

## Spynie - (Care Home) Care Home Service

Duffus Road  
Elgin  
IV30 5JG

Telephone: 01343 552255

**Type of inspection:**

Unannounced

**Completed on:**

30 October 2019

**Service provided by:**

Intobeige Ltd

**Service provider number:**

SP2004005486

**Service no:**

CS2003055110

## About the service

Spynie - (Care Home) is registered to provide a care service to a maximum of 56 older people. Five of these places may be provided to named individuals under 65 years old. There were 40 people living in the service at the time of the inspection.

The service registered with the Care Inspectorate on 01 April 2011.

The provider is Intobeige Ltd.

The service was provided from a single storey building located on the outskirts of Elgin. All bedrooms were single occupancy and had en-suite facilities. There were three separate wings within the care home - Brodie, Cawdor and Duffus. Each wing includes a lounge, dining area and an enclosed courtyard garden area.

The service's aims and objectives include:

'To provide care for service users with age related illnesses in a way that enables them to retain their personal choices, involvement and maximises independence within the limits of their mental and physical conditions and within a risk assessment framework.'

'To work in partnership with families and carers providing information, support and advice as required.'

'To give service users the opportunity to make informed choices regarding their care wherever possible, sharing information regarding care plans and treatment.'

## What people told us

We spoke with several relatives during the inspection. Some spoke of the staff in a warm and caring way and said that they were all good. They felt that they needed praise so that they would stay working in the service. Some relatives felt that the staff were not so caring, especially in one case towards someone's personal belongings going missing.

Those relatives that were not happy with the service commented:

- One relative was "not happy with the care" provided. "I worry about it". They had not received any welcome information and stated "In fact the only information I have received from Spynie is the bill."
- One relative believed the "care is not there" and has "not seen any improvements."
- One relative believed there was "no communication between the staff and me and no communication between the staff and management."
- One relative had spoken to a carer three weeks ago and they had suggested a continence assessment. The relative stated that they heard nothing since then. So was unaware of the outcome or if it actually happened
- One relative was annoyed staff don't wear name badges as they didn't know who staff were and they "don't introduce themselves."
- "There is no one for my mother to speak to in the unit and she knows that, I was considering taking her to another care home."
- "The sheets are awful, why can we not have fitted sheets?"
- "The food isn't good and there is a reliance on chips."
- "My husband doesn't like vegetables and all the soups are based on this."
- "The TV's are always on and I would like to hear more music as it has such a good effect."

- "Can we have proper tissues to wipe noses as the paper towels are so rough?"
- "My husbands personal hygiene is not good and his clothes are worn for too long."
- "The bed quilts are a disgrace."
- "There are dishes of food uneaten left out and I worry that people are not getting enough to eat."

Those relatives that were happy with the service commented:

- "Can't fault the staff."
- "They are excellent it is just that there is not enough of them."

We spoke with some people who lived in the service and individual comments were:

- "Staff are good, clean here and the food is good. Been in a few places and this is the best."
- "I sometimes get bored."
- "I can make my own drinks."
- "I don't upset them and they don't upset me."
- "Happy enough."
- "I haven't been on any outings."
- "Very nice people, they are very good."
- "I go in to the garden sometimes, but I haven't been on any outings."
- "I make enough for myself to do."
- "I have a camera but haven't had a chance to take any photos anywhere."

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	2 - Weak
How good is our setting?	not assessed
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**2 - Weak**

Some strengths were identified but these were outweighed and compromised by significant weaknesses. These weaknesses, either individually or when added together, substantially affected peoples' experiences and outcomes.

These weaknesses were due, in part to the insufficient levels and deployment of staff and the lack of effective management and leadership. These had a negative impact on the outcomes and care and support for people using the service and are being made the subject of an Improvement Notice (IN).

Whilst we saw some isolated, respectful and kind interactions, there were times where staff spoke of individuals that showed a lack of compassion, dignity and respect. Our observations demonstrated that care was not person-centred and was often delivered around routines and tasks rather than people's choices. For example some choices were not being respected with times of going to bed or getting up. People could experience tiredness which could lead to an increase in their stress and distress as a result. There was a lack of direction to guide and direct staff in the standards that people should expect.

