Melvich Community Care Unit (Care Home)
Care Home Service

Sinclair Court
Port Skerra
Melvich
Thurso
KW14 7YL

Type of inspection:
Unannounced

Completed on:
22 January 2020

Service provided by:
NHS Highland

Service no:
CS2012307250

Service provider number:
SP2012011802
About the service

This service registered with the Care Inspectorate on 30 March 2012.

Melvich Community Care Unit (Care Home) is registered to provide a service to a maximum of six older people. The service also provides a day care service to the local community.

The provider is NHS Highland.

The accommodation comprises of 6 single bedrooms with full en-suite facilities. Each bedroom has a small kitchenette where people who used the service or their visitors could make tea, coffee and snacks.

There are on-site laundry and kitchen facilities; all meals are freshly prepared on-site and dining is provided in a homely lounge/dining area.

We noted that the provider, NHS Highland, has commenced consultation on a new purpose-built care home to support the future provision of services in the North Coast of Sutherland.

What people told us

For this inspection we sought the views of people in a variety of different ways. In September 2019 we asked the manager to hand out questionnaires to people who were using the service and their relatives and carers.

Four Care Standard Questionnaires were issued to people using the service and four were returned.

Four Care Standard Questionnaires were issued to relatives and carers, and one was returned.

100% of returned questionnaires indicated respondents ‘strongly agreed’ or ‘agreed’ that they were happy with the quality of the care and support received. During the inspection we spoke with three people who used the service and one relative. Comments were all positive.

“Very good to, and patient with my relative”

“Staff here are tip-top”

“Meals are just fine. I don’t have much of an appetite anymore but the food is fine, it certainly is.”

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.

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<thead>
<tr>
<th>How well do we support people’s wellbeing?</th>
<th>4 - Good</th>
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</thead>
<tbody>
<tr>
<td>How good is our leadership?</td>
<td>not assessed</td>
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</table>
How good is our staffing?

Not assessed

How good is our setting?

Not assessed

How well is our care and support planned?

4 - Good

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

**How well do we support people's wellbeing? 4 - Good**

We observed that staff were compassionate, and treated people with dignity and respect. We saw genuine interaction between staff and residents throughout our inspection. For example, we saw a staff member assisting a resident with a cup of coffee. Compassion was evident through appropriate touch. The staff member was sitting at eye level whilst gently talking with the person. This created a relaxed experience which afforded them ample time to drink their coffee.

Melvich Community Care Unit (Care Home) had a warm, welcoming and happy atmosphere. People, their relatives and carers told us that they were happy with the care received. One relative told us, it’s a real home from home.” Another person said, “I am very happy. If I have to be somewhere I am just as happy here.”

We observed, and people told us that staff knocked on their doors prior to entering their room and their private space was respected. One person explained, “staff come and talk to me and respect that I don’t want to join in activities or go on outings.”

People were satisfied with the choices afforded. Meals were served when people chose to eat. We observed two residents eating breakfast at 10:30hrs. One person explained, “I can eat whenever it suits me.” The cook confirmed, “It is not unusual for me to be preparing someone’s breakfast at the same time as I am preparing lunch.”

People told us they were offered a selection of menu choices. One person told us, “You can have whatever you like, and if you don’t like something you just have to say and they will bring you something else.”

Residents were supported to maintain regular contact with their local community through the use of the service’s bus. One person said, “I can go out on the bus to see things.” Another person used an electronic device to connect with his daughters who did not live locally.

We found people were offered and involved in varied activities. The activities calendar was well promoted and people we spoke with were aware of the activities and when they were happening. One person told us, “There is always something to do and the school children come in and sing for us too.”

A regular newsletter was distributed to keep people informed, and the home had recently recommended regular resident and representative meetings. These meetings were to be used to invite people’s feedback about planned improvements and future events. The manager should continue to involve people in decisions and future improvements through the monthly meetings.
Generally care plans demonstrated that people and their relatives and carers were involved in reviewing their health care needs at regular intervals. Health and risk assessments were undertaken by a competent person who involved other people and professionals as required. People were generally involved in making decisions about their care and support through responsive planning for the future.

