

Spynie - (Care Home) Care Home Service

Duffus Road
Elgin
IV30 5JG

Telephone: 01343 552255

Type of inspection:

Unannounced

Completed on:

18 April 2019

Service provided by:

Intobeige Ltd

Service provider number:

SP2004005486

Service no:

CS2003055110

About the service

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 46 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.'

What people told us

We were accompanied by one of our inspection volunteers who spent time talking with people who lived in the service and their relatives/friends/representatives.

Overall there were mixed feelings about the quality of the care and support. Most people felt that the staff were friendly and helpful and that they were well cared for. Some people felt that the staff could be more attentive to their individual needs. Individual comments from people using the service were:

- 'I am well looked after here and they are very kind and caring. When I use my buzzer they come very quickly
- 'They keep everything nice and clean in my room
- 'The food is good and I get a choice
- 'I am happy here and I like all the staff, they are friendly and cheeky and you get a laugh with them all
- 'Sometimes staff do not come back once they have answered my buzzer.'
- 'I have made lots of friends here.'
- 'I enjoy the meals and we get a good choice.'
- 'I am happy here with my room and I have lots of my own things.'
- 'Some of the carers are not nice.'
- 'I never get out in the garden and I would like to.'
- 'Some of the staff are fantastic and some are not so. I have good and bad days and some staff don't seem to pick up on this.'
- 'I used to be able to go out in the garden but I can't manage now. I have been out in my wheelchair twice since I came here.'

Relatives that were spoken with were happy with the care and support and felt that staff were good. They were happy with the environment and the food that was offered. Individual comments included:

- 'My husband is very well cared for, it is such a friendly place and all the staff are so kind and patient.'
- 'The food is fine and has improved greatly since the original cook returned. My husband eats well and is provided with drinks regularly.'
- 'The environment is pleasant and is always clean and tidy.'
- 'I am kept well informed by the staff and I have attended a meeting recently where we can air our views and ask questions. I am very happy with the care and it is a very well run home.'
- 'There are no activities and my relative is bored and keeps asking to go home. The bedroom she has is very sparse.'
- 'My sister is happy enough to be here and is looked after very well. The regular staff are excellent, so friendly and patient but the agency staff don't seem to do so much or don't know the job so well.'
- 'There is not enough stimulation for them and there should be more activities and entertainment.'
- 'The meals are good and she enjoys them and we get offered tea and coffee when we visit.'
- 'We have been to meetings where you can have your say but not sure if complaints or suggestions are addressed.'
- 'The staff are very good and do their best for the residents but are rushed off their feet at times. We are satisfied that she gets good care.'

We sent out 20 questionnaires to people who use the service and 20 to their relatives. None were returned prior to or after the inspection. We spoke about this during feedback and stressed the importance of ensuring that the service created and ensured that there were different opportunities for people to take part in the inspection process.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact key areas of performance needed to improve.

People should experience warmth, kindness and compassion. We observed that for some people this was the case and there were some lovely interactions where conversations were animated and inclusive. Some staff were responsive and shared their own day to day lives, which created a sense of community. There were times where some staff did not engage with people and this showed a lack of a person centred approach.

People should be able to maintain and develop their hobbies, interests and friendships. There were some planned activities taking place but, overall, there appeared to be a lack of recognition of people's needs, as we observed some people sitting or walking around, without meaningful engagement. Some people we spoke with said they would like to get out in the fresh air more, or go to their own church and some people said they were bored. There was a lack of community involvement. There were missed opportunities for people to take part in meaningful activities such as, setting tables and being supported to make their own tea/coffee. While there was easy access to outdoors in each unit, we saw little evidence of staff supporting people to sit in the courtyard garden to get fresh air. The care plans did not demonstrate what people wanted to get out of life, which would not support staff being able to help people to achieve positive outcomes. **(See requirement 1)**

People's health should benefit from their care and support. There was good access to other healthcare professionals. Staff knew people well and were able to respond to changes in their mood or behaviours and relate this to possible medical interventions.

