

Kintyre Care Centre Care Home Service

Shore Street
Campbeltown
PA28 6BS

Telephone: 01586 553 615

Type of inspection:

Unannounced

Completed on:

26 June 2020

Service provided by:

HC-One Limited

Service provider number:

SP2011011682

Service no:

CS2011300742

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

Kintyre Care Centre has been registered with the Care Inspectorate since October 2011.

The home provides care for 40 older people, some who are living with dementia. The provider is HC-One Limited.

There were 33 residents living in Kintyre Care Centre at the time of the inspection.

The care home is based in Campbeltown, close to shops and local amenities. There are car-parking spaces available next to the home.

Residents have access to a communal lounge and dining facilities on each of the two floors of the home. The home offers single bedroom accommodation with en-suite facilities.

There is an enclosed patio area with a garden, which residents can access through the lounge area on the ground floor.

This was a focused inspection to evaluate how well people were being supported during the Covid-19 pandemic. We evaluated the service based on the key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisers from Care Inspectorate.

What people told us

People we spoke to during our inspection told us that they had good relationships with the staff and liked living at the service.

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 good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

2 - Weak

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

We saw that residents at Kintyre Care Centre were supported by care staff who knew them well and had formed positive relationships with them. Staff were familiar with the residents' individual choices and preferences.

Although interactions between staff and residents were friendly and respectful, we observed that they were mainly task orientated. Activity staff numbers were significantly reduced since the start of the Covid-19 epidemic. Some residents spent a lot of time in their bedrooms to enable sufficient social distancing. Staff told us about their difficulties to provide enough stimulation and physical activity for residents. We were concerned about the provision of social stimulation and meaningful occupation for this group of people.

Managers and staff provided us with examples of how the service kept residents and their families connected whilst visiting restrictions were in place. The service used video calls to enable people to talk to each other.

Families were able to arrange suitable times for these calls. This supported people to maintain important relationships whilst routine visits were not possible.

Staff told us that they were aware of relatives' additional needs for reassurance and information whilst regular visits were not possible. The service created a closed Facebook page where information about life in the service could be shared with families. The service also used emails to provide or share information. This meant that the service had basic systems in place that helped to meet people's needs for information and reassurance.

Staff told us that the residents' intake of fluids was regularly monitored. We sampled fluid intake monitoring charts for the last couple of days and weeks and found that no information was recorded after dinner time. There was also no evidence of calculating the total intake of fluids for the day. The incomplete monitoring process meant that there was a lack of evidence that residents were achieving their individual intake targets and it was unclear if fluid intake was promoted and maintained over a 24-hour period. This increased people's risk of dehydration, malnutrition and delirium.

During our second visit we also saw that the completion of fluid balance charts had improved, however this practice still was not robust, and we discussed with managers how it could be further improved.

The service implemented a system of 'critical care plans' at the start of the Covid-19 pandemic. These were basic documents that included brief summaries of each resident's support needs. Some of the sampled personal risk assessments for weight loss and risk of pressure sores were not regularly completed. This inconsistent practice increased residents' risk in those areas due to a lack of diligent and reliable monitoring.

We discussed our concerns relating the health and wellbeing of residents with managers after the first day of our inspection.

During our subsequent visit two weeks later, we found that all care plans had been transferred into their original, more detailed format. Staff were working through all plans and personal risk assessments to ensure that they were up to date and complete.

Despite these improvements, we evaluated the overall performance for care and support during the Covid-19 pandemic as weak. Further structured and planned improvement by the provider was necessary to ensure that the welfare and safety of people experiencing care would not be compromised. Apart from the requirement made at this inspection (see Requirement 1), the on-going improvement work should focus on meeting the outstanding requirements and areas for improvement from previous inspections within the same timeframe.

7.2 Infection prevention and control practices support a safe environment for both people experiencing care and staff.

During our visit on 11 June 2020, we identified areas of the environment and equipment where immediate attention to the level of cleanliness was required. We were concerned about the visible standard of cleaning for shared hoists, chairs, and wheelchairs considering a recent in-depth healthcare associated infection audit, carried out by NHS Highland on 5 June 2020. We also noted body fluid contamination in a resident's ensuite bathroom.

Staff changing rooms and other storage areas were cluttered and untidy. We also noted high levels of scratching and wear on skirting, doors, walls and dining tables which made surface cleaning and disinfection harder and potentially less effective. During our second visit on 26 June 2020, managers told us that they would accelerate plans to refurbish some of the most affected areas.

There were too few clinical waste bins for staff to dispose of clinical waste and Personal Protective Equipment (PPE) at the point of care. This meant that PPE was also disposed of into the domestic waste stream. Managers bought additional domestic foot operated pedal bins during the inspection that could be placed at the PPE stations.

We concluded infection prevention audits undertaken by management required to be improved and intensified to ensure a consistently high standard of cleanliness throughout the home.

