

## Dalmellington Care Centre Care Home Service

9 Waterside Street  
Dalmellington  
Ayr  
KA6 7SW

Telephone: 01292 550555

**Type of inspection:**

Unannounced

**Completed on:**

21 November 2018

**Service provided by:**

Doon Care Ltd

**Service provider number:**

SP2004006168

**Service no:**

CS2004063172

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

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

Doon Care Ltd has been the registered owner of Dalmellington Care Centre since 2004. The centre is a purpose-built care home providing 60 beds for elderly people requiring nursing and non nursing care.

Situated in the centre of Dalmellington village, the accommodation is on two levels and accessible by two passenger lifts. All 60 rooms are single occupancy and around half have en suite toilet facilities. There are two main lounges, two quiet rooms and two dining rooms.

Dalmellington Care Centre aims to provide high quality nursing and residential care to meet the assessed needs of the individual person. We work in a person-centred way to identify individuals' goals and ambitions, focusing on enablement and the promotion of personal dignity.

The service objectives are:

- To provide a friendly, homely environment which is safe and secure, comfortable, stimulating, fun, well equipped and encouraging
- To provide therapeutic support, guidance and direction
- To promote independence in activities for daily living
- To provide opportunities to develop independence
- To provide leisure activities both in the home and accessing the wider community
- To provide support and continuity to families facilitating contact and communication.

## What people told us

We asked the service to distribute Care Inspectorate care standards questionnaires to people who experience care and their relatives, 28 were returned. Respondents indicated they were happy with the quality of care. No concerns were raised in questionnaires.

Additional comments were made as follows;

"Staff do very well in the care and support they give me to the best of their ability".

"The care and support is first class, it is definitely a good place to stay".

"The care is first class, perfect every time".

"I am very happy with care and support I receive".

"Care received was 5\* plus, very personal, home is always spotlessly clean, food - very good".

During the inspection we spoke with people who experience care and their relatives. Overall comments indicated good levels of satisfaction. The staff were described as friendly and welcoming, individuals expressed satisfaction in the quality and choice of food, socialisation opportunities and their accommodation. One individual told us that their relative was not always given their call bell and that reviews were not regular.

## 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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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**

A complaints inspector took part in this inspection to investigate specific concerns. Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

We found that outcomes for some individuals had not been sustained since the last inspection.

We identified strengths in the way in which people who experience care were supported to get the most out of life, however, this was compromised by significant weakness and inconsistency of practice in ensuring that people's health benefited from their care and support, we graded the performance in this area as weak. The manager immediately initiated a detailed improvement plan to progress the required clinical and quality assurance improvements.

Throughout the inspection we saw the principles of the Health and Social Care Standards being applied in day-to-day work practice. A stable staff team ensured people who experience care benefited from continuity of care. This meant that people experiencing care were treated with kindness respect and compassion by a motivated and well trained staff team who knew them well. Our focused observations of engagement and interaction highlighted positive relationships with residents and their relatives. This made the care service feel welcoming and friendly. To promote privacy and dignity we asked that continence management products were stored discreetly and that institutional terminology was not used when addressing people who experience care.

The service placed importance promoting independence, physical activity and maintaining community links which are known to impact positively on people's wellbeing and quality of life. The services efforts had been recognised in this area when they recently won a "CAPA" award for intergenerational activities. It was clear that people who experience care benefited greatly from this and the very good level involvement in their local community. We heard about an individual whose quality of life had been improved by being supported to manage their money, go out independently and buy a new bicycle. Namaste Therapy had achieved good outcomes for individuals who live with dementia, including improved engagement, communication and acceptance of personal care. We heard about very good personal outcomes where staff had focused on people's previous interests, this included purchasing a musical instrument, doll therapy, art classes and flower arranging. Developing the role of the key worker may build upon good practice in this area. Improved record keeping would evidence how the service ensures that people get the most out of life. See area of improvement 1.

We had concerns that a small number of people were not consistently receiving the right support to meet their skin care and nutritional and hydration needs. This had adversely affected their health and wellbeing. Records should be improved to evidence appropriate monitoring of dietary and fluid intake and skin integrity. See requirements 1 and 2. One individuals nutrition and skin care needs had not always been accurately assessed and care plans did not include up to date or person-centred information to direct staff in appropriate care interventions to prevent pressure sores or weight loss. (Please refer to key question 5: How well is our care and support planned? where we have made an appropriate requirement).

The service had a range of audits and weekly clinical meetings to monitor multiple factors within the home. However, we found occasions where changes in skin integrity and weight loss were not appropriately managed and care plans did not reflect changes in their need. In order that individuals experience well coordinated care the manager acknowledged the need to improve the quality assurance procedures in place. See requirement 3.

We were concerned the falls management documentation in place for an individual was not reflective of their falls management strategy. The introduction of the "Managing Falls and Fractures in Care Homes for Older People" resource may support improvement in this area. See area for improvement 2.

An electronic medication management system supported satisfactory medication practices.

