

Inch View Care Home Service

233 Gilmerton Road
Edinburgh
EH16 5UD

Telephone: 0131 658 5000

Type of inspection:
Unannounced

Completed on:
27 March 2019

Service provided by:
City of Edinburgh Council

Service provider number:
SP2003002576

Service no:
CS2009233011

About the service

We used the new quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in Inch View experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at <http://www.gov.scot/Publications/2017/06/1327/downloads>

This is the first inspection of the service using the framework and standards.

Inch View is a care home for 60 older people and was registered with the Care Inspectorate on 1 April 2011. The service is provided by the City of Edinburgh Council who also have other care homes.

Social care staff support and care for people living in Inch View. The home is situated next to Liberton Primary School on the edge of Inch Park in the south of the city of Edinburgh. There is car parking at the front of the home.

The accommodation is provided over two floors with the upper floor accessed by stairs or lift. There are five units. All bedrooms have en-suite facilities and there are communal bathrooms and toilets on each floor. Seating is available in the foyer area and at various points around the home, as well as sitting/dinning rooms in the units. There are enclosed and well maintained gardens.

The service aims and objectives are represented in the City of Edinburgh aims for all their care homes;

'to provide high quality care homes for older people, where the needs and wishes of each person are valued and respected'.

What people told us

We took account of what people told us, seeking views from 28 people living in the home, 5 relatives/friends and 12 staff working in the home. This included views expressed in returned questionnaires and emails to us.

To make sure we involved as many people as possible in the inspection we also used the short observational framework for inspection (SOFI). This observes staff interactions with people and helps us evaluate experiences of people who cannot always tell us what it is like to live in the care home. During the SOFI observations we saw staff engaging with people, enabling them to enjoy their meal.

Overall people felt staff were kind and courteous and the facilities in the home were very good. Comments included:

"They are all so kind and caring"

"Ai, we are all well looked after here"

"Been here a long while now.....the staff are all good."

"I get on well with the staff, I love my room"

"The staff are good and the food is fine, there is always a choice"

"There are still issues with the laundry and staffing levels, use of agency and little continuity of care.....despite this, overall the care is good"

"I cannot say it enough, the staff in the home are wonderful and look after my wife well"

"Seems to be very little on offer for those less able"

"....the care has been outstanding"

Other comments are highlighted in the report along with comments from staff and where relevant the four visiting professionals that we spoke to.

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? | 4 - 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? | 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?

4 - Good

This is the first time this key question has been inspected in the service. We evaluated how well people's wellbeing was supported and concluded that there were a number of important strengths with some areas for development.

People experienced very good care from staff who promoted people's dignity, caring for them with compassion. People commented on their experiences;

"The staff are kind, it's really not an easy job"

"Look here, they have looked after the sore on my arm so well. I knocked it and it was big, but now it's just a small red mark".

We saw many examples of staff supporting people well. For example, one carer took a small group of people for a cup of tea because some had become distressed. With the change of scenery and engaged conversations they quickly settled.

Relatives spoke positively about the staff;
"the staff are kind and considerate"

People felt able to express their views and many commented on the approachable manager. There was good support for people, helping them to get the most out of life. Staff were enthusiastic and there

was good investment to provide varied activities, including the addition of a trishaw bike. Many discussed the activities and said they were kept busy;

"Though there isn't much entertainment in this unit, mum goes to the other units and joins in, there's always plenty to do".

Access to the gardens was freely available and many people had enjoyed developing the garden areas in the home.

People felt safe and relatives felt reassured by the good care and support that helped to promote people's health. There was a range of well maintained specialist equipment which supported people to stay healthy such as bed mattresses and chairs.

Comprehensive health assessments were undertaken and staff sought help from other professionals to support them to promote people's health.

No one had concerns about the medication system, though we discussed with staff assessing people's ability to self-medicate, or have support to self medicate if they wished to.

The kitchen staff had worked hard to improve the menu, choices and snacks and the addition of fortified snacks in the afternoon.

Areas to develop

Responsive care and support was sometimes compromised because some people needed additional support at unpredictable times. This was worsened by the lower number of night staff from 1930hrs. The manager monitored this, increasing staff at times. Recruitment of staff was difficult due to systems and processes that had changed. We asked the manager to continue to monitor staff numbers and skills. **(See area for improvement one).**

Making some activities more personal and aimed at those less able to choose for themselves would help people get more out of life, such as for example, making a play-lists of songs that trigger memories for a person or daily walks in the garden for those who love the outdoors. Better signage to the garden may help some people to get outside independently.

