools that are available from the "Managing Fall and Fractures in Care Home" guidance. There was limited evidence that people, or their legal representatives, had been involved in the decision making. The use of equipment had not formed part of the review process to assess whether their continued use was appropriate. This puts people's health and welfare needs at risk, as the use of such equipment can unnecessarily limit the freedom of people, if not adequately assessed. **This was made the subject of a formal Improvement Notice.**

There was limited evidence of people being able to take part in a range of social, recreational, creative, physical and learning activities every day. We observed people being left by staff to aimlessly wander within one unit without staff approaching them, or speaking with them. Other people sat in chairs staring into space for long periods of time without staff interaction. While some of the life histories for people contained good information about their past interests, these had not been used to develop the activity programme. There was no activity programme in place. The management had taken a member of activity staff from their work to assist with administrative work and had not replaced their post. Staff lacked the recognition of meaningful daily activity to support improved outcomes and felt that this was the domain of the activity staff. Some staff felt that they lacked the guidance and skill to support people with dementia. In addition, the service failed to demonstrate commitment to the education and training of staff in relation to meaningful activities. **(See requirement 1)**

The management of people's finances was appropriate and people had access to their monies when needed.

Requirements

Number of requirements: 1

1. By 24 August 2018 you must ensure that service users' recreational, social, creative, physical and learning needs are met in a manner which respects their preferences, wishes and choices.

In order to achieve this the provider must ensure that:-

a. All service users have a personal plan which clearly details how their recreational, social, creative, physical and learning needs will be met;
b. A full review of activities is undertaken which is based on consultation with service users and their personal and professional representatives, and following this;
b. There is an activity plan in place to ensure that service users are supported to take part in meaningful

activities, and;
c. That this is regularly reviewed to ensure that there are continued positive social experiences for service users;
d. Regular reviews of service users' care and support are carried out to ensure there is a focus on improved outcomes.

This is in order to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that service users' care and support is consistent with the Health and Social Care Standards which state that, as an adult "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25)

Recommendations

Number of recommendations: 0

Grade: 1 - unsatisfactory

Quality of environment

Findings from the inspection

Overall the quality of environment was weak. Although there were some strengths, these were outweighed or compromised by significant weaknesses. These highlighted a need for structured and planned action by the service.

There were some positive aspects to the environment. Each unit had independent access to the outdoors and at the time of the inspection, one person was being supported with painting some of the planters. However, across all of the units the garden areas were found to be a potential hazard to anyone who accessed them, due to uneven paving slabs. All three areas were overgrown and unkempt. Rubbish was lying on the ground, for example, cigarette ends, shoes, tea towels, duster wipes, birthday cards, plastic glasses and medicine spoons. When we made comment everyone was aware, however, no one had chosen to do anything about it. This does not present as an enjoyable outdoor area that anyone would want to sit in. **(See requirement 1)**

All units had single ensuite bedrooms. We saw that some of these bedrooms had little in the way of personal effects and some were very sparse and bare. This did not create a warm and inviting space for people to spend time in. There appeared to be no attempt made to personalise rooms to create a sense of identity or belonging. The signage was dementia friendly and appropriately placed. However, the photographs on bedroom doors were recent ones, which for people with dementia may not have been recognisable. **(See recommendation 1)**

Some refurbishment had taken place since the last inspection. However, this was not across all units, some were more homely than others. We felt the environment was not well looked after. There were scuffed skirting boards and doors, some of the handrails were not fully painted, therefore, not clear enough for people to use. Each unit had a small kitchen facility. However some of these were in need of upgrading so that they enhanced the communal areas of the units. Bathrooms were noted to have assisted baths that were very dated and created an institutionalised feel, which would not create a pleasant bath time experience for people. **(See recommendation 2)**

Risk assessments were in place for the environment and there were good health & safety policies. There were maintenance contracts in place and there was good monitoring of water systems, all of which helped protect the safety and welfare of people using the service. At the time of the inspection the provider's own health and safety advisor was visiting the service to review these.