The mealtime experiences were varied with some positive social experiences being promoted. Overall we felt that the service needed to review how mealtimes were managed. The time of breakfast and the evening meal was to be reviewed to provide a more person centred approach. **(See area for improvement 1)**

The management of medication was adequate and the service had responded to issues by introducing processes to monitor staff practice. We felt that there was an over reliance on these rather than providing training, guidance and observation of staff practice. Not all of the units had their own equipment, which meant that staff had to go from one unit to another to access these. Where topical medication records were stored meant that they were not always being completed. Some of the photographs of people were not suitable. **(See area for improvement 2)**

The management of the reviews/audits of falls could be further improved so that there was useful information for staff as to how to reduce or prevent further falls. The care plans needed to clearly show how staff were to support people with their individual needs. The use of falls diaries and effective risk management strategies would support this. **(See area for improvement 3)**

Requirements

1. By 31 October 2019 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;
- c. There is an activity plan in place to ensure that service users are supported to take part in meaningful activities, and;

- d. That this is regularly reviewed to ensure that there are continued positive social experiences for service users;
- e. Regular reviews of service users' care and support are carried out to ensure there is a focus on improved outcomes.

This is to ensure that service users' care and support is consistent with the Health and Social Care Standards which state that; '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), and 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).

Areas for improvement

1. It is important that all people are offered a high quality of mealtime experiences regardless of their abilities and needs. Therefore, the provider was to review the overall management of the times of meals served and peoples experiences. They were to ensure that people's wishes, choices and preferences were taken into account thereby promoting positive outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that; 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.16).

2. The provider was to improve the overall management of medication in order to protect the safety of people. In order to do this they were to assess staff's competence and ensure that there were fully completed and clear individual medication records for each person. They were to assess the provision of appropriate medication equipment so that it was readily available to staff.

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 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

3. The provider was to improve the overall management of falls in order to protect the safety of people who were at risk. In order to do this they were to make clear any necessary follow up actions relating to a fall and ensure that all necessary documentation is used, reviewed and up to date.

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 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact key areas of performance needed to improve.

People should have confidence in the organisation providing their care and support.

Overall people and their relatives told us that they were confident with the staff and management of the service. However, some people were not so happy and this was in relation to the use of agency staff, who they felt did not know the people well enough, the laundry service and the provision of activities.

There were some opportunities for people and their relatives to attend general meetings. Those people that we spoke with and who had been able to, felt that these were a good way to share information and ask questions. However, they were not so confident that where issues had been raised that they would be taken forward.

Formal reviews of the care and support was another way to assess people's views. However, not all of the support plans that we looked at could evidence that these had taken place. In addition, the paperwork that was currently being used did not direct staff to assess that they were meeting needs. Neither did it identify any unmet needs and what the service was going to do to address these. (We have made a requirement within the body of the report with regard to this as part of the care planning process)

Staff supervision was taking place. However, it was not being used to help support staff to explore their performance, promote positive outcomes for people and identify any challenges that they may be facing. (We have made a requirement within the body of the report with regard to this as part of overall staff support and training)

There were some systems in place to monitor aspects of service delivery such as; cleanliness and infection control and the management of medication. However, the service did not have a pro-active approach to improvement. They would benefit from developing a more structured approach to self evaluation. Expectations for people should match those set out in the health and social care standards. Improving people's experiences and outcomes should be the goal. Staff were to be involved with this and people and their relatives should also be encouraged to contribute to the self evaluation process in a way which suits them. Action plans were to be used to develop and review progress.

Areas for improvement

1. The provider should self evaluate the quality of the service against the health and social care standards in order to make and implement a plan which improves outcomes and experiences for people. People, their relatives and staff were to be involved and their views taken to inform an improvement action plan which should be used to regularly review progress.

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

How good is our staff team?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact key areas of performance needed to improve.

People should have confidence that staff are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes.

The induction that staff took part in supported them with getting to know the service and how it worked. Following that they took part in induction that was role specific, which helped them to gain more information about the people they were caring for. We saw that, potentially, the induction could take up to several months, with staff taking part in a generic induction first. This meant that staff were already working with people before being assessed as competent. This could impact on the quality of care that was being provided. In addition, the induction records we looked at did not show staff taking part in regular reviews, or that there was a final outcome with any further training needs identified. The service was to review how they managed induction, to

ensure that staff had the right knowledge at the right time, to ensure they were providing a good level of care and support for people.

While staff had taken part in a range of face to face and online training, our observations of practice showed that staff were not always following best practice. This impacted on the quality of care and support for some people who were not always able to make their needs known due to their communication difficulties.

