

Banks O' Dee Care Home Care Home Service

Abbotswell Road
Tullos
Aberdeen
AB12 3AB

Telephone: 01224 248345

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Unannounced

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Service provided by:
Irvine Care Limited

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CS2012312562

About the service

Banks O' Dee Care home is a service for older people which is provided by Irvine Care Limited. Banks O' Dee provides care to 59 older people, of whom four may be respite/short break places, and two named adults under the age of 65.

Banks O' Dee is a purpose-built two storey building situated in Tullos, Aberdeen. The accommodation is over two floors and consists of 60 single bedrooms all with en suite facilities, communal sitting rooms and dining areas. This home is divided into six units; three of these units are specifically utilised for residents living with dementia.

This service registered with the Care Inspectorate on 4 March 2013.

What people told us

We spoke with 14 residents, who stay at Banks O' Dee Care Home. We also spent a considerable time observing staff practice and how the staff interacted with residents, especially those who had limited communication.

Most residents indicated that, in general, they were happy with the service they received. We were told, that they thought the staff were nice, but busy. One resident said they "like it just fine". We received varying feedback on the quality and variety of the meals. We also received concerns regarding staff attitude and the way in which some staff related to the residents at times. One resident we spoke with said that they "wished they had never moved in".

We spoke with five relatives during the inspection. Two of the relatives were generally happy with the care provided. However, concerns were raised about the lack of staffing, activities, smell and poor communication with staff. One relative said that when visiting they often felt they were left to 'watch over' the residents if staff were busy. Other relatives commented on having to assist with the personal care needs (hair, teeth, shave) of their relatives as the staff had not and that there was a loss of some 'good' staff.

We also received concerns from families prior to the inspection. The issues were also in relation to staffing, activities, smell and poor communication with staff. We looked at these concerns as part of the inspection.

The views of the residents and their families have greatly informed the findings of this inspection and are included throughout this report.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	2 - Weak

How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We found that the outcomes for the residents regarding their daily care and support had not been sustained since the last inspection. Practice was inconsistent depending on the unit, time of day and staff on duty. There were number of areas that required to be developed and improved on, we graded the service as being weak.

Residents should experience care and support that is right for them and residents should experience warmth, kindness and compassion. We spent a significant amount of time observing staff practice in the home and how the staff interacted with residents, especially those who had limited communication. There were many opportunities where staff failed to engage appropriately with the residents. Some staff were well meaning but very task led. We saw a limited number of staff, who obviously knew the residents well, show kindness, compassion and warmth. However, some residents went for prolonged periods of time without staff interactions. Most of the interactions we saw were task focused, lacked warmth and were impersonal. There was a focus on meeting the resident's basic needs which was compounded by a shortfall in staff on duty.

Residents should be able to maintain and develop their interests, activities and what matters to them in the ways that they like. Where activities or events were taking place these were limited. Residents were not offered a range of activities that would improve and enhance their quality of life. The culture within the home needs to improve to become more outcome focused for the residents. Many residents spent long periods of the day with nothing to do. Some residents did go outside to smoke but that was the limit of their daily exercise. Residents should be encouraged and supported to make more lifestyle choices, such as going out into the garden when they wish and doing things to occupy their time, instead of conforming to the home's and staff's daily routines. Again this compounded by lack of staff.

If a resident's independence, control and choice are restricted any restrictions are justified, kept to a minimum and carried out sensitively. There was limited understanding by staff of the appropriate legal measures regarding Powers of Attorney and Guardianship and how these should be considered. This has resulted in poor communication with families. Action taken by the management team and staff to protect the residents from harm, for example the removal of all lighters, was not always clearly assessed, recorded or evaluated and did not take into account the principles of the Adults with Incapacity Act. Where people had someone else with legal responsibility for acting on their behalf there was a limited understanding of this role, and very little evidence that the attorney or guardian was being consulted appropriately, about the person's care.