We found that care levels were inadequate/insufficient to prevent harm and/or minimise risks to people. This included the delivery of skin care including prevention of pressure ulcers, medication management and the management of falls, accidents and incidents. **These are subject of an IN.**

People should expect to get the most out of their life and be able to participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. However this was not happening in the home. People's care and support was based on routines and tasks in the home and there was no sense of enhancing their care through social interactions. There was very little interaction that was meaningful for people and some were left unsupervised for periods of time and requests for assistance were not always responded to. We have previously raised the issue of activity in the home and the requirement has not been met. **(See requirement 1)**

The service had failed to improve the overall dining experience and this had been an area for improvement that was highlighted as part of the inspection of April 2019. In addition we observed that those people who needed a textured diet did not benefit from varied food textures to meet their assessed healthcare needs. These people were also not being offered a choice at mealtimes as were others who were more able to chew and swallow effectively. We observed that some people had to wait for long periods from getting up to being able or offered to partake of their breakfast. **(See area for improvement 1)**

## Requirements

1. By 28 February 2020 you must ensure that service users' recreational, social, creative, physical and learning needs are met in a manner which respects their preferences, wishes and choices. In order to achieve this the provider must ensure that:-

- a. All service users have a personal plan, which clearly details how their recreational, social, creative, physical and learning needs will be met;
- b. A full review of activities is undertaken, which is based on consultation with service users and their personal and professional representatives, and following this;
- c. There is an activity plan in place to ensure that service users are supported to take part in meaningful activities, and;
- d. That this is regularly reviewed to ensure that there are continued positive social experiences for service users;
- e. Regular reviews of service users' care and support are carried out to ensure there is a focus on improved outcomes.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25), and in order to**

comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. (SSI 2011/210)

### Areas for improvement

1. It is important that all people are offered a high quality mealtime experience regardless of their abilities and needs. The provider was to review the overall management of the times of meals served and the provision of textured diets. They were to ensure that people's wishes, choices and preferences were taken into account thereby promoting positive outcomes.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)**

### How good is our leadership?

**2 - Weak**

Some strengths are identified but these are outweighed and compromised by significant weaknesses. These weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

We were concerned as the overall quality of care was reduced and people were at risk. These concerns were similar to those we found at the inspection of April 2018 where an Improvement Notice was served.

People were not receiving a service that was well led or managed. We evidenced that despite systems and processes used to assess the overall quality of the service, their continued use had not had a positive impact on the overall development, or improvement of the service. This has an adverse impact on people being able to benefit from a culture of continuous improvement.

People should be able to experience high quality care and support. However, we found that there appeared to be a culture where staff had gone unchallenged in their approach to and with people they supported. We were concerned about senior staff's knowledge and understanding of good practice and to providing positive outcomes for people. Staffing levels and staff deployment across the home, the lack of guidance and support given to staff to deliver direct, quality care and the lack of recording and reporting of significant events to keep people safe and free from harm were significant factors that contributed to poor care and a reduction in the safety of people.

We were concerned the service had failed to make improvements in response to requirements and areas for improvements made following inspection and complaint investigations. These omissions have significantly impacted on the performance of the service.

Reporting of incidents/significant events is expected but this did not always happen or was not managed in a way to safeguard people.

Effective management and leadership is crucial for the smooth operation of a care service and to make sure that standards are of a high quality. We observed that the quality of life for some people living in the service was poor and posed a risk to their health, safety and wellbeing. In addition, the outcomes for some people were not positive and their choices and preferences in how they could be supported was not always taken into account.

**Management and leadership is the subject of an Improvement Notice.**

## How good is our staff team?

2 - Weak

Some strengths were identified but these were outweighed and compromised by significant weaknesses. These weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

Staff were hampered by the lack of leadership and direction in the service. This impacted on the care that was given to many people who did not receive person centred care, but care that was based on tasks and basic routines to the best of the staff members ability and knowledge.

Whilst pre-employment checks were completed before staff started work, there was no evidence to demonstrate that the staff had participated in an induction programme which enabled them to be appropriately trained to meet the health and care needs of people.

People should have confidence in the people who support and care for them and we have previously raised issues relating to the skills, values and competence of staff and to review their training needs. This is particularly in respect of medication, wound care and skin care, effective risk assessment, compassionate care and the embedding of the Health and Social Care Standards. **These must be progressed to improve outcomes for people and is the subject of an Improvement Notice.**

People should expect that their care needs are met by the right number of people who have time to support, care and speak with them and to also be responded to promptly when they ask for help. This was not what we found at this inspection. In addition the dependency assessments were not always accurate in capturing the current needs of people. This affected the ability of the service to make sure that there were sufficient numbers of staff to fully meet peoples' direct care needs. **Staffing is the subject of an Improvement Notice.**

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

2 - Weak

Some strengths are identified but these are outweighed and compromised by significant weaknesses. These weaknesses, either individually or when added together, substantially affect peoples' experiences and outcomes.

