

Shoremill (Care Home) Care Home Service

Shoremill
Cromarty
IV11 8XU

Telephone: 01381 610216

Type of inspection:

Unannounced

Completed on:

29 March 2019

Service provided by:

Sarina Duncan and Rita Portway, a
partnership trading as Shoremill Care
Home

Service provider number:

SP2004006942

Service no:

CS2003044819

About the service we inspected

This service has been registered since 2003.

Shoremill Care Home is registered to provide a care service for up to 13 older people, including up to two people on a respite basis.

The provider is Sarina Duncan and Rita Portway; a partnership trading as Shoremill Care Home.

Shoremill Care Home is a two storey building situated near to the village of Cromarty. There are bedrooms on the ground and upper floor. The upper floor can be accessed using the stairs or the chair-lift. Nine of the rooms have an en-suite toilet and wash basin facility, one also has a shower facility. There is an assisted bathroom on the ground floor and two walk-in shower rooms. There is a lounge on each of the floors, with the first floor lounge overlooking the Cromarty Firth. There is a dining room/conservatory at the rear of the premises. This overlooks a paved patio area in the garden which can be accessed from the dining room/conservatory.

The philosophy of the care home is stated as 'to value each and every individual who comes to live or visit' and that 'service users will be assured that they will be treated with respect and dignity according to their individual needs and wishes.'

There were 12 people using the service at the time of the inspection.

How we inspected the service

We wrote this report following an unannounced inspection. This was undertaken by one inspector between 20 and 21 March 2019. We provided the feedback of our inspection findings on 29 March 2019 to the provider/manager. Representatives from NHS Highland attended.

This was the second unannounced inspection this inspection year and focussed on the progress made by the service since the last inspection concluded on 13 April 2018.

During the inspection, we gathered evidence from various sources. We spoke with people using the service, relatives and staff. We looked at a sample of people's care assessment, care planning and review documentation, medication records, staff training and development records, staffing arrangements and quality assurance records.

Taking the views of people using the service into account

People who expressed a view spoke positively about the staff and told us that the food was good. People told us:

'I would rather be at home but it is fine here if I can't be at home. Staff are very nice, they come if I press the buzzer. I can ring if I want a cup of tea but often don't have to as they come with one'

'the food is very good'

'the staff are very good.'

Taking carers' views into account

The people we spoke with during our visits were happy with the service. One person told us the service was very personal and it was 'like a home rather than a care home.' They thought the staff were very caring and gave

personal and individualised care, knew their relative very well and were very patient. Another person told us they were happy, staff kept them up to date.

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

Previous requirements

Requirement 1

In order to ensure that people are being supported with sufficient staff to meet the health, welfare and safety needs, the provider must demonstrate that the level of staffing is adequate to provide the assessed level of support to service users at all times. The provider must take the dependency levels of people into account and the deployment of staff throughout the day and night by 30 June 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state 'My needs are met by the right number of people' (HSCS 3.15) and 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17) and in order to comply with Regulation 4 (Welfare of users) and Regulation 15 (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

This requirement was made on 13 April 2018.

Action taken on previous requirement

The provider was not able to demonstrate that the dependency levels of people were being assessed and taken into account to determine the right number of staff to provide the right care at the right time to people using the service. The provider had increased the staffing during the day following the last inspection however told us this had not been sustained as they found having three staff was too many at times and too expensive. The provider told us she was available to provide care with the two care staff who were on duty from 14:00 to 21:00 and alternative arrangements were made when she was on holiday. We discussed with this requirement further with the provider.

We have extended the timescale for this requirement to be met to 10 May 2019.

Not met

Requirement 2

In order to ensure people are supported to move safely, the provider must make sure people have a risk assessment and care plan that adequately covers their moving and handling needs, both day and night, by 30 June 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'My care and support is provided in a planned and safe way, including if there is an emergency or

unexpected event' (HSCS 4.14) and in order to comply with Regulation 4 (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 13 April 2018.

Action taken on previous requirement

Some progress had been made to address this requirement. There was information in people's files about the moving and handling equipment in use however we could not see how moving and handling was assessed or how this linked to the person's care plan. This requirement needs to be fully addressed to ensure people are supported to move safely and their moving and handling needs are met.

We have extended the timescale for this requirement to be met to 10 May 2019.

Not met

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

Staff should improve how they support people to maintain or improve their mobility and to have an active life as they chose.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I can chose to have an active life and participate in a range of recreational, social, creative, physical and learning activities everyday, both indoors and out' (HSCS 1.25) 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23) and 'I am empowered and enabled to be as independent and as in control of my life as I want and can be.' (HSCS 2.2)

This recommendation also take account of the care about physical activity programme. www.capa.scot

This area for improvement was made on 13 April 2018.

Action taken since then

There was little evidence to support that there had been an improvement in the way people were supported to maintain or improve their mobility and to have an active life as they chose. This area for improvement needs to be addressed to support people to get the most out of life.

Previous area for improvement 2

Staff should ensure that people experience care in a planned and agreed way that meets their needs, wishes and preferences. Information should be regularly reviewed with their involvement to ensure the plan is up-to-date and that the person is experiencing the right care and support they need.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

This area for improvement was made on 13 April 2018.