People who experience care and relatives can expect to be involved in formal care reviews. Care reviews were taking place at the required intervals. However, we saw that the quality of review minutes could be improved by reflecting the experiences and evaluations of people experiencing care.

This helps to ensure that personal outcomes are being met and that their health benefits from the care and support provided and allows people to get the most out of their life. (See area for improvement 3).

## Requirements

1. To promote health and wellbeing the provider should ensure that the approach to maintaining hydration and managing unplanned weight loss is improved by 30 January 2019. To achieve this the provider should;

- Ensure that accurate Nutritional Assessments are completed monthly
- Personal plans should detail interventions required to promote nutritional intake
- Appropriate referrals for specialist support should be made
- Records of dietary and fluid intake should be improved to identify daily fluid targets and the steps taken to achieve this and how meals and snacks are fortified to reduce unplanned weight loss.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and in order to comply with Regulation (4)(1)(a) Welfare of users, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. By 30 January 2019 the service provider must improve responsive care and support for residents by ensuring that a cohesive approach to pressure ulcer prevention and management is implemented. This approach should include:

Residents identified at risk of pressure ulcers must have a plan of care which outlines their individual needs and include the following:

- the level of risk
- skin integrity status
- type of pressure reducing mattress in use (with settings for active mattresses)
- type of pressure reducing seat cushion in use (with settings for active seat cushions)
- required frequency of skin checks
- required frequency of positional changes/turning chart or SSKIN bundle in use
- any other relevant individual skin care interventions
- the required frequency of the risk assessment and care plan review.

Monitoring of pressure ulcers included in the organisational policy.

Assessment of staff competency at implementing the policy and best practice in relation to pressure ulcer prevention and management.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and in order to comply with Regulation (4)(1)(a) Welfare of users, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

3. To promote health, dignity, safety and comfort of people the provider and manager must, by 30 January 2019, review quality assurance systems and staff practice to ensure best practice guidance applied and improved outcomes for people who experience care.

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

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3, Principles and Regulation 4(1)(a), Welfare of users.

## Areas for improvement

1. To continue to progress improvements in promoting positive outcomes through meaningful activity the role of the key worker should be developed.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: I can maintain and develop my interests, activities and what matters to me in a way that I like. (HSCS 2.22)

2. To promote safety and reduce falls the manager must ensure that falls risk assessments and falls prevention strategies are evaluated after each fall and updated where any new intervention is identified.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

3. To ensure that personal outcomes are being met and that their health benefits from the care and support provided and allows people to get the most out of their life. The provider's review process must evidence that residents are involved in the review of their care in a way that is meaningful to them.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: My views will always be sought and my choices respected, including when I have reduced capacity to fully make decisions (HSCS 2.11) and If I am unable to make my own decisions at any time, the views of those who know my wishes, such as, my carer, independent advocate, formal or informal representative, are sought and taken into account (HSCS 2.12)

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

**How good is our setting?**

This key question was not assessed.

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

Each person's personal plan should be right for them. It should set out their wishes and choices and how their needs will be met.

A series of risk assessments were used to help identify residents' needs. Residents would benefit from improved accuracy when completing these. See requirement 1.

The personal plans in place for people staying on a short-term respite basis focused mainly on the individuals assessed needs and lacked detail about the required interventions to meet these needs. See requirement 1.

To ensure people get the support they need personal plans should be updated to reflect each individual's current needs. Positive outcomes for individuals may be better reflected if care plan evaluations focused more on the residents' experience. See requirement 1.

The approach to reducing falls may be improved by updating the falls risk assessments after each fall and ensuring that appropriate action plans are completed to direct staff in the interventions required to reduce further falls. (See key question 1 where we have identified this as an area of improvement).

**Requirements**

1. To ensure that people who experience care receive the right care for them, the provider must by 30 January 2019, review and where necessary, update risk assessments and personal plans to ensure they contain accurate and up-to-date information to direct staff in how to meet individuals' care and support needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 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 my choices. (HSCS 1.15) and to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**What the service has done to meet any requirements we made at or since the last inspection****Requirements****Requirement 1**

By the 12 December 2018 the service provider must ensure that all staff who provide wound care are skilled and competent in wound assessment and management to ensure residents receive safe and responsive care that is based on evidence, guidance and best practice.

This is to ensure that care and support is consistent with the health and Social Care Standards which state: Any treatment or intervention that I experience is safe and effective.(HSCS 1.24) and I experience high quality care and support based on evidence guidance and best practice (HSCS4.11) and in order to comply with Regulation (4)(1)(a) Welfare of users, of the Social care and Social Work Improvement Scotland (requirements for Care Services) regulations 2011.

**This requirement was made on 9 October 2018.**

## Action taken on previous requirement

Please note that the care service remains within the required timeframe to comply with this requirement. We noted progress. Policies had been updated as required and staff training arranged for registered nurses. Further training was scheduled to take account of the small number of individuals who were still to attend updated wound management training.

We will follow this up at the next inspection.

**Not met**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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