There was some recognition of infection control within the home; pedal operated bins were now in place, which had been flagged up as being needed from a meeting. Contracts were in place for waste disposal. There was plenty of personal protective equipment placed around the units for staff's use. However, the paper towels were not fit for purpose as they were thin and fell apart when drying hands. This could impact on the ability to effectively control any spread of infection, thereby placing people at risk. Two of the units were found to be malodorous on both days of inspection. This does not promote a pleasant place for people to live and could impact on effective infection control. **(See recommendation 3)**

We spoke with a health professional, who stated that they would like to see some of the windows open now and again, to let some fresh air in. However, we noted that some of the windows were open throughout the home and it was very cold in some areas. This included some bedrooms where people were covered only by a sheet. Other windows in the home were open past the restrictor and therefore, posed a risk to people. **(See recommendation 4)**

In two of the units, some people moved some of the fire extinguishers from their allocated places on a regular basis. Staff appeared to accept this and there was no allocation of staff to ensure that these were placed back at regular intervals. In addition, no research had been carried out to see if there was a safe, secure way they could be maintained in their allocated positions. This poses a serious risk to people's safety. **(See requirement 2)**

We requested the documentation in relation to the overall management of accidents, incidents and falls. However, this was not provided, or could not be found at the time of the inspection. However, at the feedback following the inspection, we were told that these were in place and that they were monitored by the provider's health & safety team. In addition, they were to forward any such incidents to their local council so that they could be reviewed by them.

Communal toiletries were noted in bathrooms and the service was to ensure that all people had access to their own products. There were some continence products stored centrally and not named. However, we were told these were extras. Continence products were not always stored appropriately in people's bedrooms. For example on top of wardrobes, which compromises people's dignity.

Requirements

Number of requirements: 2

1. By 15 June 2018 you must ensure that service users have access to safe and well maintained outdoor areas. In order to achieve this the provider must ensure that;

a. The enclosed garden areas across all units are made safe for service users use;
b. That all garden areas are cleared of all rubbish, and;
c. That the garden areas are maintained to a level where it is a pleasant place for service users to use.

This is in order to comply with Regulation 10(1)(2)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that there is a high quality of environment for people to live in and that this is consistent with the Health and Social Care Standards which state that as an adult "My environment is secure and safe" (HSCS 5.17)

2. By 15 June 2018 you must ensure the safety of service users with regards to fire protection. In particular fire extinguishers/appliances must be located at identified fire points and readily accessible at all times.

This is in order to comply with Regulation 10(1)(2)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that there is a high quality of environment for people to live in and that this is consistent with the Health and Social Care Standards which state that as an adult "My environment is secure and safe" (HSCS 5.17)

Recommendations

Number of recommendations: 5

1. It is a recommendation that the provider ensures they supported people with the decoration and furnishing of their bedrooms. This was to enable people to have a sense of belonging and familiarity with their surroundings, thereby, aiding memory in day to day living; and reinforcing their personal identity.

This is to ensure that people's care and support is consistent with the Health and Social Care Standards which state that, as an adult "If I live in a care home, I can decide on the decorations, furnishing and layout of my bedrooms, including bringing my own furniture and fittings where possible" (HSCS 5.13)

2. It is a recommendation that the provider review their current refurbishment programme. They were to take a focussed approach to the areas of the service that are more in need of redecoration and refurbishment. This was so that people living in the home had an environment that was well looked after and well maintained that promoted a pleasant living experience.

People using the service, staff and relatives should be kept informed of the plans, dates, timescales and progress.

All planned work was to be linked to risk assessments and appropriate arrangements were to be put in place to minimise risk and distress.

This is to ensure that people's care and support is consistent with the Health and Social Care Standards which state that, as an adult "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22)

3. It is a recommendation that the provider makes proper provision for the health, welfare and safety of people using the service, specifically in relation to the management of some aspects of infection control. A review of the current supply of handtowels was to take place so that they were fit for purpose. A review of the cleaning schedules was to take place so that areas of the service that needed a regular deep clean, were carried out so that people were not subject to malodours on a day to day basis.

