

# Eadar Glinn Residential Home Care Home Service

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**Type of inspection:**

Unannounced

**Completed on:**

10 October 2019

**Service provided by:**

Argyll and Bute Council

**Service provider number:**

SP2003003373

**Service no:**

CS2003000460

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Eadar Glinn Residential Home is registered to provide 24 hour care for up to 25 older people; at the time of this inspection there were 20 residents. The service is owned and managed by Argyll and Bute Council and is situated in the outskirts of the town of Oban.

The service's aims state that they shall provide a safe, caring environment for older, vulnerable people who are no longer able to live unaided in their own homes in the community.

The service aims to provide the level of individual care and support users need to ensure that as far as possible, independence and individuality are maintained whilst respecting service users' rights.

## What people told us

There were 20 residents living in the home at the time of our inspection. During our visit, we spoke with 5 residents and 9 visiting relatives. We also received a number of completed questionnaires from residents and relatives. We spoke with staff throughout our inspection and as part of our general observations. We also observed a lunchtime and carried out a SOFI 2\* observation involving residents with limited communication abilities.

Residents, relatives and staff gave us positive feedback about the standard of care at Eadar Glinn Residential Home. When areas for improvement were identified we explored these further and communicated them anonymously to the manager and with a view to supporting improvement if needed. Comments we received from people included:

- 'If I had to go into a care home, this is where I would want to come'.
- 'They are a great team'.
- 'I would not change anything, except they could do with more staff'.
- 'Staff do more than just their job'.
- 'Staff are always available to listen and respond. This includes all staff, from kitchen assistants to the manager'.
- 'Outstanding interaction with the residents'
- 'Quite happy with all aspects of care and exercise'.

\*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who may be unable to tell us.

## 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?	3 - Adequate

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 were able to see that the residents were cared for by respectful, kind and competent staff. The atmosphere in the service was warm and friendly. Staff knew each resident well and had established positive relationships with residents and families. A relative told us 'I don't call them staff, I call them Angels. I really think they couldn't do any better. The service is excellent. They make us feel very welcome and always keep us well informed'. A resident said 'I can't fault it in any way at all. It's absolutely great. I can pretty much do what I want, I just have to ask for it'. We observed interactions between staff, residents and visitors during our inspection and found that residents benefitted from compassionate care and positive relationships.

Staff were motivated and passionate about their work. Each staff member knew their role well and there was evidence of effective teamwork and a supportive team culture. Staff had access to regular supervision and training. We sampled accident and incident recording, maintenance records and recruitment records. It was evident that residents' needs and safety were of importance to the service and we found no areas of concern. The systems to ensure safe and responsive care in the service were overall well-managed. However, we found that further improvements could be made to ensure that quality assurance systems were as effective and responsive as possible. We discussed this with managers and asked them to continue with their work on previously identified areas for improvement in this area. (see outstanding areas for improvement).

Residents were able to enjoy a range of activities to promote their health and well-being. We found that the service had established several good and meaningful connections with the local community, which also included inter-generational activities with children from local nurseries and schools. Staff tried hard to ensure that residents were able to have stimulating experiences in and outside the service. However, some relatives told us that they found at times higher staffing levels might be beneficial to ensure more time for social aspects of care. We discussed with managers that their systems for assessing staffing levels should ensure that all aspects of care and people's feedback were considered.

We found that the residents' opportunities to benefit from helpful technology were limited by insufficient Wi-Fi access throughout the home. Some residents were able to use communication apps or email, but Wi-Fi was limited to one small lounge on the main floor. This meant that opportunities to use helpful technology like 'smart' television sets or speakers in the main lounges or resident's rooms was not possible. We identified this as an area for improvement (see Area for Improvement 1).

We saw that the service worked well and effectively with external health professionals. People told us that they found staff competent and attentive to their or their relatives' healthcare needs. The management of medication was generally robust. However, the management of 'as required' medication could be improved by consistently implementing protocols and reviews. We also discussed with managers that inconsistencies of the standards of maintaining medication records showed that the auditing process in this area was not sufficiently effective. We identified this as an area for improvement (see Area for Improvement 2).

## Areas for improvement

1. The provider should put in place the necessary infrastructure to enable residents to use wifi- based internet access to their benefit in suitably large areas of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'If I experience 24 hour care , I am connected, including access to a telephone, radio, TV and the internet' (HSCS 5.10) and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

2. The provider should improve the quality assurance systems and processes for medication documentation to ensure that records are maintained to a consistent standard and in line with provider policy and good practice guidance.

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).

## 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?

**3 - Adequate**

Staff knew each resident and their needs well and each resident's care plans were allocated to their identified keyworker. Each resident had a care plan which outlined their assessed needs and how these needs would be met. The care plan did reflect residents' needs and wishes to an extent. Most of the information contained within the care plans was relevant and up to date.

We found that managers had a clear and up to date schedule for six-monthly care reviews. This meant that residents and their families benefitted from regular opportunities to review the care plans and to agree any necessary changes or actions.

Personal plans should be personalised and outcome focused. Each care plan was in the process of being updated to a new and more outcome focussed care plan system. The new care planning system promoted a more person-centred approach to reviewing and recording the needs of residents. We were able to see some completed examples of the new format and found it to be a significant improvement. We encouraged managers to continue with transferring all care plans to the new format as soon as possible. Because only a small number of personal plans were so far transferred to the new outcome focussed system, the previously identified area for improvement was not yet fully met and will continue (see outstanding areas for improvement).

Individual risk assessments for skin integrity, falls risk and nutritional risk were not always completed frequently and consistently enough. This meant that care plans were potentially not amended to prevent or manage risks effectively. To ensure that the service will achieve consistently improved practice as soon as possible we made this a requirement and will follow it up at our next inspection (see Requirement 1).

## Requirements

1. By 01.04.2020, all personal plans must include complete and up to date risk assessments for skin integrity, falls risk and nutritional risk as well as up to date moving and handling assessments.

To do this you must:

- (i) ensure that the above assessments are completed regularly as per provider policy.
- (ii) ensure personal plans accurately record the management of assessed health, welfare and safety needs and how these will be managed.
- (iii) review assessments and personal plans when there is a change in the service users health, ability or after relevant incidents.

This is in order to comply with Regulations 4(1)(a), 5(1) and 5(2)(b) 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 areas for improvement we made at or since the last inspection

## Areas for improvement

### Previous area for improvement 1

The provider should review the current quality assurance process and systems for care plans and assessment processes. This should include, but not be limited to:

- quality assurance processes and systems that are clear, transparent, structured and formalised
- regular updated overviews of audit outcomes to allow managers and staff to analyse progress and react accordingly
- clear and regularly updated action plans

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).

**This area for improvement was made on 15 November 2018.**

### Action taken since then

The service made some progress towards meeting this area for improvement and had relevant action plans in place. However, we found that the service needed to continue working towards fully meeting this Area for Improvement.

This Area for Improvement was not met and will continue.

### Previous area for improvement 2

The provider should ensure that every care plan contains a formulated personal outcome.

Information about documenting and working with personal outcomes can be found at:

- [www.personaloutcomescollaboration.org](http://www.personaloutcomescollaboration.org)
- [www.stepintoleadership.info](http://www.stepintoleadership.info)
- <http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=90>

This is to ensure care and support is consistent with the Health and Social Care Standards which state that my personal plan (sometimes referred to as my 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 15 November 2018.**

### Action taken since then

The service started to address this Area for Improvement. An action plan was in place and some improved care plans were in place. However, we found that further work was required to ensure that this Area for Improvement will be fully met.

This Area for Improvement was not met and will continue.

## 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).

## 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?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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