

Dalawoodie House Nursing Home Care Home Service

Newbridge
Dumfries
DG2 0QY

Telephone: 01387 720 905

Type of inspection:

Unannounced

Completed on:

24 July 2018

Service provided by:

Downing Care Limited

Service provider number:

SP2013012042

Service no:

CS2013316350

About the service

Dalawoodie House Nursing Home is a care home service, registered to provide care to a maximum of 36 older people with physical or sensory impairment and/or memory impairment or dementia. The provider is Downing Care Limited.

The home is situated in a quiet location near Newbridge in Dumfries and Galloway.

Accommodation is over two floors, with stairs, two passenger lifts and a chair lift to enable people to access the upper floor.

All bedrooms are single rooms. Six bedrooms have en-suite toilet. Shared bathroom and toilet facilities are available on both floors.

There are two lounges on the ground floor. One of which has access to a pleasant garden area. A separate dining room is also on the ground floor.

At the time of the inspection 30 people were living in the home, six of whom had contracts for nursing care the remainder were contracted for residential care only. The service employs nurses but also uses district nurses when necessary.

The provider's philosophy of care includes aiming "to provide a service which promotes independence and gives encouragement to lead an active and full life as far as age and health allows."

What people told us

Prior to the inspection we issued questionnaires to help gauge the views of people who use the service and their families.

One questionnaire was completed by a resident who "agreed" they were happy with the quality of care provided.

Four questionnaires were completed by relatives of whom two "strongly agreed" and two "agreed" they were happy with the quality of care provided. Positive comments included:

"We feel very happy and confident with our relative being at Dalawoodie"

"We believe staff care for our relatives needs very well and treat them with dignity."

Suggestions were made that communication could be improved as some areas of care may change and it's hard for staff to keep relatives up to date. Sympathy was expressed that staff work hard and can't always be seen as they are attending to others.

During the inspection our inspector volunteer spoke with six residents and four visitors at the service. An inspector volunteer is trained in gaining the views of people using services. She found overall people were satisfied with the service and felt they were well cared for. People liked being able to get out into the garden as this had a pleasant patio. Most found the staff to be kind and helpful.

A recurring comment was made about staff being busy. Although some activities take place some residents felt bored at times. Food was described as adequate and some residents would like this to be made more appetising.

Self assessment

The service was not asked to complete a self assessment prior to this inspection.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

Feedback from residents and relatives was positive and people told us they were well cared for at Dalawoodie.

Residents should expect to live a fulfilling life and take part in meaningful activity as far as possible. We saw some good examples of people getting out and about with support from staff using the minibus. Some residents benefited from regular activities whilst others had less interaction other than through care routines. The use of volunteers could be helpful in supporting staff to further develop this area. We will monitor this at future inspections.

Some residents could experience stress or distress as a result of their condition. We expect staff to minimise these negative experiences by their interactions and knowledge of the person. Work was in progress to improve staff knowledge of this subject. We noted some better details in personal plans and use of the IDEAs team which supports care homes. The outcome for residents was still variable and depended on which staff were caring for them. Some staff interactions were observed as being warm and compassionate whilst others were too quick in their delivery of instructions and on occasion resulted in negative interaction. Further work is needed to develop a more consistent staff approach. See recommendation 1.

We expect residents to be safe and protected. Although most residents felt safe most of the time, some felt intimidated at times by the interactions of another resident. Some residents who walk around or are seated in the lounges experienced little staff observation to ensure they were kept safe. Risks posed to a resident of leaving the building were not fully identified using a risk assessment and there was no specific support plan in place. These situations meant we could not be sure residents were sufficiently protected from harm. See Requirement 1.

We found there was regular use of a falls risk assessment to help identify risk factors. This is good practice. However, the factors identified could be addressed in a falls prevention support plan to show how these were acted upon more clearly.

Residents should be able to eat well and enjoy their food and drinks. In the most this was well managed. However, the practice of asking residents to choose their meals earlier in the day meant most could not remember what they had chosen. For some this was not a meaningful choice and could be perceived as no choice being offered. We asked the provider to review this practice and consider more appropriate real time

choices being offered. In addition the menu may benefit from review to ensure it is appealing and provides the right nutritional balance. The manager told us a food group was being set up involving residents and this would help to adjust the menu when needed. Further consideration should be given to how the mealtime is protected. For example by not administering medication during this time and ensuring all staff are available to help. See recommendation 2.

We observed poor practice in the administration of controlled drug patches. We asked the manager to address this issue immediately. This related to a lack of privacy, dignity and safety. See Requirement 2. In order to be sure staff are aware of when to administer "as required" medications protocols needed to be developed. We were told these were not in place due to a change in pharmacy. We will monitor this at the next inspection.

