

## Innis Mhor Care Home Care Home Service

Craighill Terrace  
Tain  
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Telephone: 01862 731180

**Type of inspection:**

Unannounced

**Completed on:**

15 March 2019

**Service provided by:**

Parklands Highland Ltd

**Service provider number:**

SP2012011901

**Service no:**

CS2012310801

## About the service we inspected

Innis Mhor is a purpose built care home, which is registered to provide a service to a maximum of 40 older people.

This service registered with the Care Inspectorate on 15 July 2013.

The service is situated in the town of Tain in Ross-shire. The home has three units, one of which is on the first floor. All bedrooms are spacious, bright and have private ensuite facilities. There is a large secure garden area to the rear of the property and a small seating area outside one of the ground level units to the front of the building.

The service is provided by Parklands Highland Ltd.

## How we inspected the service

This report was written following an unannounced inspection on 13 and 14 March 2019. Feedback was provided to the directors, manager, two shift leader carers and a member of the NHS contracts team on 15 March 2019 at 3pm. At this inspection we focussed on the requirements and recommendations we made at the last inspection on 23 August 2018.

During the inspection, we gathered evidence from various sources. We spoke to six people using the service and six visiting relatives. We also spoke with five members of staff.

We also:

- looked at a sample of six people's support plans and associated care records
- observed and looked at evidence of activities being provided
- looked at staffing levels over the week of the inspection and the previous four weeks
- observed staff practice and looked at the system of staff training and development
- looked at the medication system
- looked at staff supervision/appraisal.

We generally observed how staff spoke with and interacted with people using the service. We also used a Short Observational Framework for Inspection tool (SOFI2) to directly observe the experience and outcomes for people who were in the lounge area and dining areas.

## Taking the views of people using the service into account

We spoke with six people who used the service during the inspection. They all spoke positively about living in Innis Mhor. People told us that they were happy with their rooms and that they had some of their own 'bits and pieces'. One person told us that they had a lovely view from their room and that they were delighted with the space and the quality of their furnishings.

We spoke generally with people who were sitting in one of the lounges and they told us that the staff were kind and caring and made time to have a chat with them.

One person told us that they liked to get out in the garden and they were looking forward to the better weather. People told us that the staff supported them to get out to various activities and entertainment.

When we asked about the food, people told us that it was nice and that there was always a choice.

People we spoke with knew who the manager was and said that she was very nice and approachable.

## Taking carers' views into account

We spoke with six relatives/carers privately. We received very positive comments in relation to the management and staff and the quality of care that their family members received.

Some comments were as follows:-

'The communication has improved and the new manager is very proactive.'

'My mum is happy which means we are very happy.'

'I couldn't put a price on the care my family member gets here.'

'The new manager has organised things well. Always plenty of staff at meal times to help those who need it'

'Things are much better now. Manager has an open door policy and she listens.'

'The activities are good. There seems to be events all the time.'

'I am very happy with things. I have no worries about the care my relative receives.'

'Things are excellent. There is a lovely family atmosphere.'

'If we go to the manager with anything, she gets things done.'

There were many more positive comments made by relatives/carers in relation to how they felt the service had improved. Everyone we spoke with told us that things had settled down and that they had no concerns at all about the quality of care provided to their relative, by the staff at Innis Mhor.

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

### Previous requirements

#### Requirement 1

By 31 October 2018 you must ensure that there are sufficient numbers of appropriately trained and skilled staff on duty to ensure that the needs of service users are safely met. In particular you must:

- a) complete a monthly needs-based analysis of the dependency of people living in the service and adjust staffing levels accordingly.
- b) ensure that the staff on duty have appropriate levels of experience and qualifications for the work they are to perform.
- c) take into consideration the layout of the home and the impact this has on the number of staff required to meet residents' needs.

This is in order to comply with Regulations 4(1)(a) and 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 23 August 2018.**

## Action taken on previous requirement

This requirement was made as the result of an upheld complaint. We followed up on this as part of this inspection. The manager carried out regular dependency assessments for each person who used the service. These assessments were also backed up by the manager and the deputy working on the floor in the units, to confirm that the staffing levels were sufficient to meet people's needs. Where the manager found that more staff were needed, the provider took this on board and extra care hours were provided to cover peak times. For example, the mornings and meal times.