To ensure that the provider took immediate remedial action to resolve this, we issued the provider with a letter of serious concern on 12 June 2020. We made a requirement for an immediate deep clean of equipment and the environment to be completed within 14 days.

During our subsequent visit to the service on 26 June 2020, we noted that a deep clean of the environment had taken place. We checked several pieces of equipment for shared use and found it to be clean. Staff could speak confidently about how and when they would clean shared equipment. Laminated sheets were attached to each hoist for staff to sign each time they cleaned the hoist. A hotel services manager had been appointed to support and lead the housekeeping team and to ensure sustained improvement and quality assurance.

We saw increased cleaning activity throughout the service which included thorough and regular cleaning of frequently touched surfaces, like handrails. The staff room had been tidied and cleaned. More clinical waste bins were on order.

This requirement has been met within the timescales.

To ensure further and sustained improvement of cleanliness and infection control and prevention processes, we made a requirement which will be followed up at our next inspection (see requirement 1).

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

During our initial visit on 11 June 2020, we observed that staff practice regarding the prevention and control of infection did not follow current best practice guidance. This included the inconsistent and incorrect use of PPE.

Initially, staff did not have access to individual supplies of alcohol-based hand rub (ABHR). As hand sanitiser stations were only available in some communal areas and bathrooms, we were concerned for the potential impact on effective hand hygiene. We made managers aware of this and staff were subsequently given individual bottles of ABHR.

The service had recently introduced PPE stations in the form of boxes, situated in each corridor. However, we found staff were unsure about their use and some boxes had been removed and placed into communal bathrooms. The contents of the PPE boxes were not consistent throughout the service.

Staff appeared uncertain about the sessional and single use of PPE and when to use, change or discard it. We noted staff wearing the same gloves and aprons when they were in close contact with several residents, undertaking varied tasks and different areas including resident bedrooms. This put people at risk of cross-infection.

Overall, we had serious concerns about the quality of practice and we observed increased the risk of infection for the residents. To ensure that the provider took immediate remedial action to resolve this, we issued the provider with a letter of serious concern on 12 June 2020. We made a requirement which was to start immediately and to be completed within 14 days.

The requirement asked the provider to ensure all staff are trained in the donning and doffing of PPE and have the correct type of PPE for the work they are to carry out. It also asked for adequately stocked PPE stations to be placed appropriately within the home for staff to use.

During our subsequent visit to the service on 26 June 2020, we noted that staff practice and understanding for the use of PPE had significantly improved. Staff were observed to use PPE correctly and could confidently explain their understanding of current practice guidelines to us.

The provider had increased training provision and worked on the development of good practice champions from within the care team. Managers had plans for implementing regular observations of practice as part of ongoing quality assurance. PPE stations were situated in their designated places and well stocked.

This requirement has been met within the timescales.

The first day of our inspection highlighted significant weaknesses in leadership and management of the service. This led to a lack of confidence in the service's ability to implement and monitor current guidance and good practice.

We found that outcomes from a recent healthcare associated infection audit, carried out by NHS Highland on 5 June 2020, had been transferred to an action plan. However, implementation of immediate actions appeared to be slow and ineffective. There was a lack of clear, dynamic and effective quality assurance to evaluate and drive the implementation of guidance and good practice.

Although the provider and the local HSCP provided support for the service manager, we did not see sufficient evidence that this led to measurable and sustainable improvements. We found that staff needed clear and consistent management and leadership to ensure that they had the resources, capabilities and confidence to provide safe and effective care.

We therefore made a further requirement via our letter of serious concern which was to be completed within 14 days. This requirement asked the provider to take action to ensure that management arrangements are suitable to effectively and urgently improve the quality of the service.

On our second visit, we found that day-to-day management of the service was taken over by senior managers from the provider organisation on an interim basis. A full-time support manager was about to start taking over the service manager position until a new manager would be appointed.

Senior managers worked with staff to implement improvement actions and support learning. Experienced staff from other services had been brought in to provide support and advice to staff. A new hotel services manager had been employed to lead the housekeeping team. Managers also decided to increase the hours for activity staff.

We found that these actions had immediate positive effects on the service. There was a sense of control and confidence in working towards sustainable improvements using effective action plans. Staff we met during this second day of our inspection were more confident and able to explain to us how they implemented good practice.

This requirement has been met within the timescales.

Requirements

1. 1. By 1 October 2020, the provider must ensure that the care service has robust and sustainable quality assurance processes for infection prevention and control procedures in place.

In order to do this the provider must:

- implement robust quality assurance processes for infection prevention and control, including regular environmental cleanliness audits and cleanliness audits for shared equipment and regular observations of staff practice. The quality assurance process must be dynamic in following the latest available government guidelines and best practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My environment is secure and safe". (HSCS 5.17)

and

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.22)

and

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19).

This is to comply with Regulation 10 fitness of premises 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 2 September 2019, the provider must ensure that the care service is provided in a manner which maintains the dignity of people using the service and promotes the principles of respect and choice.

