

Dun Eisdéan (Care Home) Care Home Service

44 Westview Terrace
Stornoway
HS1 2LD

Telephone: 01851 70 3335

Type of inspection:

Unannounced

Completed on:

1 August 2019

Service provided by:

Comhairle Nan Eilean Siar

Service provider number:

SP2003002104

Service no:

CS2003009707

About the service

This service has been registered since November 2002. Dun Eisdean is owned and managed by the local authority Comhairle nan Eilean Siar.

The service is registered to provide care for up to 38 older people. One bedroom is allocated for emergency provision, with the remaining rooms being available on a long terms basis.

All the bedrooms are en suite (toilet and wash hand basin only) and there are a number of communal sitting rooms and comfortable seating areas located throughout, as well as a separate dining area.

Work to build a new care home, which will eventually replace Dun Eisdean, and the other local authority care home in Stornoway has now commenced. At present the construction is at an early stage, involving site preparations, so timescales for likely completion remain uncertain.

What people told us

Before the inspection we asked the service to distribute questionnaires to relatives and residents. We received four completed questionnaires from residents and 18 from relatives. We also had questionnaires submitted to us from staff. Additionally we spent time talking with people living in the home or their visiting friends and relatives.

People we spoke with spoke well of the staff group and the care that they provided. We received comments saying:

"The staff provide excellent care in a warm, caring environment" and "the staff are wonderful and look after my relative really well."

Individuals described a service where there was good food, and where standards of cleanliness were consistently maintained.

However throughout the inspection people we spoke with also highlighted some areas which could be better. We heard that the premises were "getting a bit run down" and that some fixtures in bedrooms needed repair.

A number of those whose views we heard from told us that they did not consider that there was enough staff working in the care home to meet the needs of all residents. Individuals described a service within which staff were rushed, and had limited opportunity to spend time socially and providing stimulating experiences with residents.

Some people had concerns about the consistent availability of staff in communal areas to respond to arising support needs, maintain safety, and provide active support to individuals with complex needs.

Some concerns were also expressed about there being sufficient staff available to allow them to give the necessary support to people who need significant time to be encouraged to eat and drink.

A number of people we spoke with told us about the impact on either themselves, or their relative, of living closely with the distressed and stressed reactions of others. People described being upset by intrusions into their own personal space, and the disturbance because of noise.

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?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	4 - Good

How well is our care and support planned?	3 - Adequate
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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

We evaluated that the overall quality of care was good with important strengths, but also with some areas of improvement.

People should experience care where they are treated with compassion, dignity and respect.

Throughout the inspection we observed interactions between people and the staff team which were warm, caring and reflected a genuine sense of compassion. People told us that they valued the care and support that they, or their relative received. We observed staff interacting in a manner that offered reassurance and was encouraging. It was evident that positive relationships had been established between residents and staff members, and within this we observed an understanding and recognition of individual interests, important relationships, and preferences.

Some people needed support with eating and drinking, and we observed this being provided in a way that promoted dignity. Mealtimes appeared pleasant occasions, it was evident that people were enjoying the social aspect of the experience. Individual choices were being upheld as to dining preferences and people considered that the standard of catering was very good, with a range of available choices and a positive approach to ensuring specific likes and dislikes were accommodated.

People should be supported to get the most out of life. Individuals should be able to choose to have as active a lifestyle as they wish, and have the option to participate in a range of social, or recreational activity on a daily basis.

We observed visitors being warmly welcomed and offered hospitality, while they spent time with their relatives or friends. Various community groups visited the home, and there were planned entertainments, for example, with local musicians, which were enjoyed. Religious services were well supported by local churches who led on worship in the home at various times throughout the week. This supported people to meet their spiritual needs, and their previous lifestyle preferences.

The service benefits from having a part time activity worker who spends three days in the home each week. This included spending time with residents, usually as a group, sometimes on an occasional basis, leading on activities to stimulate and create interest. However despite these positive elements it was evident that the provision of meaningful activities was insufficient to meet the needs of all residents. We noted that during the inspection there were no planned activities taking place because the activity worker was on holiday and the care staff group were busy with fundamental care provision.

Our conclusions were that opportunities for meaningful activity that met all needs and preferences were limited and that this was a gap that needed to be addressed. The provider acknowledged this gap in their provision, and advised that they were in the process of recruiting a full time activity worker for the service. While this is a very positive development we have concluded that there remains a necessity to build time for meeting social needs

into the assessment of their overall staffing needs. This should include taking into account the size of the service, opportunities for outings, as well as individual needs, interests and preferences.

