

## Spynie - (Care Home) Care Home Service

Duffus Road  
Elgin  
IV30 5JG

Telephone: 01343 552255

**Type of inspection:**

Unannounced

**Completed on:**

19 December 2018

**Service provided by:**

Intobeige Ltd

**Service provider number:**

SP2004005486

**Service no:**

CS2003055110

## About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at [www.careinspectorate.com](http://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 45 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."

## How we inspected the service

We were accompanied by a complaints inspector who carried out an investigation of recent complaints that were made against the service.

In relation to the requirements and recommendations from the last inspection of 14 May 2018 we spoke with some staff and the manager and looked at:

- the provision and management of activities
- care plans in relation to people's social care
- staff recruitment files
- the environment
- some aspects of infection control
- observations of staff practice.

## Taking the views of people using the service into account

We spoke with some people who live in the service. Where they were able to tell us, they said that they were happy living in the home. They said that the food was good. Some felt that they were bored and we observed that some people spent large amounts of time sitting without regular staff interactions.

## Taking carers' views into account

We were unable to speak with any relatives during the time of our inspection.

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

### Previous requirements

#### Requirement 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)**

**This requirement was made on 14 May 2018.**

#### Action taken on previous requirement

While the service had employed an additional, part time, activity staff member, we could not evidence that the service had met this requirement. The activity staff had not been made aware of this requirement. Care plans had not been further developed to show what, or how, people could be involved in activities they enjoyed. There had been no overall formal review of the provision of activities to inform future planning and staff's knowledge and understanding of this aspect of care. At the time of the inspection there was no activity plan in place. We observed that some people spent large amounts of time staring into space and not taking part in conversations with staff, or each other. We were told that getting out and about outside was an issue if people needed support to do so. This was due to having the time and staff availability. The service was to ensure that they

fully addressed all aspects of this requirement so that they could then provide meaningful activities to the people they were supporting.

**Not met**

## Requirement 2

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)**

**This requirement was made on 14 May 2018.**

### Action taken on previous requirement

We visited the service on 20 June 2018. We found that work had been carried out to the enclosed garden areas across all the units. They continued to be pleasant, clean and safe places for people to access outdoors and fresh air.

**Met - within timescales**

## Requirement 3

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)**

**This requirement was made on 14 May 2018.**

### Action taken on previous requirement

We visited the service on 20 June 2018. The service had assessed the way that the fire extinguishers were managed. They had accessed individual holders for each, which were now attached to the walls and they were unable to be moved from their designated positions.

**Met - within timescales**

## Requirement 4

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)**

**This requirement was made on 14 May 2018.**

### Action taken on previous requirement

The service had audited the way that they managed staff recruitment processes. We sampled some staff files and could see that they were now following best practice. A checklist was being used and while these may not have been fully completed we could see that there had been improvements. Attention had been paid to ensuring that references were sought and that staff were subject to a PVG check. There was information with regard to staff being registered with appropriate, professional bodies and this was reviewed regularly.

**Met - outwith timescales**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 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)**

**This area for improvement was made on 14 May 2018.**

### Action taken since then

As part of our observations we felt that not enough development had taken place with regard to the personalisation and furnishing of people's rooms. Some remained very sparse and bland and would not help people feel at home in their surroundings.

Therefore this area for improvement remains in place.

### Previous area for improvement 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)**

**This area for improvement was made on 14 May 2018.**

### Action taken since then

Refurbishment of the service had taken place and people were kept up to date with the ongoing work. Risk assessments had been developed during this time.

Duffus unit now looked fresh and clean and efforts had been made to make it a homely place for people to spend time in. New furniture had been purchased for communal as well as for bedrooms. Other areas of the service also had had some decoration and "freshening up."

Therefore this area for improvement has been met.

### Previous area for improvement 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)**

**This area for improvement was made on 14 May 2018.**

#### **Action taken since then**

Cleaning schedules were being used to ensure that deep cleans of communal and bedroom areas took place. The handtowels were now fit for purpose.

We observed that in the main the home was free from intrusive odours and was clean and tidy. However, there was one area in the home that did have an odour and although it was being cleaned regularly, the odour remained. We commented that this may be due to the age of carpet. The manager and provider were aware of this and reassured us that this would be addressed.

Therefore this area for improvement has been met.

#### **Previous area for improvement 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)**

**This area for improvement was made on 14 May 2018.**

#### **Action taken since then**

The monitoring of temperatures within the service was carried out by the maintenance staff. We felt that the temperatures across all three units was satisfactory on the day of the inspection. We were informed that the provider's Health and Safety representative was to visit the home in 2019 to assess the efficiency of the heating supply.

Therefore this area for improvement has been met.

#### **Previous area for improvement 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)**

**This area for improvement was made on 14 May 2018.**

#### **Action taken since then**

As part of our observations we could see that window restrictors were in place and were being used.

Therefore this area for improvement has 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](http://www.careinspectorate.com).



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