Requirements

Number of requirements: 2

1. The service provider must ensure risks to residents in terms of harm or potential of harm are identified and appropriate actions taken. This will include:

- use of risk assessments and support plans.
- involvement of other external agencies.
- consideration as to the level of observation, if any, required.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

3.24 If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.

Timescale by: 30 September 2018

2. The service provider must ensure controlled drug patches are administered in accordance with safe practice, ensuring dignity and privacy.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 3 Principles.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

1.24 Any treatment or intervention that I experience is safe and effective

Timescale: By 31st August 2018

Recommendations

Number of recommendations: 2

1. The service provider should ensure residents with stress/ distress are responded to readily and staff interactions are more consistent with best practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

1.19 My care and support meets my needs and is right for me.

3.9 I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.

2. The service provider should review the way mealtimes are managed to ensure clear choices are offered and maximum assistance is available from all staff.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

1.33 I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We saw residents had pleasant bedroom spaces, with lots of personal items to remind them of home. The furnishings were of a good standard.

Residents had a mix of private and communal spaces. However, all communal spaces were on the ground floor and this may limit the chance for some people to experience small group living. Small group living is recognised as beneficial for people as they experience a smaller more homely setting which can be more relaxing. This can also have benefits in terms of how staff are allocated and allow closer observation and attention to be provided. See recommendation 1.

Residents should expect to be able to access a toilet easily from the rooms they use. Most bedrooms lacked an en-suite toilet and some bedrooms were a distance from the shared toilet facility. Consideration should be given to ways of increasing the number of en-suites, shared toilets and means to access them. See recommendation 2.

The premises should have suitable facilities to meet resident's needs for bathing and showering. In order to improve this choice further it would be beneficial to have a wet floor shower on the ground floor. Whilst a shower is available on the upper floor this is not easy for those on the ground floor to use. The provision of two fixed height baths on the ground floor could be improved to take account of this and consider more adapted bath facility to allow easier use by frailer people. See recommendation 3.

Although the service had a good range of pressure reducing mattresses staff had not been aware of how to set these correctly and monitor them regularly. This system should be improved to ensure better use of equipment.

The service had started to adapt the design features to be better suited to older people with dementia. This work was on-going and further use of contrast and increase to lighting in some areas would be beneficial.

Residents should be able to access the upper floors easily. At times this was limited by the main lift being out of action. This lift is of an older style and would benefit from renewal to ensure better reliability and greater independence of use.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The service provider should consider how a smaller unit could be established that supports the concept of small group living.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

5.7 If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible.

2. The service provider should consider how access to toilets can be improved.

This could be by use of equipment such as wheeled shower/ commode chairs that go over the toilet and/ or by increasing the number of communal or en-suite toilets.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

5.2 I can easily access a toilet from the rooms I use and can use this when I need to.

3. The service provider should install a wet floor shower on the ground floor to allow ease of showering and increase the choice of facilities available.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

5.28 As an adult living in a care home, I have en-suite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Residents should be confident staff providing care and support are appropriately and safely recruited. Whilst most necessary checks were in place we found one staff member had not completed an application form and another staff member commenced employment prior to references being received by the service. Practice should be further improved by ensuring application forms and references are completed prior to employees start date.

To strengthen adult support and protection procedures for existing staff the service provider could complete Protection of Vulnerable Group (PVG) scheme update checks as this is recommended best practice.

Residents should benefit from a trained, skilled and competent staff team. Induction and training programmes were in place to help support staff in developing skills. Regular staff supervision was in place which allowed staff to discuss their roles and any areas for development.

Most residents have dementia and developing staff skills in this area is particularly important. Some training sessions had commenced with the IDEAS team but this should be extended to ensure staff members gain the skills and knowledge needed for the roles they perform. See recommendation 1 and 2.

A number of staff had taken on roles of champions for specific areas including continence, nutrition and infection control. Staff also delivered training to their colleagues in areas such as medication, moving and handling and health and safety. This was positive and developed staff skills and increased knowledge in specific areas which could be shared with colleagues. However, there should also be systems to ensure staff taking on these roles have the necessary knowledge and are competent to be training others. We will check how this is progressing at the next inspection.

Most staff were knowledgeable about their professional bodies and codes of practice. Whilst all staff were registered appropriately a better overview could be developed to ensure applications were made within the necessary timescales. A small number of staff were changing roles and it was important seniors who are moving towards leading a shift are registered at supervisor level.