Supporting people's wellbeing would improve by helping staff to be more confident about fortified diets, this relates to skin care because good diet and hydration improve skin integrity, **(See area for improvement 2).**

There had been improvements in medication management and administration since the last inspection, while the requirement had been met, we have included an area to continue to develop around medication administration. **(See area for improvement 3).**

Areas for improvement

1. To make sure people feel well supported by staff, there should always be enough staff with the right skills available. Where people's support continually fluctuates, sometimes increasing significantly, there should be contingency that means there are enough staff. This may relate to the availability of on call staff who can provide quick and responsive care.

This is in keeping with the Health and Social Care Standards which state;

My needs are met by the right number of people. (HSCS 3.15)

I am confident that people respond promptly, including when I ask for help. (HSCS 3.17)

I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty. (HSCS 3.18)

2. To make sure people's wellbeing is promoted in relation to nutrition and skin care, staff should be supported to develop their practice. Ensuring staff know who is on a fortified diet and the associated risks with skin integrity would improve people's overall experience. This could include, but not be limited to:

- a) Evaluating training for the kitchen staff about fortification of diets for people, making sure everyone needing fortified meals receives the maximum possible fortification;
- b) Supporting care staff to use every opportunity to make sure people needing fortified diets eat well. For example using frozen build up drinks as well as/instead of ice cream;
- c) Discussing with community nurses the most appropriate assessment tool to use for determining risk of pressure damage to skin to help coordinated care and support; and
- d) Including information in people's personal plan about their care and support needs around diet and skin care so that staff know how to look after people well.

This is in keeping with the Health and Social Care Standards which state;

My meals and snacks meet my cultural and dietary needs, beliefs and preferences. (HSCS 1.37)

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)

My care and support is consistent and stable because people work together well. (HSCS 3.19)

3. To promote independence and reassure people being supported to take medicines staff should;

- a) explore with people if they wish to self medicate and the amount and degrees of support they need, promoting independence whenever possible;
- b) ensure information is always clear about how to support people who need to have medication in a disguised form (covertly), documenting how this is to be given; and
- c) make sure reasons for medicine given for people with stress or distress is available, detailing what can be done to alleviate people's stress or distress before using medication.

This is in keeping with the Health and Social Care Standards which state:

I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me. (HSCS 1.18)

If I need help with medication, I am able to have as much control as possible. (HSCS 2.23)

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?

4 - Good

This is the first time this key question has been inspected in the service. We evaluated that there were a number of important strengths with some areas for development related to assessment and care planning.

Comprehensive assessments of people's health needs were undertaken by staff. These included nutrition, mobility and falls risk assessments. Assessments to some extent informed the development of the care plan for people. The care plan was reviewed regularly and some people felt very involved in their plan and its review;

"Look, here is my care plan review, I know all about it"

"Yes, they hold reviews of my mum's care plan and we get to discuss things and any changes".

Anticipatory care plans informed staff about people's wishes, we discussed everyone being supported to consider their future wishes within anticipatory plans.

Some areas to develop

While there is a range of assessments undertaken they were not well organised, making it difficult to always see how they informed care planning. For example, the nutritional and skin care assessments didn't always directly inform the plan to support people who were at risk. This has been covered under area for improvement 2 in key question one.

Several people were not always sure about their care plan or what staff wrote in them. Some plans were written in the first person, but the language used did not always reflect how people described their needs. For example, talking about the help they needed to walk referred to the term "help to mobilise" in the plan.

The plans were kept locked away from the people they were about. They were not easily accessible to staff and not used on a daily basis to inform care and support. Although staff felt the plans did help inform them about people, they took a long time to read and tended to focus on needs and risks. Including strengths, wishes and risk enablement would help make the plans more dynamic, but key to this is allowing people to influence planned care whenever they want to.

The manager was involved in a review of care plan documentation and we suggested accessing the meaningful and measurable work available at the personal outcomes collaboration. This could also help with the

development of a more person focused approach, see <https://personaloutcomescollaboration.org/> The staff were committed to involving the person and those important to them in developing the care plans which will help to make sure they reflect needs, risk enablement and wishes for people. See area for development 1, which also incorporates some suggestions from the previous recommendations made at the last inspection.