The home's nurses were now working longer shifts. This meant that they worked in the evenings and helped free up the shift leaders to do their medication rounds and ensure that care records were being completed. During this inspection we found that staff were much more visible in the lounges during the day and in the evening. We evidenced them having more time to sit and talk with people and provide an appropriate level of supervision ensuring people's safety and wellbeing. This requirement has now been met.

**Met - within timescales**

## Requirement 2

By 30 November 2018 you must ensure that people are appropriately supported with their medication needs. In particular you must:

- a) ensure that people receive the correct medication as prescribed by their GP.
- b) ensure that staff have the appropriate training to administer medication and their competencies are regularly assessed.
- c) ensure that where people are being prescribed 'as required' analgesia that staff record when medication is given and whether it has been effective.
- d) ensure that they keep a complete audit trail of all medications stored in the home.

This is in order to comply with Regulations 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 23 August 2018.**

## Action taken on previous requirement

We looked at the way people's medications were managed at this inspection. We found things to be much better. We sampled three different topical medications and found the recording to be of a satisfactory standard. The medications were stored correctly in the person's medication box and the recording matched the instructions on the medication label.

We looked at the controlled medications and found them all to be correctly stored and the recording of a good standard. There was evidence of regular stock checks taking place of all the controlled medications stored in the home.

There was now evidence to support that staff received training in medication. The manager was also assessing people's competencies through observed practice. This was to ensure people who use the service can have confidence in staff as they are competent and skilled.

We noted a big improvement in how staff evaluate the use of 'as required' medications. There was now a more consistent approach to this, which enabled staff and health professionals to see clear evidence of whether people's medication remained appropriate and effective.

There was now a clear audit trail of all the medications stored in the home. The manager now has a very thorough audit in place and has developed a report from each audit and an action plan for staff where any issues were found.

We found all four parts of this requirement to be met.

### Met - within timescales

#### Requirement 3

By 31 December 2018 to ensure that people who use the service receive care from staff that are trained, competent and skilled in their roles, appropriate training should be provided. In particular you must ensure that training includes:-

- a) nutrition and hydration
- b) pressure ulcer detection and prevention
- c) pain assessment and management;
- d) dementia awareness and stress and distress
- e) palliative care
- f) person centred care planning/general record keeping.

After training has been provided to staff an evaluation should be carried out, to ensure that staff practice has improved as a result of the training provided. Observed practice in all areas of staff's work should be planned and carried out, to enable both strengths and weaknesses in staff practice to be identified. Where any areas of weakness are found further training and support should be accessed for staff.

This is in order to comply with regulation 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 23 August 2018.**

#### Action taken on previous requirement

Staff had received training in nutrition and hydration from an NHS health professional. Staff also had access to elearning training in nutrition.

It was evident that staff now had more awareness of the need to keep accurate records for those people assessed as at risk of malnutrition and dehydration and to take into account people's personal preferences when offering support.

Assessment and care planning in relation to people's nutrition and hydration needs was now of a much better standard and the information about people's level of need, likes and dislikes was now much more person centred, which would support staff in offering people a level of care that was right for them.

The home's own nurses were supporting staff with their learning in relation to pressure ulcer prevention and detection. There was also elearning for staff to complement the in-house training. We could see that staff had a better knowledge of general pressure care. People were being encouraged to be more mobile and there was better evidence of how the staff looked after people who were at risk of developing a pressure ulcer. Where a person had a problem with their skin breaking down the nurses developed good care plans, which provided clear evidence on the progress, or deterioration, of any wound/pressure ulcer.

The manager had provided training for staff on the use of a pain scale assessment tool. This was to be used where people lacked capacity, or had communication difficulties, to help assess their levels of pain. We saw one completed assessment and this showed how the person's pain had been assessed prior to medication being given, then at regular intervals afterwards, to ensure that the medication had been effective in bringing about relief from pain.

Staff had received both elearning and face to face training in relation to dementia awareness. The provider had accessed the 'dementia bus' awareness training for staff. All the staff we spoke with confirmed that they thought the training was excellent and that it had given them a better awareness in their approach to caring for people who live with dementia. We could see through our observations that this training had impacted on the way the staff cared for people with dementia. Staff were very respectful and patient towards people. Where people experienced times of stress and distress, the staff were noted to use the strategies identified in their care plans, to help and support people through these difficult times. This good practice was also confirmed by relatives/carers who stated that they thought the staff were very good with their family member and coped with their periods of distress very well.