The treatment or interventions that residents experience should be effective. Although all staff had received training on dementia care there was limited understanding that medical procedures may increase the resident's distress or anxiety. If a resident needs medication this should be given in the best way suitable for the resident's needs. We had concerns over the management and administration of medication and communication, both with families and other visiting healthcare professionals. There had been frequent out of hours calls made to external healthcare professionals and requests from families regarding care and support were not appropriately shared with staff. There were occasions where important medication had been 'misplaced' or not ordered appropriately.

This resulted in some residents not receiving their medication as prescribed. The management team was aware of these issues and was working with external professionals to improve practice.

Residents should be supported to discuss significant changes in their life, including death or dying. There was very limited information on resident's own wishes and care regarding end of life. Where documentation was in place this was task orientated and related to the treatment and care needs, for example admission to hospital or medication needs. We found that in one case where a resident's condition had improved their end of life care plan had not been updated or reviewed. This resulted in inconsistent care practices.

For requirements please see 'How good is our leadership' and 'How good is our staff team'.

How good is our leadership?

2 - Weak

Residents should benefit from a culture of continuous improvement and be well led. The organisation's detailed quality assurance framework was in place and was being used to identify areas of poor practice. However, the actions taken to address areas of poor practice were not becoming imbedded into culture and practice. The management team and staff were constantly 'fire fighting' addressing fundamental issues of poor practice. However, these improvements were not maintained. At the last inspection we were given assurances that the organisation was committed to improve the outcomes for the residents. We found that the manager and deputy manager had been given little support to achieve this. We graded the service as being weak.

Following feedback we were given assurances, by the managing director and senior management, of the actions to be taken to address the concerns highlighted throughout this report and previous reports. The organisation was committed to improving the outcomes for residents. The management team will supply us with an updated action plan on how well they are addressing the concern on a monthly basis. We will continue to monitor and assess this service closely.

Requirements

1. In order to ensure there is a culture of sustained improvement, the provider must ensure that the quality assurance processes are effective and clearly identify areas for improvement. The processes should be responsive to improving the service's individual performance, based on relevant legislation and good practice and actively drive good practice and standards forward. The systems must be focused on improving the outcomes and the quality of life for the service users by 31 December 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". It is also necessary to comply with Regulation 3 - principles and Regulation 4(1)(a) - Welfare of Users of the Social Care and Social Work Improvement Scotland Regulations 2011.

How good is our staff team?

2 - Weak

Residents should experience stability in their care and support from staff who know their needs, choices and wishes, even if there are changes in the organisation. There continued to be a lack of role modelling within the staff group. This resulted in inconsistent practices and poor outcomes for the residents. Most of the longer term

staff, who knew the home, were aware of the residents' likes and dislikes. However, due to the lack of role modelling and supervision of practice, these wishes were often ignored. A resident who prefers a bath was given a shower because it was easier for staff. Staff were doing what they thought was best, given their time restraints and the culture within the home of being task driven.

It is important that residents experience consistency and continuity and care should be well coordinated. There had been a high turnover of staff since the last inspection. This resulted in the residents not getting to know the staff. One resident would not have a shower or come out of their bedroom unless it was staff they knew on duty. Staff were leaving to gain further qualifications and to further their careers. New staff were given a very basic induction that was not competency based. Staff morale was poor. We were told by a resident of a culture of disrespect towards the senior staff. This negative culture was having an impact on the residents. Staff should respect Banks O' Dee as the residents' home.

It is important that residents' needs are met by the right number of staff. We found that the staffing rotas did not reflect who was on shift at any given time. This resulted in the staff being unable to identify their working team for the day. The management team was assessing the staffing levels of each unit on the ground floor, using a specific staffing tool based on residents' dependency levels. This gave the management an understanding of the dependency needs of each unit. This had resulted in the staffing levels increasing. However, this increase in staff was very variable. There is a crossover between the staffing levels and the environment; with two staff on duty in each unit there were times when two staff were needed to support some people, meaning there were periods when no-one was available to keep people safe. There were occasions where there were not enough staff on duty. A visitor told us of feeling responsible for people's safety when there were no staff available, with a resident at risk of falling while trying to stand up.