The supervision that staff took part in was not always reflective to help support staff to tease out and improve their understanding of the care and support they offered to people.

Staff meetings had taken place but we felt that given the current issues in the service that, these could have been held more frequently. This would provide staff with opportunities to be more involved with decision making. It would also enable them to voice their ideas and suggestions as to how they could promote positive outcomes for the people they were supporting.

Requirements

1. By 31 October 2019 you must ensure that persons employed in the provision of care are trained, competent and skilled from taking part in effective induction, training and supervision;

In order to achieve this the provider must ensure that:

- a. There is an ongoing assessment of staff competence and skills in relation to the identified aspects of care and support;
- b. That staff received training based on the above assessment;
- c. That staff took part in training in relation to, but not exclusively to the care of people with dementia and person centred care, person centred care planning, medication and the management of falls;
- c. There are effective systems in place to monitor that staff are competent and skilled and where there are indications of poor practice they are recognised and action is taken promptly to address them.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, '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.' (HSCS 3.14), and in order to comply with

Regulation 15(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). SSSC Codes of Practice for Employers, 1.4, 3.1, 3.2.

How good is our setting?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact key areas of performance needed to improve.

Premises in a care home need to be adapted to meet people's needs and wishes. It should be easy for people to orientate themselves and independently access the parts of the premises they use. This promotes people's independence, increases feelings of confidence and encourages people to be more active.

There were three units in the service and the design of each was beneficial to people to be able to independently access all areas. This included open access to a small garden and courtyard area.

Communal spaces were bright and airy with lounges incorporating dining areas and there were facilities to make tea and toast. The lounge areas were spacious but lacked soft, comfortable furnishings to make it feel more homely and domestic. There was little in the way of objects of references such as books, magazines, rummage boxes or knitting for example, which could provide stimulation and interest for people.

The corridors had good signage, which promoted wayfinding however, some of this was too high to be of any help for people. Some of the bedroom doors had photographs to enable people to find their rooms. However, these were current photographs, which meant that those who lived with dementia may not recognise them. Some bedrooms had personal effects but a number were very starkly furnished and did not promote a sense of belonging, or comfort. We saw that some beds were not positioned to make the most of the outside as they were facing away from the windows. **(See area for improvement 1)**

Areas for improvement

1. In order to provide a homely and domestic setting that provides a sense of belonging and which also enables peoples independence the provider should develop and implement a written plan. The plan should include clear priorities and timescales and should be reviewed to assess developments.

This is to ensure the setting is consistent with the Health and Social Care Standards which state that, 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

How well is our care and support planned?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact key areas of performance needed to improve.

People's care plans should be right for them because they set out how their needs will be met, as well as wishes and choices.

Various healthcare assessments were regularly used to indicate potential risks and care needs. Some of this information was used to plan the care that was needed.

Some care plans contained person centred information with evidence of people's choices, independence and preferences being taken into account. Some of the relatives we spoke with were happy with the care that was offered and told us how this had a positive impact on the daily lives of their loved ones. Some of the outcomes stated in care plans were more from a staff perspective rather than from the individual's point of view. This meant people were not being adequately or effectively supported with their individual health and wellbeing needs. The evaluations of the care plans did not support any further action that maybe required to improve experiences and outcomes.

There appeared to be a blanket approach to the use of risk assessments that did not support a person centred approach. They did not identify potential hazards and there was no level of risk identified to inform the level of care and support and review that was needed. The lack of information could impact on people's health and wellbeing and safety.

Not all of the people using the service and their relatives/representatives had taken part in a formal review. This impacted on people's participation and being able to be recognised as an expert in their own experiences, needs and wishes. The paperwork being used for reviews did not support what was working well and if there were any unmet needs that could be planned for.

(See requirement 1 in relation to the development of effective care planning, risk management and formal reviews)

Requirements

1. By 31 October 2019 you must ensure that that people's emotional, psychological, social and physical needs are met and are in a manner which respects their wishes and choices.

In order to achieve this the provider must ensure that:

- a. All people to have a personal plan which clearly details how their health, welfare and safety needs will be met in relation to their wishes and preferences and any identified significant risks;
- b. There is a system in place to ensure that people receive the care that is identified in their care plan and where there are indications of poor care they are recognised and action is taken promptly to address them;
- c. The above assessments and arrangements are based on consultation with people and their personal and professional representatives, and;
- d. Reviews and evaluations of peoples care and support are carried out to ensure there is a focus on improved outcomes.