This is to ensure that people's care and support is consistent with the Health and Social Care

Standards which state that as an adult "My environment is relaxed, peaceful and free from avoidable and intrusive noise and smells" (HSCS 5.18)

4. It is a recommendation that the provider ensures that the ambient temperature of the service was monitored and regulated to meet the needs of the people living in the service.

This is to ensure that people's care and support is consistent with the Health and Social Care Standards which state that, as an adult "My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes" (HSCS 5.19)

5. The use of restrictors to windows protected the safety of people and the provider was to ensure that these were used at all times.

This is to ensure that there is a high quality of environment for people to live in and that this is consistent with the Health and Social Care Standards which state that, as an adult "My environment is secure and safe" (HSCS 5.17)

Grade: 2 - weak

Quality of staffing

Findings from the inspection

Overall the quality of environment was weak. Although there were some strengths, these were outweighed or compromised by significant weaknesses. These highlighted a need for structured and planned action by the service.

There were some positive aspects to this theme. Staff completed an application form and identified two references so that the service could assess the suitability of the candidates. However, the overall management of the recruitment of staff was ad hoc. Some staff files could not initially be located and some application forms were not stored securely. The checklist that was in place to ensure that the provider's procedure was followed, was not fully completed, which meant that some information was not being requested. Some references only supplied minimal information and there was no evidence that this had been followed up. Where there were gaps in employment history this had not been recognised or followed up. The systems used at interview to assess responses from candidates to questions asked were not fully completed. These omissions meant that staff were not fully assessed as being fit for the role applied for. **(See requirement 1)**

Staff who had recently been employed in the service had not taken part in any formal induction programme. This included the depute manager and some care staff. Staff were learning informally by observing unsatisfactory and weak practice, which impacted on the quality of care and support that people were being offered. **This was made the subject of a formal Improvement Notice.**

Some staff had taken part in supervision and appraisal, which would assist them to reflect on their practice and identify training needs. However, the service was not adhering to the provider's guidance on how often staff were to take part in supervision and appraisal. This meant that they were not being given the opportunity to discuss any areas of concern, or to look at how they could improve their practice. Some of the documentation was poorly completed. There was no follow up to ensure that staff were taking part in the training they had to complete. Some of the documentation was blank in relation to training needs. Some senior staff had identified a

need for further training and support, however, it was unclear what those needs were. There was no plan in place to support the development of those staff. People using the service should have confidence in the staff that are supporting them because they are competent and skilled and this was not the case. **This was made the subject of a formal Improvement Notice.**

There was a training matrix in place, which identified those staff who had taken part in training and where they needed updates. There was a high percentage of staff who had taken part in statutory training, which assisted them to ensure the safety of people using the service. Staff told us that the eLearning was not a positive way to support them and did not suit their learning needs. Within the staff meetings minutes we could see that there were numerous reminders given to staff to complete their training. There was no follow up to ensure that this was completed. There was a poor uptake of training that had been offered by external professionals, which could have supported staff with promoting positive outcomes for people living in the service. There was no evidence to support that staff were completing reflective accounts following any training that they had taken part in. The management acknowledged that training was poor. This meant that the provider was not assessing their learning or ensuring that it met staff's needs. **This was made the subject of a formal Improvement Notice.**

The expectation from the Scottish Social Services Council is that care staff register with them within the first six months of their employment within a care service. This is to ensure the safety and wellbeing of people using care services is protected. We found that the information regarding this was confusing and unclear as to whether the workforce was successfully registered. We requested at the time of the inspection that this information be reviewed so that it gave clear indication of which staff were registered and who was in the process of. This was carried out and following the inspection feedback, we were provided with up to date information to ensure they were adhering to guidance. **We are linking this to the requirement made with regard to effective recruitment of staff.**

Some staff meetings had taken place and some were specific to the units within the service. Staff were given information about the general management of the service, so that they were aware what was expected of them in their day to day practice and the expectations of the provider, in terms of their roles and responsibilities.