Residents should be confident the right staff are there when they need them. The issue of staff deployment had come up in supervisions and was being considered by the manager. We saw periods of time where lounges and other areas were unobserved by staff and residents need for attention may not be picked up. We commented on this in care and support section of this report. Changes to the environment may also be helpful to support smaller group living. In the meantime staff skills in recognition, assessment of risk, reporting of incidents and allocation to appropriate areas or individual residents needs improvement. See recommendation 3.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The service provider should further develop staff skills and knowledge appropriate to the role they are asked to perform. With particular reference to:

- Promoting excellence training
- Step into Leadership
- SSSC Supervision Resource

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

3.14 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.

2. The service provider should use staff observational tools to encourage staff interactions to be of as positive benefit as possible to residents with dementia.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

3.8 I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.

3. The service provider should ensure staff recognise, report incidents appropriately and actions are taken to allocate staff to areas or individual residents in order to ensure comfort and safety.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

3.17 I am confident that people respond promptly, including when I ask for help.

3.20 I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

People spoke highly of the manager and felt she would get things done. This gave people confidence in how the service was managed.

Residents and those who represent them should expect to have meaningful involvement in how the service is developed and improved. We saw a consultation had taken place regarding a possible change in staff leadership, questionnaires had been used to gain views. Feedback had been obtained regarding activities. This was positive and could be built on further to ensure residents views are included more widely in future improvement plans.

We expect the organisation to have robust and transparent quality assurance processes. Although there was a quality assurance framework in use which provided a level of checking this was not fully robust.

There was some collaboration with external agencies and this could be built on to gain wider support for how the service should develop.

Whilst there was confidence in the management of the service we were aware of some areas which gave rise to concern. This included incident reporting and escalation to external agencies. There were several events which had not been notified to the Care Inspectorate in accordance with our guidance. This needs development to ensure staff improve their internal communication, escalate appropriately, keep records so issues can be tracked and in turn are notified correctly to the Care Inspectorate. See Requirement 1.

In order to be confident their care needs can met residents should be assessed by the service to ensure their safely. Areas of discussion included the need to develop procedures around residents accepted for emergency respite and tightening of review processes.
See recommendation 1.

Requirements

Number of requirements: 1

1. The service provider must ensure internal communication/ reporting systems are improved so incidents are reported and escalated appropriately to external agencies including the Care Inspectorate.

This is in order to comply with Scottish Statutory Instrument 114 Regulation 19 Notifications. In accordance with notification guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

4.18 I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

Timescale by: 30 September 2018

Recommendations

Number of recommendations: 1

1. The service provider should review pre-admission assessment and care planning documentation used for emergency respite. This should include:

- methods of gaining information pre-admission.
- documentation used for the period of respite.
- review process to ensure needs can be met if admission extends longer than one or two weeks.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

Grade: 3 - adequate

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

The service provider should ensure residents with stress/ distress are responded to readily by staff and best practice is followed in terms of assessment and record keeping.

National Care Standards for care homes for older people, Standard 5.4 Management and Staffing arrangements.

This recommendation was made on 29 June 2017.

Action taken on previous recommendation

Some improvement noted see care and support section of this report.
An updated recommendation has been made.

Recommendation 2

The service provider should ensure personal plans show evidence of involvement and agreement by the resident/ legal representative or next of kin. The six monthly review format should be further improved to ensure important documents are kept up to date such as adults with incapacity certificates, do not attempt resuscitation and advance care plans.

National Care Standards for care homes for older people, Standard 6.3 Supporting Arrangements.

This recommendation was made on 29 June 2017.

Action taken on previous recommendation

Some improvement in personal plan records. Advance care planning has yet to be implemented using up to date best practice. Active care records were not person centred and would benefit from review of use.

This will be monitored at future inspections.

Recommendation 3

The service should use methods that reflect up-to-date knowledge and best-practice guidance to inform the plan of refurbishment and redecoration in the home in order to meet the needs of older people with dementia. A copy of this plan should be shared with the Care Inspectorate.

National Care Standards – Care Homes for Older People – Standard 4.1 – Your Environment & Standard 5.4 Management and staffing arrangements.

This recommendation was made on 29 June 2017.

Action taken on previous recommendation

Redecoration had been on-going. There were no plans for refurbishment seen.
Further recommendations have been made in this report regarding the quality of the environment.

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
7 Feb 2018	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
25 May 2017	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
31 Mar 2017	Unannounced	Care and support
		2 - Weak

Date	Type	Gradings	
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
30 Sep 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	2 - Weak
17 Sep 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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