Areas for improvement

1. To make sure people's planned care reflects people's strengths and things that are important to them they should be involved and central to planning their care and support. People should feel like the plan belongs to them, have easy access to the plan, determine who else can access it and when and how often assessments and plans are reviewed/changed. The plans should focus on needs and wishes and be, concise and easy to read. The plans should include, but not be limited to supporting people to:

- a) maintain hobbies or develop new ones which may involve positive risk taking;
- b) be as independent as possible which will involve risk enablement; and
- c) highlight what is important to them and understand care processes that staff feel must be included in their plan, like a need to monitor weight or skin integrity.

This is in keeping with the Health and Social Care Standards which state:

I am supported to participate fully as a citizen in my local community in the way that I want. (HSCS 1.10)

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)

My future care and support needs are anticipated as part of my assessment. (HSCS 1.14)

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)

My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected. (HSCS 1.23)

I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made. (HSCS 3.22)

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

Requirements

Requirement 1

The provider must make proper provision for the health and welfare of service users by ensuring that all medicines are administered and managed as prescribed and according to good practice guidance. This should

include;

- ensuring information is in place for residents being given medication in a disguised form (covert) that describes how this should be given, such as in a specific food or drink.
- for residents prescribed medication for symptoms of stress or distress, information should be available on how individuals might display signs of stress or distress and actions staff should take to help the resident before giving medication.
- information should be recorded on the medication administration records to indicate why a medication was not signed as prescribed.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) make provision for the health, welfare and safety of service users and Regulation. This takes account of National Care Standards, Care Homes for Older People, standard 15, keeping well - medication. Timescale: for completion by the 28 February 2018.

This requirement was made on 10 November 2017.

Action taken on previous requirement

People being supported to take medication benefited from improvements made as a result of this requirement, however we have detailed areas to continue to develop in relation to administration of medicines - see key question one, area for improvement three.

Met - within timescales

Requirement 2

The provider must ensure that staff employed in the service receive training appropriate to the work they are to perform. This should include, but not be exclusive of;

- medication
- adult support and protection
- manual handling
- stress and distress
- skin care/pressure ulcer prevention

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15(b) Staffing. This also takes account of National Care Standards, Care Homes for Older People, standard 5 - management and staffing arrangements. Timescale: for completion by 31 March 2018.

This requirement was made on 10 November 2017.

Action taken on previous requirement

This requirement is met, however, the evaluation of training would be important and we have detailed this in key question one, area for improvement two.

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

The provider should ensure that personal plans contain detailed information on resident's care and support needs and that this information is regularly evaluated and update to ensure it is current and accurate. This should include;

- a) care plans should be updated when resident's needs or abilities change and make sure changes recorded in the evaluation are transferred to the care plan.
- b) care plans should contain the level of detail need to guide staff on skin care needs, including settings for active pressure relieving equipment, re-positioning needs and topical creams/ointments. Skin risk assessments should be completed regularly and inform skin care plans.
- c) assessment of individual social needs and how these should be met

This takes into account National Care Standards, Care Homes for Older People, standard 14, keeping well - health care.

This area for improvement was made on 10 November 2017.

Action taken since then

There was still some progress needed relating to this recommendation. With the new health and social care standards and framework we have reflected this recommendation within key question five, area for improvement one.

Previous area for improvement 2

The service should develop a clear system to evidence their management of any complaints received. This should evidence;

- that complaints have been responded to within 20 working days after the date when the complaint was made
- details of the investigation completed
- that the complainant has been informed of actions taken and the outcome of these.

This takes into account National Care Standards, Care Homes for Older People, standard 11, expressing your views

This area for improvement was made on 10 November 2017.

Action taken since then

We reviewed complaints and discussed some ways to improve what was documented where, but felt that overall this recommendation had 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.

Detailed evaluations

| | |
|----------------------------------------------------------|---------------|
| How well do we support people's wellbeing? | 4 - Good |
| 1.1 People experience compassion, dignity and respect | 5 - Very Good |
| 1.2 People get the most out of life | 4 - Good |
| 1.3 People's health benefits from their care and support | 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 |

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.