Residents, who are supported and cared for by a team, should experience well-coordinated consistent care and support. The communication within the home, between staff, was a concern. There continued to be a significant amount of bank or agency staff used. There were incidents where important information was not passed on to relevant staff. Including an incident where a resident was not assisted or supported to get ready for a family celebration and where changes in medication and dietary changes were not put into place.

It is important that residents' human rights are central to how they are supported and cared for. We found that the management team and staff remained focused on processes and procedures. This should be expanded through the organisation's staff development processes to increase the staff's knowledge, understanding and awareness of outcomes and the Health and Social Care Standards.

Requirements

1. In order to ensure service users experience well-coordinated care, the provider must undertake a review and redevelop the staffing roles within the service to ensure there are enough competent staff to monitor, assess and promote good practice and a positive culture by 31 December 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.15 which states "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation". It is also necessary to comply with Regulation 4(1)(a) - Welfare of Users and Regulation 15(a)- Staffing of the Social Care and Social Work Improvement Scotland Regulations 2011.

2. In order to ensure there are the right number of staff, the provider must ensure that the home is appropriately staffed, at all times, to ensure the safety of the residents and that the residents' quality of life improves by 12 October 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.5 which states "My needs are met by the right number of people". It is also necessary to comply with Regulation 4(1)(a) - Welfare of Users and Regulation 15(a) - Staffing of the Social Care and Social Work Improvement Scotland Regulations 2011.

How good is our setting?

2 - Weak

We found that the cultural and physical environment at Banks O' Dee continued to be compromised by significant weaknesses.

It is important that residents live in an environment that is well looked after. There have been minimal improvements since the last inspection. A new set of patio doors had been fitted to a unit downstairs, there was a new bath and a recently refurbished shower room. While the patio doors had been installed, the ramp was very steep and was awaiting replacement, as it wasn't to specification. The other wooden ramp, leading to the garden was rotten and spongy. The garden still required work to improve its usability. There were safety concerns identified, poor routes to muster points for wheelchairs and mobility aids and missing glass breakpoints on gates. We have received a refurbishment plan that was due to begin shortly. The organisation must ensure that all repairs and upgrades to the home are completed to a high standard. This will ensure that the home becomes a nice place for residents to stay.

Residents should stay in an environment that is safe. There had been a period of time without a maintenance man and some basic safety checks had been missed, cleaning shower heads, checking wheelchairs and checking windows were not recorded. Bed rails were not widely used and did have risk assessments for their use, but didn't have regular safety checks. A new maintenance man was now in post and receiving support to undertake the regular checks. As part of the refurbishment plan the sluices were removed, with replacements on order. Systems and processes need to be put in place to ensure safe infection control practices are maintained by staff until all sluices are functioning.

The environment should be free from intrusive smells. A feature of the previous inspections was a strong odour within the home. We found this was still present at times and in some areas. One of the corridors downstairs had a strong smell of urine, because some of the men were doing the toilet there. There was no indication this was being addressed by helping people orientate themselves or find the toilet.

It is important that residents live in a home that has been adapted, equipped and furnished to meet their needs and wishes. The layout of the building does not lend itself to people being independent. We saw limited evidence of people moving around independently, helping themselves to snacks or drinks for example. Lighting was poor in some corridors. Residents are within small units, with keypads and need to ask for support and sometimes wait, to get out for a cigarette, for instance. The environment should be re-assessed as part of the refurbishment plan to identify areas that could be improved to make the home more dementia friendly.

Requirements

1. In order to ensure the home is free from avoidable and intrusive smells, the provider must ensure that the whole home remains odour free to start immediately and be completed by 1 November 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5.18 which states, "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells." It is also necessary to comply with Regulation 4 (1)(a) - Welfare of users and Regulation 10 - Fitness of premises of the Social Care and Social Work Improvement Scotland Regulations 2011.