Requirements

Number of requirements: 1

1. By 24 August 2018 and in order to provide assurances to people living in the service the provider is to ensure that staff were suitably assessed as fit for employment. In order to achieve this the provider is to ensure that:

a. References are sought and reviewed and give sufficient, appropriate information to assess the suitability of the candidate for the role they are applying for.

b. That interview notes are fully completed and give information about the outcome and the decisions made to employ;

c. That checklist in place is used to ensure that all relevant information is gained and in place and is fully completed, and:

d. That there is clear and up to date information with regard to the registration of care staff with the Scottish Social Services Council and that they follow the guidance with regard to this.

This is in order to comply with Regulations 9(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). The Scottish Social Services Council Codes of Practice for Employers, 1.4, 3.1 and 3.2.

This is to ensure that the recruitment of staff is consistent with the Health and Social Care Standards which state that, as an adult "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24)

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

Overall the quality of management and leadership was weak. Although there were some strengths, these were outweighed or compromised by significant weaknesses. These highlighted a need for structured and planned action by the service.

People did not receive a service that was well led or managed. We evidenced that despite systems and processes used to assess the overall quality of the service, their continued use had not had a positive impact on the overall development, or improvement of the service. The provider's monthly audit visits were lengthy, showing numerous areas for improvements. There was some recording of actions not being addressed from one visit to another. These were in relation to care and support, activities and outcomes as well as poor care planning for stress/distress, the management of wounds, the environment in terms of safety and homeliness, lack of staff presence in lounges, staff training, support and supervision and areas relating to the overall management of the service. All of these impact on people being able to benefit from a culture of continuous improvement.

We were concerned that the issues they identified were similar to this and the last inspection. In addition, the three requirements made had not been met and only one out of the 13 recommendations had been fully met.

We were concerned about senior staff's knowledge and understanding of good practice and positive outcomes for people, as some of the issues we found, or practices we observed were to all intents and purposes not being, or had not been challenged.

People should be able to experience high quality care and support. However, we found that there appeared to be a culture where staff had gone unchallenged in their approach to and with people they supported. People should experience a warm atmosphere because staff have good working relationships, but when we spoke with staff, they said that they were unhappy, morale was low and had felt for some time that they were not listened to.

Overall, and taking all of these areas into account, we felt that the quality of life for some people living in the service was poor and posed a risk to their health, safety and wellbeing. In addition, the outcomes for some people were not positive and that their choices and preferences in how they could be supported was not taken

into account. **The overall management and leadership of the service was made the subject of a formal Improvement Notice.**

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

The provider must ensure there are sufficient staff on duty in numbers and suitably qualified to meet the needs of the residents at all times. To do this the provider must:

a. Carry out and assessment of current needs of service users and staffing ratios taking in to account the lay out of three separate units, the needs of the residents, shift patterns and staff break times.
b. Keep a written record of the findings, the action taken and contingency arrangements in place to ensure sufficient and suitably staff are on duty to meet the needs of the residents at all times.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (Scottish Statutory Instrument 2011/210). Regulation 15.

Timescale for completion: 31 August 2017

This requirement was made on 5 July 2017.

Action taken on previous requirement

Although dependency assessments were being carried out there was no formal system in place that showed how the service was ensuring that there were sufficient staff numbers on each day. There was no recognition of the three different units or the layout of the service. We observed people who were left for long periods of time with no staff support or intervention. We found that the management of staff breaks was poor with more than one staff member off the floor, which impacted on the other staff when trying to support people.

Not met

Requirement 2

The provider must ensure that at all times there are sufficient and appropriate management arrangements in place to support the day to day running of the service. This includes the management of all aspects of the service to ensure that there are sufficient and suitably qualified staff on duty at all times, the health, welfare and safety needs of people using the service are met and that staff are suitably supported.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (Scottish Statutory Instrument 2011/210). Regulation 15.