Melvich Community Care Unit (Care Home) had a good medication management system in place, and we found ongoing reviews to ensure that medication met people’s needs. Some people had medicines administered on a ‘as required’ basis. This system could be improved through documented assessment of the signs and symptoms and recording how effective the drug was following administration. (See area for improvement 1)

We noted that administration of topical medication was inconsistent. This system could be improved through the consistent use of body maps and recording when medication had been applied. (See area for improvement 2)

Areas for improvement

1. Where medication is prescribed ‘as required’ staff should be aware of and document the signs or symptoms that the person may display. An example of this would be a pain assessment tool for pain relief. Once the medicine is administered, the effectiveness of the medicine should be documented.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, ‘Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

2. The manager should ensure that body maps are consistently used to provide staff with sufficient direction to safely apply people’s topical medicines.

Topical medicine administration must be recorded to ensure that staff meet their legal requirements to record care.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that, “I experience high quality care and support based on relevant evidence, guidance and best practice.” (HSCS 4.11)

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.
How good is our setting?

This key question was not assessed.

How well is our care and support planned? 4 - Good

The service was performing at a good level where there were several important strengths which clearly outweighed the areas for improvement.

The plan of care and completed health and risk assessments contained good information to enable staff to meet people’s health and care needs. Whilst individual plans of care were consistent and mostly documented people’s health care needs, we felt information gathered through health and risk assessments did not always inform the overall plan of care. (See area for improvement 3)

Some care plans demonstrated that preventative care to those people identified as being at risk of developing pressure ulcers was not always recorded. The care plan lacked detail to support staff to evaluate the effectiveness of the care delivered, placing people at risk of harm. (See area for improvement 4)

There was evidence to show that generally people and their relatives and carers were meaningfully involved in planning their care and support through regular reviews. One relative explained, “Staff keep me informed about my husband’s health.”

People told us they generally experienced care and support in line with their wishes and preferences. One person explained, “They are very good at letting you do what you want to do.”

The care plans we viewed contained information about what was important to the person. This information enabled staff to talk to people about what was important to them, putting them at ease and fostering a positive relationship.

Quality assurance processes ensured that the care was delivered effectively. People had supporting legal documentation in place to ensure their rights were protected.

Areas for improvement

1. The manager and staff should ensure health and risk assessments consistently inform the plan of care, to support staff to meet people’s health and care needs.

   This is in order to ensure that care and support is consistent with the 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)

2. Where people’s skin is at risk, the manager and staff should ensure that an appropriate healthcare professional provides clear and specific information within the care plan to direct staff to manage the risk and deliver care.

   The manager and staff should ensure staff consistently record and evaluate preventative care to demonstrate the plan of care is keeping people safe from harm.
This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'My personal plan (sometimes referred to as a care plan) is right for me because it set out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

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 receive ‘as required’ medication to manage their pain staff should record why the medication is being given, the amount and whether the medication has been effective. This will ensure that people’s medication remain appropriate and that their levels of pain continue to be well-managed.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

This area for improvement was made on 21 December 2018.

Action taken since then

Whilst staff are now documenting why medication is being given and the amount, there is no review of the medication’s effectiveness and whether the person’s level of pain is being managed.

The service has not fully met this area for improvement. See area for improvement 1.

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

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<tr>
<th>How well do we support people’s wellbeing?</th>
<th>4 - Good</th>
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<tbody>
<tr>
<td>1.1 People experience compassion, dignity and respect</td>
<td>4 - Good</td>
</tr>
<tr>
<td>1.2 People get the most out of life</td>
<td>4 - Good</td>
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<td>------------------------------------</td>
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<tr>
<td>1.3 People’s health benefits from their care and support</td>
<td>4 - Good</td>
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**How well is our care and support planned?**

<table>
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<tr>
<th>5.1 Assessment and care planning reflects people’s planning needs and wishes</th>
<th>4 - Good</th>
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