2. In order to ensure that service users have a nice place to stay, the provider must in consultation with residents, staff and relatives, continuously re-develop and begin implementation of an environmental improvement plan with timescales. Ensuring all work undertaken has been completed to an acceptable standard, ongoing and a significant improvement by 1 April 2019.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5.1 which states "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support". It is also necessary to comply with Regulation 4 (1)(a) - Welfare of users and Regulation 10 - Fitness of premises of the Social Care and Social Work Improvement Scotland Regulations 2011.

How well is our care and support planned?

2 - Weak

Residents' personal plans should be right for them. It should set out how their needs will be met, as well as their wishes and choices. There were areas within the documentation that had improved, for example the healthcare assessments, since the last inspection. However, many of the personal plans were process driven and did not reflect the outcomes for residents. There were still areas that did not always clearly show the changing care and support needs. There had been limited evaluation of some of care and support provided. This resulted in the changes in the residents' health, welfare and wellbeing not being documented. Due to variable communication between staff, there was potential for care practices to be inconsistent, specifically in supporting residents whose dependency and needs had changed. Where a resident's independence, control and choice are restricted the appropriate legal measures should be considered, specifically the principles of the Adults with Incapacity Act.

Residents should be involved in developing and reviewing their personal plan and it is important that residents' views are sought and their choices respected, especially if they have reduced capacity to fully make their own decisions. We found that the care review process should be used more effectively to identifying the residents' thoughts, views or wishes. There were limited opportunities for residents created, especially those residents with complex communication needs, to meaningfully take part in their care review.

Requirements

1. In order to ensure residents receive the right care for them, the provider must ensure that all service users' personal plans are reviewed in order to ensure that they contain all of the required up-to-date information about each resident's care and support needs. Particular attention should be taken to ensure that all care plans are outcome focused by 1 April 2019.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.15 which states "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". It is also necessary to comply with Regulation 4(1)(a) - Welfare of Users; and Regulation 5 - Personal Plans of the Social Care and Social Work Improvement Scotland Regulations 2011.

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

Requirements

Requirement 1

In order to ensure that all service users' personal plans are reviewed, the provider must ensure that they contain all of the required up-to-date information about each resident's care and support needs. Particular attention should be taken to ensure that all care plans are outcome focused. Personal plans should detail the action taken by staff to prevent risk as well as the actions taken to assist and support residents who display stress or distress reactions or at their end of life by 31 October 2018.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that '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), and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011), Regulation 4(1)(a) - Welfare of Users; and Regulation 5 - Personal Plans.

This requirement was made on 20 July 2018.

Action taken on previous requirement

This requirement was not met. Please see 'How well is care and support planned'.

Not met

Requirement 2

In order to ensure the residents have a nice place to stay and a positive quality of life, the provider must ensure that the whole home remains odour free starting immediately and completed by 1 October 2018.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.' (HSCS 5.18), and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4 (1)(a) - Welfare of users and Regulation 10 - Fitness of premises.

This requirement was made on 20 July 2018.

Action taken on previous requirement

This requirement was not met. Please see 'How good is our setting'.

Not met

Requirement 3

In order to ensure the residents have a nice place to stay that promotes a positive quality of life, the provider must, in consultation with residents, staff and relatives, develop and begin implementation of an environmental improvement plan with timescales. Ensuring all work undertaken has been completed to an acceptable standard. A copy of this development plan must be submitted to the care inspectorate by 20 August 2018.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I experience a high quality environment.'(HSCS 5), and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4 (1)(a) - Welfare of users and Regulation 10 - Fitness of premises.

This requirement was made on 20 July 2018.

Action taken on previous requirement

This requirement was not met. Please see 'How good is our setting'.

Not met

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak

How good is our setting?	2 - Weak
4.2 The setting promotes and enables people's independence	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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