People should expect that their care plans are right for them because it sets out how their needs will be met, as well as their wishes and choices. We could not see that people were involved with the development of their care. They were not always completed in a person-centred or outcome focussed way and the information was very task oriented. This means that care can be inconsistent and does not respect the needs and preferences of each person.

Risk assessments were not always completed accurately or updated monthly for key aspects of care, for example in relation to nutrition, wound and skin care, continence and stress and distress. This meant that care planning could be inaccurate and would not guide staff in delivering care.

Care plans were not adequately evaluated to show the outcomes for people. This meant that there was no consideration of what was working well and what needed to be changed to make sure that care was appropriate.

Six monthly reviews were not taking place which meant that opportunities for people and their relatives to be involved in decisions about their care and support was being limited.

## Requirements

1. By 28 February 2020 you must ensure that that people's emotional, psychological, social and physical needs are met and are in a manner which respects their wishes and choices.

In order to achieve this the provider must ensure that:

- a. All people to have a personal plan which clearly details how their health, welfare and safety needs will be met in relation to their wishes and preferences and any identified significant risks;
- b. There is a system in place to ensure that people receive the care that is identified in their care plan and where there are indications of poor care they are recognised and action is taken promptly to address them;
- c. The above assessments and arrangements are based on consultation with people and their personal and professional representatives, and;
- d. Reviews and evaluations of peoples care and support are carried out to ensure there is a focus on improved outcomes.

**This is to ensure that care plans meet people's needs and is consistent with the Health and Social Care Standards which state that, as an adult '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(1)(2)(a)(b) (i)(ii)(iii)(c)(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. (SSI 2011/210)**

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

## Requirements

### Requirement 1

By 31 October 2019 you must ensure that service users' recreational, social, creative, physical and learning needs are met in a manner which respects their preferences, wishes and choices. In order to achieve this the provider must ensure that:

- a. All service users have a personal plan, which clearly details how their recreational, social, creative, physical and learning needs will be met;
- b. A full review of activities is undertaken, which is based on consultation with service users and their personal and professional representatives, and following this;
- c. There is an activity plan in place to ensure that service users are supported to take part in meaningful activities, and;
- d. That this is regularly reviewed to ensure that there are continued positive social experiences for service users;

e. Regular reviews of service users' care and support are carried out to ensure there is a focus on improved outcomes.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25), and in order to comply with Regulation 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 18 April 2019.**

## Action taken on previous requirement

During the inspection we observed a high number of people sitting with nothing to do or were walking "aimlessly" around their units. There were some staff who engaged with a small number of people with low level activities such as colouring and looking at books. There were no planned activities taking place over the two days of the inspection despite there being an activity planner in place. While there had been meetings to discuss what people would like to do to get the most out of life these had not all been transferred to the planner. In addition there was no review taking place to see what was on offer was meeting peoples expectations.

**Not met**

## Requirement 2

By 31 October 2019 you must ensure that persons employed in the provision of care are trained, competent and skilled from taking part in effective induction, training and supervision;

In order to achieve this the provider must ensure that:

- a. There is an ongoing assessment of staff competence and skills in relation to the identified aspects of care and support;
- b. That staff received training based on the above assessment;
- c. That staff took part in training in relation to, but not exclusively to the care of people with dementia and person centred care, person centred care planning, medication and the management of falls;
- c. There are effective systems in place to monitor that staff are competent and skilled and where there are indications of poor practice they are recognised and action is taken promptly to address them.

**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), and in order to comply with**

**Regulation 15(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. (SSI 2011/210) SSSC Codes of Practice for Employers, 1.4, 3.1, 3.2.**

**This requirement was made on 18 April 2019.**



**Action taken on previous requirement**

There were weaknesses in how staff were supported with their learning needs. This could be translated into poor outcomes for people using the service. The service is the subject of formal enforcement action and part of this is in relation to staff training, support and supervision.

**Not met**

**Requirement 3**

By 31 October 2019 you must ensure that that people's emotional, psychological, social and physical needs are met and are in a manner which respects their wishes and choices.