Timescale for completion: 31 August 2017

This requirement was made on 5 July 2017.

Action taken on previous requirement

Part of this requirement is linked to staffing levels. In addition, we had concerns from the inspection process in relation to people's health, welfare and safety needs not being met. Staff were not being adequately supported in their roles.

Not met

Requirement 3

The provider must ensure that appropriate written contingency plans are in place which are effective in maintaining the management and day to running of the service in the absence of the manager. All relevant staff must be aware of the written contingency plans and how to put these in place if and when they are required.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (Scottish Statutory Instrument 2011/210). Regulation 4(a)(b) and Regulation 15.

Timescale for completion: 31 August 2017

This requirement was made on 15 September 2017.

Action taken on previous requirement

There was no formal contingency plan in place to support the effective management and day to day running of the service.

Not met

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

Previous recommendations

Recommendation 1

The provider must review their management of skin integrity of service users. This should include:

a. Ensuring an updated pressure ulcer prevention and management policy is in place which takes account of best practice guidance.
b. Staff receive training on skin care integrity and arrangements are in place monitor this in practice.
c. Skin care assessment, planning, risk assessments and interventions are in place to care and support those service users at risk of developing skin care conditions.

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

National Care Standards Care Homes for Older People. Standard 14: Keeping Well - Health care

This recommendation was made on 5 July 2017.

Action taken on previous recommendation
We continued to have concerns with the management of pressure ulcers. Documentation in relation to tissue viability and the treatment of pressure wounds was unsatisfactory and would not meet people's healthcare needs. **Therefore this recommendation has not been met.**

Recommendation 2

Staff should ensure that there is an up to date personal plan in place for each person using the service that details their health, welfare and safety needs and the support they need to meet these. Staff should review the personal plan with the person using the service and their representative at least every six months and more frequently when indicated or requested. This is to ensure that the information in the care plan is current, agreed and reflects the persons choices, preferences and care needs.

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

This recommendation was made on 5 July 2017.

Action taken on previous recommendation
The standard of care plans for people were poor. They did not contain sufficient person centred information regarding health, welfare and safety needs and the support they need to meet these. In some cases they did not reflect the persons choices, preferences and care needs. **Therefore this recommendation has not been met.**

Recommendation 3

Staff should ensure that when people are prescribed topical emollients and creams as part of their planned care, that they administer them as prescribed. Staff administration and recording should always follow best practice.

National Care Standards Care Homes for Older People. Standard 14: Keeping Well - Health care.

This recommendation was made on 15 September 2017.

Action taken on previous recommendation

We saw that the recording of the administration of topical emollients and creams was of a better standard.
Therefore this recommendation has been met.

Recommendation 4

Staff must ensure that where medication is given covertly that they liaise with other health professionals to ensure that relevant documentation is in place, current and regularly reviewed and good practice guidance is followed.

National Care Standards Care Homes for Older People. Standard 14: Keeping Well - Health care.
Good Practice Guide: Covert Medication. Mental Welfare Commission for Scotland.
http://www.mwcscot.org.uk/media/140485/covert_medication_finalnov_13.pdf

This recommendation was made on 15 September 2017.

Action taken on previous recommendation

The records in relation to the use of covert medication was not consistent and for some, there was no evidence of liaising with other healthcare professionals, or the involvement of the person's legal representative.
Therefore this recommendation has not been met.

Recommendation 5

The provider needs to take a structured and focussed approach to the refurbishment plans to minimise the impact on people using the service and staff. People using the service, staff and relatives should be kept informed of the plans, dates, timescales and progress.

All planned work should be linked to a risk assessment and appropriate arrangements should be put in place to minimise risk and distress.

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

This recommendation was made on 5 July 2017.

Action taken on previous recommendation

The refurbishment of the service was slow to progress. The service was to continue with its programme and to ensure that this recommendation is fully implemented.
Therefore this recommendation has not been met.