Action taken since then

The provider planned to add outcomes to the beginning of people's care plans and involve people by asking more questions and using a 'good day, bad day tool.' These plans had not been implemented yet. This area for improvement should be addressed to ensure people are fully involved in assessing their emotional, psychological, social and physical needs at an early stage, regularly and when their needs change. This should ensure that people receive the right care at the right time for them and their wishes and choices are respected.

Previous area for improvement 3

The provider should ensure that there is an effective system in place to ensure people receive the correct creams and topical preparations as prescribed for them.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23) and '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)

This area for improvement was made on 13 April 2018.

Action taken since then

There were administration and recording charts in people's room for staff to use to ensure people received creams and topical preparations prescribed for them. The information on the administration records was not clear and did not follow good practice guidance. People should expect that any treatment or intervention they receive is safe and effective. To achieve this staff need to improve their practice.

Previous area for improvement 4

The provider should ensure that appropriate risk assessment and decision-making process is followed and consent is obtained from the relevant person before bed rails, visual or sensory monitoring devices are used as part of the person's planned care. Regular reviews of any arrangements must take place.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and 'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.' (HSCS 2.6)

This recommendation also take account of the, Mental Welfare Commission Scotland's good practice guide, rights, risks and limits to freedom. www.mwscot.org.uk
Health and Safety Executive, Health and safety in Care Homes. www.hse.gov.uk

This area for improvement was made on 13 April 2018.

Action taken since then

There were some consent forms in place, however these did not link to care plans and regular reviews. The outcome for the person and supporting their wellbeing and choice should be a priority. It is important that

decisions are regularly reviewed with all relevant parties, have an outcome focus and are part of the person's planned care.

Previous area for improvement 5

The provider should carry out a training analysis with staff to establish training needs and develop a structured supervision and development plan. A training plan should be developed which takes account of training priorities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I experience high quality care and support based on relevant guidance and best practice' (HSCS 4.11) and 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

This area for improvement was made on 13 April 2018.

Action taken since then

Staff supervision and appraisals had not taken place and consequently the staff training analysis had not taken place. This meant the manager and staff had not the opportunity to discuss and identify individual training needs and personal development although the some staff training was planned for the first six months of the year.

The provider discussed with us they had experienced difficulties finding a provider for staff to obtain their Scottish Vocational Qualifications to support staff to meet the conditions of their registration with SSSC. The service was using nine modules for the Skills Network for staff to work towards their SVQ.

People should have confidence in staff because they are well trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. The provider should take action to progress this area for improvement

Previous area for improvement 6

The provider/manager should develop an outcome focussed improvement plan with timescale for review and evaluation. This should take account of best practice, current legislation and areas for improvement identified through external reports, the services own quality assurance methods. Appropriate action plans should be put in place to support the improvement plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This area for improvement was made on 13 April 2018.

Action taken since then

The service had developed a service improvement plan. This needs to be developed further to be focussed more on improving outcomes for people and action plans to achieve this. People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. We discussed with the provider linking the service improvement plan to the Health and Social Care Standards (HSCS), the Quality Framework for Care Homes for older people and area raised through inspections and audits from external bodies, comments and suggestions from reviews and people's views. The provider should take action to progress this area for improvement

Previous area for improvement 7

This area for improvement was made as a result of an upheld complaint at the last joint inspection.

The provider should review their heating in all areas of the home, regularly monitor temperatures and ensure all residents are warm during the day and during the night.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom' (HSCS 5.12) and '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 13 April 2018.

Action taken since then

The provider had not monitored the heating with in the home since the last inspection therefore there was a lack of evidence to support any improvement. They discussed that they planned to start monitoring and recording the temperature in different areas of the home. Some areas of the home upstairs were cold. People should expect that the heating can be adjusted to meet their needs and wishes. The provider planned to look at the heating systems and costs to see there was a more efficient system and the possibility of putting heaters in the bathrooms. The provider should take action to progress this area for improvement

Previous area for improvement 8

This area for improvement was made as a result of an upheld complaint at the last joint inspection.

The provider should review their infection control systems with regards to cleaning of the home. This should include developing schedules for daily, weekly, monthly and three monthly cleaning. The schedules should include deep cleaning of all areas and equipment. Staff undertaking the tasks should record when they are completed. The manager should undertake regular audits to ensure the whole environment and all equipment is clean at all times to control and prevent the spread of infection.

This is to ensure care and support is consistent with the Health and Social Care Standards which state; 'I experience an environment that is well looked after with clean , tidy and well maintained furnishings and equipment.' (HSCS 5.19)

This area for improvement was made on 13 April 2018.

Action taken since then

Although there was an infection control policy in place, it was not evident that the guidance was fully followed. The services own infection control audit needed to be more robust and there was poor follow up on planned actions. Where areas that needed to improve are identified, appropriate action should be planned, implemented and evaluated to see if the desired outcome had been achieved. The provider and staff should ensure that they have a good understanding of infection control arrangements and that good practice is followed by everyone. People should expect the service they use to be well led and managed. The provider should take action to progress this area for improvement.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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