People should benefit from their care and support. We found that there was a strong focus on supporting people to do so. Staff were vigilant to changing health needs and there was a responsive approach to reporting and seeking advice about any concerns. We had feedback from visiting health professionals which confirmed that communication from staff was good. People looked well cared for, and staff had good knowledge about the people they were supporting.

We evaluated that there were good arrangements in place to support people with their medication. The exception to this was with topical medications, where we concluded that practice needed to improve. This was in relation to situations where people were prescribed emollients and creams as part of their planned care. **(See area for improvement 1)**

The service provides care and support to people with a wide range of needs, including individuals who have complex needs, including stress and distress, experienced as part of living with dementia. Although during the inspection we saw staff responding sensitively and promptly, it was in effect universally acknowledged by those we spoke with that during periods when people were distressed, there were often not enough staff available on shift, including those with sufficient expertise and knowledge to provide the right care. This impacted on the person, but also at times on the experience of the wider resident group.

Areas for improvement

1. To promote good skin care staff should ensure that when people are prescribed emollients and creams as part of their planned care that they administer them as prescribed and follow good practice guidance.

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

How good is our leadership?

3 - Adequate

We found that the leadership within Dun Eisdean was adequate. This means that the strengths just outweigh weakness. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences for people.

The service is managed and supervised by a registered manager and three senior care workers, all of whom were experienced, and who had many years experience of care provision. People we spoke with told us that the management team were approachable and would listen to any concerns. During the period being inspected, there have been vacant posts in the providers' senior management structure, and it seemed that support and oversight of the home during this time was reactive, rather than focussed on driving forward an improvement agenda.

People using services should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. We found that there was limited and irregular evaluation of residents' experiences. While there were some audits, and some information being collated, it was not clear how this information was being used to target improvement where this was most needed. While some remedial work had been carried out, it remained apparent that areas identified at the previous inspection had not been addressed, resulting in these being repeated following this inspection. This was a concern, and in some instances there was a potential that this impacted on individual outcomes. **(See requirement 1)**

We have previously identified concerns about how the service managed accidents and incidents. This was because we were concerned about how the service managed adverse events. It remained unclear to us how the provider demonstrates an oversight of accidents and incidents, and how they ensured that the correct processes, for example, adult support and protection, were followed when this was required. Neither was it clear that appropriate risk reducing measures were recorded and implemented to reduce the likelihood of reoccurrence.

As part of the management of accidents and incidents the provider must ensure that other agencies, including the Care Inspectorate have been formally notified of certain events, within prescribed timescales, as the law requires. **(See area for improvement 1)**

Requirements

1. The provider must develop effective and robust quality assurance systems. To ensure this, the provider must put in place a system to:
 - a) Ensure effective oversight and monitoring of all aspects of the service.
 - b) Develop systems to monitor compliance with required health and safety, including the storage and safety of hazardous chemicals, and premises maintenance.
 - c) Ensure areas for improvement are identified, appropriately recorded and followed-up with outcomes and improvements clearly identified.
 - d) Ensure the views of people using the service or their representatives are sought on a regular basis and used to plan and make improvements to the service.
 - e) Ensure proper quality assurance records are maintained.

Timescale for completion: 7 January 2020.

This is to ensure 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) and to comply with Regulation 4(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Areas for improvement

1. The service should improve how they manage accidents and incidents. In doing this they should ensure:
 - a) That staff have clear guidance regarding the correct recording reporting of accidents and incidents.
 - b) Ensure that accidents and incidents are investigated, or where protection issues are indicated report to the relevant agency who have the lead legal responsibility to investigate.
 - c) That staff have a clear understanding of their responsibility in terms of adult support and protection legislation, and the procedures to be followed when making a referral.
 - d) That all notifications are made to the Care Inspectorate as the law requires.
 - e) That the findings of any investigations into adverse incidents are appropriately and transparently shared and that responsibilities under duty of candour are shared with relevant personnel as the law requires.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, '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 'I am protected from harm, neglect, abuse,

bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

How good is our staff team?

3 - Adequate

We evaluated the staffing levels and mix of people working together as being adequate. This meant we identified some strengths but these just outweighed weaknesses.

The care and support at Dun Eisdean was provided by a well established staff team. People spoke well of the staff group, and about individual staff who provided their care. We observed staff to communicate well as a team and ensured that important health and wellbeing information was shared within the team.

We identified that there were a number of issues with staffing levels in the service. Many people we spoke with during the inspection told us that they did not feel that there were sufficient staff working in the service to ensure that each person's needs were comprehensively met. We found that the staff team was under pressure, yet there was no formal process in place to assess people's support requirements or to identify the number of staff needed to meet their needs.