Staff had received training in relation to palliative care from the local hospice. Staff spoke very positively about this training. We could see a good improvement in the way staff developed care plans for people. There was now information as to people's wishes when they reach end of life care.

There was an improvement noted in the way staff recorded information in care plans and care records. Shift leaders were now responsible for ensuring that records were being completed by carrying out checks in the middle and end of each shift. This had been effective and we saw that the quality and consistency of the record keeping was now of a much better standard. This requirement has been met.

We discussed with the manager how further improvements could be made to the evaluations/reflective accounts of training, to provide evidence that staff practice and their knowledge and understanding of the subject has improved, as a result of the training provided. This will help to ensure that people who use the service have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14)

## Met - outwith timescales

### Requirement 4

By 31 December 2018 each person living in the home should have a full care plan in place, which sets out their health and wellbeing needs. Levels of support required from staff should be identified. The person using the service or their representative (if appropriate) should be fully involved in this process. Information should be

regularly evaluated and updated, to ensure that the care plan remains a current reflection of the person's needs. Where circumstances change and people who use the service need to be transferred to hospital, a current summary of their care needs should accompany them.

This is in order to comply with regulation 5 (1) (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 23 August 2018.**

#### Action taken on previous requirement

We noted a big improvement in relation to this requirement since the last inspection. The information in people's care plans was now person centred and much more outcome focussed. Nurses carried out health assessments including mobility, tissue viability, continence, nutrition and dependency. Person centred care plans were developed for each person from these assessments. We could see that care plans were evaluated regularly and any required changes made. We found through our observations and discussions with people who used the service and their families that people's care plans contained information that was a current reflection of their health and wellbeing needs, wishes and preferences. This would support staff to offer people a level of care and support that was right for them.

There was a hospital pack, which was part of the electronic care planning system and this contained up to date information on people's needs, levels of support required and relevant information on their medical history. This document accompanied people to hospital for any admission. The manager told us that they had received very good feedback from the hospital about the quality of this document and how useful it was in enabling them to provide the right level of care to people, especially those who were not able to communicate their needs.

**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

Where people require support with their financial affairs, the provider should ensure that there is a written record, witnessed and signed by two members of staff, for every transaction. All records should be in line with the provider's own policy.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which states that 'If I need help managing my own money and personal affairs, I am able to have as much control as possible and my interests are safeguarded'(HSCS2.5)**

**This area for improvement was made on 23 August 2018.**

#### Action taken since then

The manager had taken action in relation to this area for improvement. There was now a good system in place. Where any financial transactions had taken place, the record keeping was now of a satisfactory standard and in

line with the provider's policy. We found that the service had made good progress in this area and this area of improvement was met.

## Previous area for improvement 2

The provider should involve people, relatives and staff to evaluate how well the service support people to achieve their potential. From the self evaluation the provider should plan how they can make improvements, to ensure that people are enabled to experience a range of meaningful activities and opportunities, which promote their well being.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which states 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 1.24)**

**This area for improvement was made on 23 August 2018.**

### Action taken since then

The service had made very good progress in relation to this area of improvement. We observed people taking part in various activities and on the second day of inspection there was a tipsy tea party. Most people who used the service participated in this event and some relatives/carers also joined in. There was a lovely atmosphere and it was obvious that the people who used the service, their relatives and staff enjoyed the party. We saw lots of evidence that people were getting out and about. We saw photos of people on the community bikes, at football matches, local clubs, restaurants and cafes. Some people also chose to keep going to their own hairdresser in the town and the staff supported people to do this. The local schools and nursery were now involved in the home and visited regularly. There were now two activities co-ordinators working in the home and this had obviously been of great benefit to people. Staff were also taking some responsibility for supporting the activities staff to ensure that everyone received activities that were meaningful to them. The manager was now starting to look at carrying out some evaluation of the activity provision. This would help ensure that activities remained appropriate and meaningful for all those who used the service. This area for improvement has now been met.

