

Eadar Glinn Residential Home Care Home Service

Drummore Road
Oban
PA34 4JL

Telephone: 01631 563219

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Argyll and Bute Council

Service provider number:

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Service no:

CS2003000460

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

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

Eadar Glinn Residential Home is registered to provide 24 hour care for up to 25 older people; at the time of this inspection there were 17 residents. The service is owned and managed by Argyll and Bute Council and is situated in the outskirts of the town of Oban.

The service's aims state that they shall provide a safe, caring environment for older, vulnerable people who are no longer able to live unaided in their own homes in the community.

The service aims to provide the level of individual care and support users need to ensure that as far as possible, independence and individuality are maintained whilst respecting service users' rights.

What people told us

There were 17 residents living in the home at the time of our inspection. During our visit, we spoke with 8 residents and 4 visiting relatives. We spoke with staff throughout our inspection and as part of our general observations. We also observed a lunchtime and carried out a SOFI 2* observation involving residents with limited communication abilities.

Overall residents, relatives and staff gave positive feedback about the standard of care at Eadar Glinn Residential Home. When areas for improvement were identified we explored these further and communicated them anonymously to the manager and with a view to supporting improvement if needed. Comments included:

- 'Staff are wonderful and considerate. Mum is so well looked after'.
- 'I think it has got a nice family feel to it'.
- 'The care generally is very good'.
- 'I feel I get all the care I need'.
- 'I get on well with staff and that is very important'.
- 'I'm very happy'.
- 'Staff are really good and I can't fault any of them'.

*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who may be unable to tell us.

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?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

5 - Very Good

People should experience warmth, kindness and compassion in how they are supported and cared for. We saw that staff knew residents very well and we observed staff acting with kindness and compassion. People using the service told us that they had very good relationships with the staff. Several people stated that they felt the service had a 'family feel' and sense of community. A relative told us 'I can't fault them. I feel looked after as well'.

Restrictions were kept to a necessary minimum and people's rights were respected. Residents and relatives told us that they felt staff kept them well-informed. A relative said: 'They are very good at keeping me informed about everything'. We found very good evidence of people being actively involved in making decisions and there was good evidence of the service acting on feedback. We also found that managers acted effectively, openly and decisively when accidents or incidents occurred. This meant that people were safe and their rights were respected.

When we observed practice, we found that staff were aware of the importance of promoting people's abilities, independence and choices. The service provided meaningful activities that also included outside activities and links to the local community. The service worked with volunteers and local organisations. Children from a local nursery visited regularly to spend meaningful time with service users. A service user told us 'I play bowls in the summer and I go out regularly'. The overall feedback for activities was encouraging, although two people told us that it 'can be a bit quiet at times'.

Where relevant, people's health and wellbeing benefitted from the very good working relationships the service maintained with the local community nursing service and GPs. A visiting community nurse told us that staff were very proactive, reliable and 'great to work with'. Evidence gathered from documentation and feedback from service users and families indicated that people's healthcare needs were met well. A relative told us 'my mum has been here for two years, mainly due to the good care'.

We observed un-hurried and relaxed mealtimes. Staff gently encouraged residents to move to the dining area and enabled them to make choices in a way that supported their abilities. Staff groups, including support staff, worked well and effectively together. This meant that residents' nutritional needs were met well and that their general wellbeing benefitted from well-organised mealtimes. A resident told us 'the meals are lovely'.

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?

4 - Good

We found that the service provided a homely, warm and familiar environment for residents. People told us that they appreciated the set up and they were overall happy with their environment. People were able to personalise their rooms. Although some rooms were fairly small and had no ensuite bathrooms, people told us that they liked their personal space. This meant that the setting contributed to people's sense of belonging and wellbeing.

People commented very positively on the high degree of cleanliness and tidiness throughout the service. There was a variety of communal areas, including quiet spaces and small lounges. We found evidence of these spaces being used in a meaningful way, for example for family parties or to enable residents to access internet connections. This meant that the setting overall contributed to achieving good outcomes for people by offering a variety of spaces for activities and engagement.

Although the building was originally purpose built, its size, design and layout meant that moving around independently could be difficult, particularly for people living with dementia, vision or mobility problems. Where restrictions, like closed doors between corridors, were necessary they were applied in a sensible way, with managers aiming for a minimum of restriction.

We saw that the service had a large garden space. However the garden was not easily accessible and not well maintained. This meant that people were not able to access the garden independently and to use it to its full potential. People were able to access a large balcony area from the main lounge. Service users and relatives told us that this area is used in the warmer seasons to enable access to fresh air and sunlight. Managers told us that there were plans to improve the garden space. We stressed the importance of independent access to a useful garden to managers and encouraged them to acknowledge this in the provider's on-going planning for the premises.

People were involved in a meaningful way in decisions about the setting and how the space was used. Some relatives we spoke to were very actively involved by the provider in working groups that looked at the environment and planned for the future development of the service. All people we spoke to were well informed about the provider's review of the suitability of the current environment. However, service users, families and staff told us that there was still uncertainty about any future plans. We discussed this with managers and stressed that it will remain important to ensure people are kept closely involved and well informed.

How well is our care and support planned?

4 - Good

We saw that care plans were regularly evaluated and care reviews were carried out with a good level of involvement from residents and relatives. We could see examples of the service reacting positively to feedback and suggestions as a result of care reviews. This meant that people were able to contribute to their care plans and that their rights were respected.

There was evidence of good multi-disciplinary professional involvement in the care planning and review process, where necessary. We found that staff worked well together with the community nursing and the GP services. This meant that people benefitted from good practice and proactive care.

Although the service's care planning system enabled dynamic care planning that informed all aspects of care, we found significant inconsistencies in how plans and assessments were completed, evaluated and updated. Some plans and assessments showed good and up to date detail and evaluations. However, several sampled plans and assessments showed gaps and basic content. This meant that existing quality assurance processes were not effective enough and did not sufficiently support good practice. We identified this as an area for improvement (see area for improvement 1).

We found that the plans did not contain sufficiently formulated personal outcomes. This meant that personal plans lacked sufficient focus on the person's abilities and what was important to them in relation to the individual plan. The sampled evaluations of individual care plans were often limited in content and detail. We discussed this with managers and identified it as an area for improvement (see area for improvement 2).

Areas for improvement

1. The provider should review the current quality assurance process and systems for care plans and assessment processes. This should include, but not be limited to:

- quality assurance processes and systems that are clear, transparent, structured and formalised
- regular updated overviews of audit outcomes to allow managers and staff to analyse progress and react accordingly
- clear and regularly updated action plans

This is to ensure 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).

2. The provider should ensure that every care plan contains a formulated personal outcome.

Information about documenting and working with personal outcomes can be found at:

- www.personaloutcomescollaboration.org
- www.stepintoleadership.info
- <http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=90>

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 my 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).

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?	5 - Very Good
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	5 - Very Good

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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