Although the complexity of individual needs had increased, there did not appear to be a re-assessment of current staffing needs. We identified that gaps in administrative support impacted on supervisory staff, and there was an issue with having the right number of care staff working at practitioner level to support assessment and care planning processes. This had impacted on ensuring that each person had an up to date care plan. As previously highlighted it was clear to us during the inspection that there were insufficient staff available to meet individual social needs. **(See requirement 1)**

We met with a number of staff during the inspection and found them to be committed and enthusiastic about providing person focused care and support for the residents. We found staff had a good knowledge and understanding of best practice guidance, and relevant legislation. Staff were keen to continue to develop their practice. Unfortunately, although staff knew about best practice there was a sense, within the team, that time pressures and insufficient staffing impacted on their ability to deliver person centred care.

People should have confidence in their care staff because they are trained, competent and skilled. On a positive note, within the staff team there was a considerable level of skill gained from significant experience. However there continues to be shortfall in ready access to relevant training provision. The availability of mandatory training for new staff remains uncertain sometimes resulting in staff with limited formal training working in the service. Some training was provided to staff on line, but the records available to the management team to monitor this were very unclear. It is imperative that staff have training relevant to the work that they were required to carry out, and the needs of those they support.

We concluded that there were areas of further learning for staff in terms of adult support and protection, care planning as well as supporting people with complex dementia, including people who experience stress and distress. **(See area for improvement 1)**

Requirements

1. The provider must ensure that there are sufficient staff working in the service at all times to meet the complex health, welfare, safety and social needs of people living in the home. To do this they must take into account the following:

- a) The complex support needs of people living with dementia, some of whom might experience stressed and distressed reactions.
- b) The availability of staff supervision in communal areas.
- c) The layout of the building, and how staff would be best deployed to reduce risks to individuals, and anticipate care needs.
- d) Personal planning and key working responsibilities.
- e) Supervisory responsibilities of senior staff.
- f) Regular social, and meaningful activity opportunities for individuals.

Timescale for completion: 7 January 2020.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard which state that, 'My needs are met by the right number of people.' (HSCS 3.15); 'People have the time to support and care for me and to speak with me.' (HSCS 3.16) and in order to comply with Regulation 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 which requires providers to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

Areas for improvement

1. The provider should ensure staff receive training appropriate to the work they are to perform. They should also implement a process of maintaining up to date staff training records.

This is in order 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)

How good is our setting?

4 - Good

We evaluated that the setting was good, meaning that the service had important strengths but with some areas for improvement.

While the premises were now reaching the end of their use as a care home, we saw that staff continued to maintain the premises which appeared welcoming, demonstrating a pride in their work and a respectful approach towards people living in the home. The home was very clean, and there were some pleasant homely touches throughout.

We observed that Dun Eidean had a variety of spacious and comfortable communal areas for people to use in accordance with their own preferences. People were encouraged to make choices about where they spent their time around the home. We observed staff encouraging mobility, and through reassurance and guidance, supporting people to develop or maintain their mobility.

While Dun Eisdéan has a safe garden area we heard that access to this was difficult for people who used a wheelchair. This restricted the opportunities for spending time outdoors when the weather was favourable.

People living in a care home have the right to a safe and secure environment. We were concerned that during the inspection we found that cleaning materials, with the potential to cause harm, were not being securely stored at all times. We highlighted this as a serious concern and the manager has confirmed that all staff have been made aware of the necessity to store these items safely. We have not made a separate area for improvement or requirement regarding this. Instead we would expect that this would be an area of practice that they would incorporate into their quality assurance systems so as to ensure the safety of people living in the home.

People living in care homes should have their rights to privacy respected. We heard from some people, or relatives, who told us that they were, at times, alarmed by other people entering their bedroom uninvited. We would expect that the provider would take account of this, and consider ways that this could be better managed, for example through using assistive technology, and in how they deploy staff throughout the home.

How well is our care and support planned?

3 - Adequate

We assessed that the quality of care planning and assessment was adequate, which meant that their strengths just outweigh weaknesses. However, there were key areas which need to improve.

Personal plans should be right for each individual, and should accurately reflect the care and support experienced by people who live in the service. Overall we concluded that the standard of care and support planning was inconsistent, and was not supported by sufficient staff available to support this area of responsibility, or indeed by effective quality assurance processes which identified where improvements were required.

We found that care plans were not necessarily used to inform practice. Key assessments and support plans were not completed within necessary timeframes, or as a priority following admission, because the standard was variable, while we did see some care plans which were relatively well completed, included detailed information and guidance as to how support should be provided, this was not necessarily the case for all. In one instance we observed that a care plan had not been completed, although the person had been resident for some time.

