

Speyside (Care Home) Care Home Service

11 Conval Drive
Aberlour
AB38 9QE

Telephone: 01340 871640

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

Service provided by:
Parklands Limited

Service provider number:
SP2003001893

Care service number:
CS2003008823

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 previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Speyside Care Home is owned and managed by the Parklands Group and situated in the Moray village of Aberlour. The care home service is registered to provide residential and nursing care for a maximum of 41 older people.

The purpose built home stands in its own landscaped grounds, a short walk from the village centre. The single storey building provides spacious accommodation. There are several communal areas, including a large lounge and dining area, a quiet lounge and an activity lounge. The bedrooms have en-suite toilet facilities and some rooms also have en-suite showers.

The aims of the service are 'to provide excellent, individualised, quality care, promoting independence in a relaxed, friendly atmosphere'.

What people told us

We were joined by an inspection volunteer on the first day of the inspection. He spoke with nine people who used the service and one relative/carer. Comments from these conversations were mostly positive. Some people did state that they would like to have more to do during the day and they would like to get out more often. Comments from our conversations are included in the body of this 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 improvement plan that had been developed reflecting the themes of inspection and any progress made in relation to requirements and recommendations. We had a discussion at feedback as how this plan could be improved taking in to account the new health and social care standards.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

What the service does well

We found the quality of care and support provided to people who used the service to be good. There were important strengths, which made a significant contribution to people's health, safety and happiness.

People who used the service were supported by staff who were kind and caring towards them.

When asked about the quality of the staff, people who used the service made the following comments:-

"The staff are very kind"

"They look after me fine"

"Very nice, caring girls"

"The staff are fine, nothing to complain about."

When we asked people about the quality of the food they told us that, overall it was good and there were always options. We carried out an observation over a meal time and found that generally it was a pleasant and positive experience. There was some music playing and some people were noted to be enjoying it. There was a senior member of staff overseeing the meal time and she directed staff to people who needed assistance. We did think that it would have been nice to see staff sitting with people and encouraging conversations. This would perhaps have made the meal time a more social experience.

Comments from people who use the service in relation to the quality of food provided in the home were:-

"The food is good and there is plenty of it"

"There is always an alternative if you don't fancy what is on the menu."

People who used the service had a care plan in place. We looked at a sample of four and found that some of these documents contained good person centred information, which would support staff to provide a level of care that was right for them. We could see that, where a person lacked capacity and was unable to be involved in planning their own care, there was a family member who took on that role. There was a new electronic care planning system being implemented at the time of the inspection. Some staff spoke very positively about this and stated that when the system was fully up and running it would give them more quality time to spend with people who used the service.

The environment of the home and the outside grounds had been improved since the last inspection. There were different communal areas in the home and we could see that these were now being made more use of. The outside areas of the home were pleasant and well maintained.

The provider had invested in a new system of training for staff. This was to involve a range of training which staff could access electronically. Staff would have to complete each course and a short exam. At the end of each course staff would be asked to complete a reflective account to provide evidence of their learning. This new system has been received positively by staff we spoke with who told us they were keen to have new training courses, which would cover other aspects of their work. Progress will be monitored on this at the next inspection.

There was a new manager and deputy in post since the last inspection. Some people who used the service and staff we spoke with told us that both were very approachable and very involved with the day to day running of the home.

What the service could do better

At the time of the inspection the provider was in the process of implementing a new electronic care planning system. This was just in the early stages so for this inspection we continued to look at people's care plans in

written form. We found that these were of a varied standard and although we found that the information written in them was person centred and quite detailed, it wasn't always current. When we carried out some observations, we could see that the care we saw out on the floor was not always the level of care that was written in people's records. People's care needs had changed but the care plans had not been updated to reflect these changes. We were satisfied that the care we evidenced was of a good standard and that the issue lay with the recording. **(See recommendation 1)**

As part of the new care planning system staff were getting used to new hand held devices to record where they had attended to people's care. Some were finding this easier than others. Training had been provided to staff and the management were monitoring the system. When we looked at the system we could see that, in some cases, the information staff were recording in relation to people's nutrition, hydration and tissue viability care was not always accurate. In some cases it looked as if people were not receiving the appropriate level of care. We take on board that this is a new system and it will take some time for everyone to become familiar with it. For those people who are assessed as at risk of pressure ulcers, or dehydration/malnutrition, or very frail and unwell, the records should be monitored daily to ensure that they are accurate. This will ensure that outcomes remain good for people and their health and wellbeing needs continue to be met. **(See recommendation 1)**

We looked at a care plan for someone who was receiving palliative care. Although there was a good care plan that covered most healthcare needs, there was no information as to how the person's social and emotional needs were being met. The care plans that had been in place previously for this had been stopped. We would recommend that palliative care plans be developed taking into account people's continued need for social and emotional care and that it is planned and delivered taking into account people's wishes and preferences. **(See recommendation 1)**

We carried out an observation using the short observational framework for inspection two (SOFI2) for a period of one hour. This observation highlighted that mostly all interactions between staff and people who used the service were either positive or neutral. There was, however, some interactions which were poor. Although staff's intentions were good their response to people with dementia did not always bring about a positive outcome. For example, asking someone with dementia to remember something, or giving someone too much information quickly and asking for a response. At the inspection feedback, we had a discussion about how some staff may benefit from further training in relation to supporting people who live with dementia. **(See recommendation 2)**