This is to ensure that care plans meet peoples needs and is consistent with the Health and Social Care Standards which state that, as an adult '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 Regulation 5(1)(2)(a)(b) (i)(ii)(iii)(c)(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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;
- c. There is an activity plan in place to ensure that service users are supported to take part in meaningful activities, and;
- d. That this is regularly reviewed to ensure that there are continued positive social experiences for service users;

e. 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

This requirement had not been met following the outcome from the follow up inspection of December 2018 and therefore remained in place.

During this inspection we found that the provision of both planned and day to day meaningful activities had not improved. We saw that lots of people sat or walked around the units without purpose. Although there was information about people's interests and hobbies these had not been translated into the activity programme. The personal plans with regard to how staff promoted and enabled people's social and recreational care were, in the main, bland and not person centred. As a result they would not support staff with how to positively engage with people in line with their interests.

Not met

Requirement 2

This requirement was made as a result of an upheld complaint that was made 23 January 2019.

By 14 April 2019 the provider must improve the management of falls that happen to people using the service. In order to achieve this the provider must adhere to the following:

- a) Accurately and consistently record any fall that happened to a person experiencing care from the service
- b) Making clear any necessary follow up actions relating to a fall and ensuring that they are carried out timeously
- c) Ensuring that all necessary paperwork is reviewed and up to date, particularly following a fall
- d) Regularly auditing of the falls recording system in order to gain accurate analysis of the number and location of falls and any deterioration in an individual's mobility in order that appropriate action can be taken.

This is in order to comply with

Health and Social Care Standard 1.14 'My future care and support needs are anticipated as part of my assessment'

Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 3 April 2019.

Action taken on previous requirement

We could see that the service had improved some aspects of the management of falls. The audits gave useful information about trends and they had responded to these by starting to increase some staffing levels. However, there was still some development needed to address people's individual needs in a meaningful way, making clear any necessary follow up actions. **Please refer to the section 'How well do we support peoples wellbeing.'**

Met - within 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

This area for improvement was made as a result of an upheld complaint that was made 23 January 2019.

The provider should ensure that there is an agreed protocol in place that ensures that people have access to clean bed linen as they need it. Checks on the quantity, quality and cleanliness of the bed linen should become part of regular service audits so that consistency can be achieved throughout the home and action taken as necessary if not found to be the case.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that; '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 3 April 2019.

Action taken since then

The service had purchased new bed linen which was of a good standard and these were being used. The interim manager had developed a protocol to ensure that people had access to clean bed linen as they need it and this had been shared with staff and was being used. The audit of the quality of bed linen and other household linens now formed part of the regular service audits.

Therefore this area for improvement had been met.

Previous area for improvement 2

This area for improvement was made as a result of an upheld complaint that was made 23 January 2019.

The provider should ensure that people experiencing care are able to make choices about what they would like to eat. People experiencing care should be involved where possible in menu planning and options should consider peoples likes and dislikes and offer healthy and attractive alternatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I can choose suitably present and health meals and snacks, including fresh fruit and vegetables and participate in menu planning' (HSCS 1.33).

This area for improvement was made on 3 April 2019.

Action taken since then

We saw that there were choices at each mealtime and that these were promoted by staff. A new menu was in the process of being developed and we spoke with the cook. They were able to tell us how they intended to work with people to gain their views, likes and dislikes so that they could adapt the food that was offered.

Therefore this area for improvement had been met.

Previous area for improvement 3

This area for improvement was made as a result of an upheld complaint that was made 23 January 2019.

The provider should ensure that steps are taken to regularly risk assess and anticipate the level of supervision required in the day area and communal areas of the home. In order to be able to effectively deploy staff to adequately meet peoples psychological and physical needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that; 'I am supported and cared for sensitively by people who anticipate issues and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 3 April 2019.

Action taken since then

During the inspection we saw that the day and communal areas, within each of the units, were adequately staffed and people were not left without a staff presence. At the start of each shift, staff were allocated to the communal areas so that they could support people as their needs dictated. As part of the overall management of falls recognition was taken to assessing the environment. As a result of the last review, the service was in the process of recruiting staff who could work a twilight shift, so that there was an increased presence of staff in the communal areas.

Therefore this area for improvement had been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good

1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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