In other instances we saw that plans had not been comprehensively updated to reflect current needs, risk assessments had not been reviewed following falls or other incidents, or plans adjusted to set out how changes were to be supported. While there were a range of supplementary charts in use to record different aspects of health and wellbeing it was not clear how these were used to evaluate care needs or to monitor the support provided. We concluded that this had the potential to result in an inconsistency of approach to care, and that in some areas, for example moving and handling, personal safety or risks to others, this did not support good practice and could impact negatively on people's welfare. **(See requirement 1)**

Reviews should be carried out every six months to ensure that people, or their representatives have meaningful opportunity for involvement in directing their own care and support plans. We saw that the service had made improvements to review timescales, and were now better supported with this by social work assessment and care management. However we were uncertain how the service were monitoring reviews, to ensure that there was a comprehensive account of discussion points, and the actions to be followed up, to promote better outcomes for individuals.

Requirements

1. The provider must ensure that each person's care plan is up to date. To achieve this:
 - a) A personal plan should be in place within 28 days of the person starting to use the service. This plan should cover all aspects of an individual's health, welfare and safety needs.
 - b) Plans (including risk assessments) should be updated when needs change.
 - c) Plans should evidence clearly how needs will be supported by staff.
 - d) Plans should be reviewed at least every six months following a consultation with the person, or if appropriate their representative.
 - e) Assessment tools used to measure risk and need, in areas such as nutrition, skin care, continence, hydration, falls and mobility should clearly link with the information, included in support plans.
 - f) Care plans should be regularly audited in a meaningful way to check whether they are accurate and are supporting better outcomes for the person.

Timescale for completion: 7 January 2020.

This is in order to ensure that care and support is consistent with 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) and in order to comply with Regulation 5 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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 there are sufficient staff present in the service at all times.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that, 'My needs are met by the right number of people.' (HSCS 3.15) and 'People have the time to support and care for me and to speak with me.' (HSCS 3.16)

This area for improvement was made on 18 July 2018.

Action taken since then

This area for improvement has not been met. A requirement has been made.

Previous area for improvement 2

The provider should have in place care plans which inform, and will support staff to provide consistent care which meets service user needs. To ensure this the manager should ensure that:

- a) Care plans are completed in a timely manner when people are admitted.
- b) Care plans are updated as necessary and when needs change.
- c) Care plans are regularly reviewed every six months, and detailed records are held to support the outcomes of these discussions.
- d) Detailed risk assessments in all areas relevant to the person are in place, are regularly updated, and are used to properly assess support needs.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17) and '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)

This area for improvement was made on 18 July 2018.

Action taken since then

This area for improvement has not been met. A requirement has been made.

Previous area for improvement 3

The service should ensure that any supplementary records such as food and fluid charts, repositioning charts, deemed necessary to inform the planning, evaluation and provision of care are accurately completed by staff.

These should then be used evaluatively to inform care.

This is in order 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 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This area for improvement was made on 18 July 2018.

Action taken since then

This area for improvement has not been met. This has been continued within the requirement about care planning.

Previous area for improvement 4

The service should ensure that appropriate records are maintained which support and evidence the administration of topical medication.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'My care and support meets my needs and is right for me.' (HSCS 1.19) and 'Any treatment or intervention I experience is safe and effective.' (HSCS 1.24)

This area for improvement was made on 18 July 2018.

Action taken since then

This area for improvement has not been met. This has been continued in this report.

Previous area for improvement 5

The service should review their audit system to ensure that these are effective in identifying gaps, or where improvements can be made.

This is in order 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 18 July 2018.

Action taken since then

This area for improvement has not been met. A requirement has been made.

Previous area for improvement 6

The service need to further improve how they document, evaluate, and demonstrate that when required, they adjust support plans, following an accident or incident. The service also needs to inform the Care Inspectorate of incidents or accidents, as the law requires.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21) and 'If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.' (HSCS 3.24)

This area for improvement was made on 18 October 2018.

Action taken since then

This area for improvement has not been met. This has been continued in this report.

Previous area for improvement 7

The provider should review and evaluate the arrangements they have in place to support staff training.

This will ensure that staff develop the skills relevant to the work that they carry out.

- a) Review the training plan.
- b) In establishing what they consider mandatory training for different staff groups, consideration should be given to the timescales by which this training will be provided, and where applicable refreshed.
- c) Identify what training needs to be undertaken within an identified induction period.
- d) As a priority deliver dementia training which will support staff to develop their skills in caring for people who have stressed or distressed behaviours.
- e) Review the provision of adult support and protection training to the staff group. This could include review of the resources available to staff who provide in house training.

This is in order to ensure 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 18 October 2018.

Action taken since then

This area for improvement has not been met. This has been continued in this report.

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 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
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
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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