We noted some improvements in the medication system, however, some work was still needed to meet the recommendation made in the last inspection. **(See recommendation 3)**

We looked quite closely at how people spent their day through observations and care documentation. For some people there were board games, quizzes and newspaper readings, however, there was very limited evidence that people were being supported to access other meaningful activities, the home's gardens, or local community. When we looked at people's care plans we could see that some good information had been gathered in relation to people's interests, however, we could not see that the information was being used to plan any of the activities. The weather was beautiful at the time of the inspection and the gardens looked pleasant and inviting. We did not see any staff encourage or support people to make use of the various outside areas. We also noted that the activities staff member spent a lot of time working as a carer. This was discussed at the inspection feedback. We made a recommendation in relation to this at the last inspection and found that this had not been met. **(See recommendation 4)**

We looked at the records for the most recently employed staff. We found that the provider was not following their own policy in relation to gaining two references, one of which should be from the person's last employer. **(See recommendation 5)**

We found that the provider had good systems in place for monitoring the quality of the service. Some of the audits we looked at did not pick up environmental issues such as, stained carpets or marked chairs. At feedback we discussed how the service could move forward in this area. We talked about developing audits to look more into other aspects of people's experiences. For example, in relation to meal time experience audit, not just to look at whether tables were set, cleanliness, good lighting etc., but to look at the social experience, how people with visual impairment, mobility/dexterity issues are supported and the quality of textured diets etc. The manager and provider were keen to take this forward and progress will be monitored on this at the next inspection. **(See recommendation 6)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 6

1. It is recommended that each person has a care plan developed which reflects their current health and wellbeing needs and how these will be met with the support from staff. In order to do this the provider/manager should ensure that:-

a) Where there are changes to people's care, the care plan should always be updated to ensure that outcomes for people remain good and care is being provided to people at a level that is right for them. Where people are offered a review this should cover all aspects of their care. Actions should be taken from the review and the care plan updated as a result of the review process taking place. Where possible, people who use the service, or their family, should be involved in this process and their views and opinions taken into account.

b) Where people who use the service have been assessed as at risk of dehydration/malnutrition, or developing a pressure ulcer, records should be completed and monitored in line with the person's planned care.

c) Where someone is receiving palliative care they should have a care plan developed, which covers all aspects of their care, including their social and emotional needs. This care plan should be evaluated regularly, to ensure it remains appropriate and that the person's needs continue to be met in a person centred way.

This is to ensure people's care and support is consistent with the Health and Social Care Standards which state that, "I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17) and "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15)

2. To ensure that care provided to people with dementia remains at a good standard it is recommended that some staff would benefit from further training in this area. Training should be evaluated through observation, supervision and appraisal, to ensure that staff practice improves as a result of the training being provided.

This is to ensure people's care and support is consistent with the Health and Social Care Standards which state that, "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14) and

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

3. It is recommended that work continues to make improvements to the way that people's medication needs are managed. In order to do this management and staff should ensure that they:-

- a) Consistently evaluate the use of any 'as required' medications.
- b) Assess people's pain using an appropriate assessment tool, which staff have received training in how to use.
- c) Use positive recording when signing for any 'as required' medications.
- d) Ensure that the medication is stored appropriately on the trolley to avoid increasing the risk of error.
- e) Keep the controlled drug keys separate from the main bunch of medication keys.

This is to ensure people's care and support is consistent with the Health and Social Care Standards which state that, "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

4. It is recommended that people who use the service are offered activities that are meaningful to them. People should be encouraged and supported to access the outside areas of the home and to keep links with their local community. Staff should continue to gather information in relation to people's interests and the provider/ management should support staff to provide a programme of both group and one to one activities, for all those who use the service.

This is to ensure people's care and support is consistent with the Health and Social Care Standards which state that, "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities both indoors and outdoors." (HSCS 1.25) and "I am supported to participate fully as a citizen in my local community in the way that I want." (HSCS 1.10)

5. It is recommended that the service follow their own policy and good practice guidance when recruiting new members of staff. Two references should be requested and where possible one should be from their most recent employer. References from family members or friends should not be accepted.

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

6. The provider should ensure that work continues to progress the quality assurance systems and processes. The environmental audit should be reviewed to ensure it covers carpets and furniture.

To support continuous improvement the service could look at moving away from visual check list type audits and look more at other aspects of people's experiences.

This is to ensure people's care and support is consistent with the Health and Social Care Standards which state that, "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
10 May 2017	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing Not assessed Management and leadership Not assessed
17 Nov 2016	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing Not assessed Management and leadership Not assessed
12 Nov 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
19 Mar 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
5 Aug 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and leadership 3 - Adequate
12 Mar 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
16 Oct 2013	Unannounced	Care and support 4 - Good

Date	Type	Gradings	
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
18 Dec 2012	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
24 Jan 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
15 Dec 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
30 Jun 2010	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
15 Feb 2010	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
12 Aug 2009	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
21 Nov 2008	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	Not assessed
24 Jun 2008	Announced	Care and support	4 - Good

Date	Type	Gradings	
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	5 - Very good

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