In order to achieve this the provider must ensure that:

- a. All people to have a personal plan which clearly details how their health, welfare and safety needs will be met in relation to their wishes and preferences and any identified significant risks;
- b. There is a system in place to ensure that people receive the care that is identified in their care plan and where there are indications of poor care they are recognised and action is taken promptly to address them;
- c. The above assessments and arrangements are based on consultation with people and their personal and professional representatives, and;
- d. Reviews and evaluations of peoples care and support are carried out to ensure there is a focus on improved outcomes.

**This is to ensure that care plans meet peoples needs and is consistent with the Health and Social Care Standards which state that, as an adult '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(1)(2)(a)(b) (i)(ii)(iii)(c)(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. (SSI 2011/210)

**This requirement was made on 15 May 2019.**

**Action taken on previous requirement**

The service was in the process of introducing electronic care plans. We found that there were discrepancies with regard to the transfer of information. The care plans in place were not person centred or outcome focussed and did not show how staff were to meet peoples needs and expectations.

**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

It is important that all people are offered a high quality of mealtime experiences regardless of their abilities and needs. Therefore, the provider was to review the overall management of the times of meals served and peoples experiences. They were to ensure that people's wishes, choices and preferences were taken into account thereby promoting positive outcomes.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that; 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)**

**This area for improvement was made on 18 April 2019.**

#### Action taken since then

We found that there had been little improvement with regard to the overall management of mealtimes. Some people had to wait for long periods of time before getting a drink or snack when they rose in the mornings. Some people were not effectively supported to take their meals. The use of textured diets did not follow current best practice guidance and therefore could place people at risk of choking. The social experience was at best lacklustre and we found that not all staff promoted an enjoyable time during mealtimes.

Therefore this area for improvement remains in place.

We will also be making an area for improvement with regard to assessing needs in relation to textured diets so that people had the correct foods to eat and enjoy.

#### Previous area for improvement 2

The provider was to improve the overall management of medication in order to protect the safety of people. In order to do this they were to assess staff's competence and ensure that there were fully completed and clear individual medication records for each person. They were to assess the provision of appropriate medication equipment so that it was readily available to staff.

**This is to ensure that service users' care and support is consistent with the Health and Social Care Standards which state that, as an adult 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)**

**This area for improvement was made on 18 April 2019.**

#### Action taken since then

The overall management of medications was weak. There was a high number of medication errors which had resulted in people not getting their prescribed medications in a timely way.

Therefore this area for improvement remains in place.

In addition the service is the subject of formal enforcement action and part of this is in relation to the effective management of medication.

### Previous area for improvement 3

The provider was to improve the overall management of falls in order to protect the safety of people who were at risk. In order to do this they were to make clear any necessary follow up actions relating to a fall and ensure that all necessary documentation is used, reviewed and up to date.

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

**This area for improvement was made on 18 April 2019.**

#### Action taken since then

We found that there had been little improvement with regard to the management of incidents and falls. There were some people at high risk and the actions taken and the care plans in place did not support how staff were to effectively address peoples safety. Some incidents had not been reported and therefore lacked a review placing people at risk. Information within the incidents reports was lacking and not all areas were being completed. Again placing people at risk.

Therefore this area for improvement has not been met.

The service is the subject of formal enforcement action and part of this is in relation to the effective management of accidents, incidents and falls.

### Previous area for improvement 4

The provider should self evaluate the quality of the service against the health and social care standards in order to make and implement a plan which improves outcomes and experiences for people. People, their relatives and staff were to be involved and their views taken to inform an improvement action plan which should be used to regularly review progress.

**This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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 April 2019.**

#### Action taken since then

The systems and processes used had not translated into improved outcomes for people using the service. The service is the subject of formal enforcement action and part of this is in relation to the effective quality assurance methods used to lead to improved outcomes for people using the service.

Therefore this area for improvement has not been met.

### Previous area for improvement 5

In order to provide a homely and domestic setting that provides a sense of belonging and which also enables peoples independence the provider should develop and implement a written plan. The plan should include clear priorities and timescales and should be reviewed to assess developments.

**This is to ensure the setting is consistent with the Health and Social Care Standards which state that 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16)**

**This area for improvement was made on 18 April 2019.**

## Action taken since then

While we did not evaluate the service in relation to the environment we did observe that there had been little thought made to making the environments within each unit homely or domestic. Therefore this area for improvement has not been met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak

How well is our care and support planned?	2 - Weak
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5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak
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