Recommendation 6

The provider needs to make suitable arrangements to enable staff supervision and appraisal to be re-established to ensure staff development can be supported.

National Care Standards, Care Homes for Older People: Standard 5 - Management and Staffing Arrangments

This recommendation was made on 5 July 2017.

Action taken on previous recommendation
Staff were not taking part in supervision or appraisals in line with the provider's own guidance. Some of the documentation was of a poor standard, which would not support staff with reviewing and improving their practice, in relation to their roles and responsibilities and further training needs. **Therefore this recommendation has not been met.**

Recommendation 7

The provider needs to make appropriate arrangements to identify staff training needs and develop a training plan to address these.

National Care Standards, Care Homes for Older People: Standard 5 - Management and Staffing Arrangments

This recommendation was made on 5 July 2017.

Action taken on previous recommendation
Training opportunities were poor and some staff told us that the eLearning did not suit them so they did not complete it. There was evidence to support the fact that there was no effective review of staff's learning needs. **Therefore this recommendation has not been met.**

Recommendation 8

The provider needs to make suitable arrangements to provide induction, training and mentoring to support the new clinical leads and senior care staff.

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

This recommendation was made on 5 July 2017.

Action taken on previous recommendation
Recently appointed staff had not taken part in a formal competency based induction programme. **Therefore this recommendation has not been met.**

Recommendation 9

The provider needs to make suitable arrangements to develop the Champion roles within the service and provide staff with appropriate training and support to do so.

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

This recommendation was made on 5 July 2017.

Action taken on previous recommendation
While there was information about who was a staff champion, training had not been offered to support them with their roles and responsibilities. **Therefore this recommendation has not been met.**

Recommendation 10

The provider needs to establish and provide support and development for the management and administration staff involved in the day to day running of the service. Identified training needs should be supported.

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

This recommendation was made on 5 July 2017.

Action taken on previous recommendation

There had been no recognition of this. **Therefore this recommendation has not been met.**

Recommendation 11

The provider needs to make sure there are suitable arrangements in place to manage absenteeism, staffing, vacancies, recruitment of staff and the supervision and monitoring of practice. This is to ensure that suitable staffing arrangements are in place at all times to support good outcomes and experiences for people using the service.

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

This recommendation was made on 5 July 2017.

Action taken on previous recommendation

While there were systems in place with regard to this it was not being fully implemented. In addition the requirement regarding suitable staffing levels and the recommendation regarding staff supervision had not been met. **Therefore this recommendation has not been met.**

Recommendation 12

The provider and management should establish a quality assurance system for this service that is effective and involves internal and external audits and improvement planning.

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

This recommendation was made on 5 July 2017.

Action taken on previous recommendation

While there were external and internal audits and improvement plans this had not resulted in an improved service. **Therefore this recommendation has not been met.**

Recommendation 13

The provider should carry out an assessment of the service and use the findings to develop a structured service improvement and development plan. The plan should ensure that:

a. There are sufficient numbers of suitably trained staff to meet the needs of people using the service
b. Management and staff receive suitable support and resources to develop and improve the service.
c. People using the care service, staff and relevant others are aware of the service improvement and development plan and are kept informed of it's progress.

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

This recommendation was made on 5 July 2017.

Action taken on previous recommendation

This recommendation has links with other requirements and recommendations which have not been met. **Therefore this recommendation has 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	
5 Jul 2017	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 2 - Weak 2 - Weak
21 Mar 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
15 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
15 Oct 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
20 Nov 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 4 - Good

Date	Type	Gradings	
14 Nov 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 2 - Weak 5 - Very good 4 - Good
9 Jan 2013	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good Not assessed Not assessed
23 Jul 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good 5 - Very good 5 - Very good
22 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 3 - Adequate 5 - Very good Not assessed
26 Jul 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
24 Nov 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed Not assessed
27 May 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good Not assessed Not assessed
20 Nov 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good Not assessed

Date	Type	Gradings	
20 May 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 4 - Good
7 Jan 2009	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
23 Jul 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.