## Previous area for improvement 3

The provider should ensure that they continue to make improvements and ensure that people's nutritional needs are met. Where someone has been assessed as at risk of malnutrition/dehydration, staff should have guidance developed from a robust risk assessment, which details the levels of support required to meet those identified needs. Where it has been assessed as necessary that there are food and fluid monitoring charts in place, staff should complete these in line with the planned care. Management should take responsibility for having an overview of those people's risks, intake/output and actions taken where concerns are highlighted.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which states that 'My care and support meets my needs and is right for me' (HSCS 1.19)**

**This area for improvement was made on 23 August 2019.**

### Action taken since then

The manager now had an overview of all the people in the home who had nutrition/hydration needs. Where people had a food/fluid chart in place these were now checked by the shift leader part way through each shift, to ensure that they were being completed. At the end of each day the charts go to the nurse on duty and they looked at each chart and checked whether people were meeting their fluid targets, or were have a satisfactory food intake. Where actions were needed the nurse put these in place for the next day. The manager now looked at the food and fluid charts on a weekly basis, to ensure that she was informed of people's ongoing needs.

There was evidence to support that people had access to support from a dietician, where necessary.

We spoke with one of the cooks and it was obvious that she was very aware of people's likes and dislikes in relation to food. She was also very knowledgeable about those people who were assessed as at risk of choking and required a soft or pureed diet.

This area for improvement has been met.

#### Previous area for improvement 4

The provider should self evaluate the quality of the service against the health and social care standards. This would support them to make and implement an improvement plan which improves outcomes and experiences for people.

**This is to ensure that 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)**

**This area for improvement was made on 23 August 2018.**

#### Action taken since then

The provider has been very proactive in developing an improvement plan for all the Parklands homes. This improvement plan does take into account the Health and Social Care Standards and the new quality framework, however it is one plan, rather than one for each home. We would suggest that each of the homes ensure that their improvement plan reflects their own service and is a live document. This will allow them to monitor improvements in all aspects of the service they provide. The manager had already made a start on this and was reviewing the improvement plan for Innis Mhor to make sure it is an accurate reflection of their progress in each area. We will monitor progress in relation to this area for improvement at the next inspection. This area for improvement has been met.

#### Previous area for improvement 5

The manager should continue to develop and implement a structured system of supervision and appraisal to support staff's learning development.

**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)**

**This area for improvement was made on 23 August 2018.**

#### Action taken since then

The manager had taken a steady approach to this area of improvement. She was taking her time and was getting to know each member of staff. There was evidence to support that staff were receiving supervision on a twelve-weekly basis. We could see that this was now a much more meaningful process and was identifying strengths and areas for development in staff's practice. There was now a clear link to the training plan and also to direct observation of staff practice.

The manager's vision of getting to know staff, offering regular supervision and direct observations of work practice before she embarked on carrying out appraisals was a good approach. This would hopefully result in appraisals that are based on a sound knowledge of strengths and areas of development in staff's practice,

training needs and staff's wishes to develop in their roles. This area for improvement has not been fully met, however there has been very good evidence of improvement in this area. This area for improvement has not been met at this inspection.

## Previous area for improvement 6

People who use the service should be supported and encouraged to make full use of the large, safe outdoor garden space. Where people request to go outdoors and it is safe for them to do so they should be supported to have access to fresh air on a daily basis. Staffing levels in the home should be at a level to support people to participate in activities both inside and outside the home.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that ' If I live in a care home I can use a private garden (HSCS 5.23) and 'I can independently access the parts of the premises I use and the environment has been designed to promote this (HSCS 5.11)**

**This area for improvement was made on 23 August 2019.**

### Action taken since then

At this inspection we saw a big improvement in relation to this area for improvement. There was lots of evidence that people were being encouraged and supported to get out and about, both in the garden area of the home and also in the local community. People who used the service and their relatives/carers told us about different outings to football matches, for walks and cycle rides. There was a real focus on keeping links with the local community and people were being encouraged to attend events and entertainment in the town. Where people were not able, or did not wish to go out, there was now a varied and interesting programme of activities for people to take part in. There were two activities co-ordinators who were supported by staff, to ensure that everyone was offered activities that were meaningful to them and that those who wished to, were able to go outside and keep links with their local community. This area for improvement has 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](http://www.careinspectorate.com).

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