

## Shalom Nursing Home Care Home Service

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Dreghorn  
Irvine  
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**Type of inspection:**

Unannounced

**Completed on:**

24 April 2019

**Service provided by:**

Z A Care Limited

**Service provider number:**

SP2014012286

**Service no:**

CS2014325153

## 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 registered with the Care Inspectorate on 27 October 2014.

Shalom Nursing Home is registered to provide a care service for up to 46 older people, some of whom may require nursing care. At the time of the inspection there were 43 residents on the day of the inspection.

The service is located close to the amenities within Dreghorn, North Ayrshire. Living and bedroom accommodation is separated into four areas over two floors. The service provides single room occupancy with the majority of rooms have en suite facilities. The upper floor is accessible via a passenger lift. There are a number of lounges and dining areas, catering and laundry facilities, in addition to a hairdressing salon and a cinema room. There is a small, but well presented garden area to the front of the service.

It is the provider's aim that 'all of our service users have the right to live in a clean, comfortable and safe environment, and be treated with dignity, respect and sensitivity in relation to their individual needs and abilities. Our nursing and care staff will be responsive to the individual needs of service users and will provide the appropriate degree of care to ensure the highest possible equality of life within our home'.

## What people told us

We were assisted during this inspection by an inspection volunteer. The inspection volunteer's role is to seek the comments and views of residents and relatives on the quality of the service and make observations of routines and staff interactions with residents.

We also asked the service to distribute questionnaires on our behalf to seek the views of people experiencing care and their relatives about the quality of care this service provided.

Comments from our consultation with people included:

'This is a good safe environment'.

'All round very good I have no complaints'.

'I get the very best of care from staff'.

'The staff are all kind and helpful to me'.

'I am very happy with all aspects of my father's care'.

'From the day he was admitted he has been cared for, kept safe, and looked after to the highest degree'.

'I am very happy with my mum's care, they have taken the time to get to know her and what her needs are'.

'I find Shalom a well run home, well managed and a great team that are easy to talk with about any aspect of my relative's care'.

## 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?	not assessed
How well is our care and support planned?	5 - Very 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**

We saw throughout the inspection that residents were treated with respect and compassion. We observed care being delivered in a discreet and dignified way. We continued to see very positive interactions between staff and residents. People experiencing care were very positive about the care and support they received. One person told us, 'I wish I could be in my own home, but I know I would not be as well as I am living here, I am very well cared for'. Residents had confidence in the people who care for them and told us that they knew they would be kept safe and as well as they can be. People visiting the service continued to tell us that they were always made welcome and were kept up-to-date with any concerns staff may have about their loved one. One relative told us 'I have great confidence in this home and I know everyone here gets the very best of care'.

People living in Shalom were encouraged and supported to get the most out of life. We saw that the service continued to place great importance in providing residents with the opportunity to keep in contact with family and friends, maintain links with their local community and continue to pursue hobbies and interests which was crucial for their overall wellbeing. There were many examples where residents accessed local community groups and we saw that some people enjoyed visiting the local bowling club and favourite places for bar meals and coffees. People experiencing care had also benefited from intergenerational activities with children from the local primary school who visited the service weekly to participate in activities such as games and arts and crafts. The service had its own transport which was regularly used by staff to assist residents to get out and about. This transport was also insured to allow relatives to use it to take their loved ones on visits to family and friends and go on trips as family groups which were very meaningful to them.

We saw that the service had made improvements to the choice of in-house activities that residents could participate in. The service had employed an activity co-ordinator to take a lead role in facilitating activities, linked to individuals interests and preferences. The service had also invested in Namaste training to enable staff to provide meaningful and sensory experiences for people receiving palliative care or those with advanced dementia who can no longer engage in conventional group activities, especially as communication becomes increasingly difficult.

People could be confident that the care and support they received benefited their health and wellbeing. Staff continued to demonstrate a very good knowledge of the people they cared for and were aware of individuals care needs, choices and wishes.

This also meant that staff were able to recognise any deterioration in individual's presentation and take the appropriate action. We saw that people were referred to external health care professionals, where required, which helped people to stay as well as they could.

The service continued to ensure that people's medication was well managed. We were pleased to see that good progress had been made in implementing a more person-centred approach to managing medication by storing and administering medication from individuals' own rooms.

## 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?

**5 - Very Good**

People experiencing care could be confident that assessments were carried out by competent and suitably qualified staff.

Care plans detailed the specific actions required to help meet peoples' needs and wishes. Care plans stated desired outcomes for individuals and also took account of their independence and how this could be promoted.

Assessments of individuals nutritional care needs, skin condition, moving and handling and falls risk were carried out and reviewed at regular intervals.

We saw that wherever possible, residents were involved in the assessment and care planning process. Where this was not possible, or limited, their relatives were consulted to ensure assessments and care plans were accurate and person-centred.

Staff maintained daily notes to record each individual's presentation and the care provided. Although we continued confirm that good outcomes had been achieved for people living in Shalom Nursing Home, the four weekly evaluations of care plans could more clearly measure how outcomes for individuals were being met.

Although we saw that the service placed good emphasis on ensuring people got the most out of life. We noted that improvements to the recording and monitoring systems could be made to more clearly reflect that people's outcomes in this area were being met. We suggested that a care plan could be introduced clearly stating individuals desired outcomes and evaluations of these care plans could show how these outcomes were being

met. We felt that the current method of recording interests and preferences and recording activities did not provide a true reflection of the range of internal and external activities available. (Area for improvement 1)

## Areas for improvement

1. The provider should make improvements to the way that individuals preferences and interests are recorded and how individuals' desired outcomes in this area are being met.

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).

## 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

The provider should review the current choice of in-house activities to ensure people experiencing care have a choice of activities that reflect their interests and preferences, this should also include stimulating and meaningful activities for those people living with dementia or other cognitive difficulties.

This is to ensure 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).

**This area for improvement was made on 25 May 2018.**

### Action taken since then

The provider had improved the range of in-house activities available. Consideration had been given to the interests and preferences of residents. The service had employed an activity co-ordinator to facilitate activities and assist care staff when providing activities. The service had also invested in training for staff to provide Namaste therapy to benefit people with advanced dementia.

This area for improvement is: 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).

## 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 well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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