In order to do this the provider must:

- support all staff with training to improve their skills and knowledge regarding promoting and maintaining the principles of dignity, respect and choice in line with the Health and Social Care Standards;
- develop key staff to lead on supporting improvement of staff practice by directly working alongside staff;
- ensure that staff registered with the Nursing and Midwifery Council and the Scottish Social Services Council are reminded of their responsibility to understand and adhere to the relevant codes of conduct and practice;
- improve the attention to individuals' appearance and ensure that they have opportunities to bathe regularly; and
- improve the care of individuals' personal belongings.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My human rights are protected and promoted and I experience no discrimination'. (HSCS 1.2)

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me'. (HSCS 3.13)

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention'. (HSCS 3.1)

'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 Regulations 3 - Principles and 4(1)(a) - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 1 May 2019.

Action taken on previous requirement

We saw that the provider had made some progress to address the issues identified around promoting the principles of dignity, respect and choice for everyone living in the home.

The provider has initiated a schedule of training and group supervision meetings to improve the staff knowledge of the Health and Social Care Standards and their codes of practice. This will help support and reinforce an understanding of the principles of respect, dignity and choice.

We saw that staff were generally respectful in their approach to people living in the home. We saw kindness from some staff in the way they supported people. However, we did see that the practice of some staff had a negative impact on the wellbeing of people. This included a lack of discretion when asking people if they needed the toilet, not treating people like adults and speaking over people's heads. We saw that some staff continued to be focused on completing tasks rather than supporting people in a responsive, person-centred way.

Staff did offer choice to people regarding where they wanted to spend their day and what they wanted to eat. However, there was a need for staff to be more aware of supporting people choices over all aspects of day-to-day living. This includes offering choice about taking part or not in group activity, asking what music people want to listen to or what to watch on TV.

Visiting family members commented that people's personal appearance could be better. We saw that there was a need for attention to nail care, changing people's clothes if they were soiled with food and supporting men to be shaved. We looked at records of personal care. We saw that there were gaps in records. We therefore could not verify that people had been supported to shower or bathe on regular basis. This does not support the dignity or wellbeing of people living in the home.

People we spoke with raised some concerns about items of clothing going missing. The provider was looking at systems for marking clothing to alleviate this issue. We will monitor progress with this at the next inspection.

In conclusion, we saw that the support and training that had taken place had influenced the practice of some staff. However, there was a continued need for consistency regarding the promotion of the principles of dignity and choice. The provider should continue to develop key staff to lead on supporting improvement of staff practice by directly working alongside staff. Improving the skills and knowledge of staff would help to enhance the experience of people living in the home and improve their outcomes.

There was continued work to be done to fully meet this requirement. The timescale for completion will be extended to 31 March 2020.

Not assessed at this inspection

Requirement 2

To protect the health, safety and welfare of people using the service, the provider must by 1 July 2019 improve the quality and accuracy of records detailing the management of health care needs and risk management. This includes, but is not restricted to, wound care and the management of the risk of falling.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'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)

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

and

in order to comply with Regulations 4(1)(a) - Welfare of users and 5(2)(b)(ii) - Personal plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 1 May 2019.

Action taken on previous requirement

We saw that staff had worked hard to bring personal plans up-to-date and reflect individuals' assessed care needs. This helps to guide staff regarding individuals agreed care and supports health needs in a consistent way.

We saw that records detailing wound care had improved. Progress with wound healing could be tracked. We noted that relevant healthcare professionals were supporting the service with individuals' wound care. People benefited from a consistent approach to their wound care.

To help manage identified risks we saw that assessment tools were being completed regularly to monitor risk factors. There was some attention to detail needed to ensure that outcomes of assessments fully informed the plan of care. This would help protect people by guiding staff to manage risk for individuals in a consistent way.

To protect people living in the home, aspects of record keeping relating to accidents and incidents needed to be improved. The provider must ensure that these records were kept up-to-date. This would help inform an accurate overview of risks for individuals and inform effective risk management. The provider must ensure that any accidents resulting in injury were always followed up and the appropriate authorities informed.

There was a need to ensure individuals' care was timeously recorded. This would provide an accurate picture of day-to-day support and improve the continuity of care over a 24-hour period.

In conclusion, we saw improvements regarding the quality and accuracy of records detailing the management of health care needs. However, there was a continued need to improve the management of risks.

There was continued work to be done to fully meet this requirement. The timescale for completion will be extended to 31 March 2020.

Not assessed at this inspection

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 improve the range and availability of meaningful activities offered for everyone living in the home. Account should be taken of the abilities and preferences of the individual. This is with particular reference to people living with dementia.

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

This area for improvement was made on 1 May 2019.

Action taken since then

Focussed Covid 19 inspection. This area was not assessed at this inspection.

Previous area for improvement 2

The provider should improve the way that information about health and support needs is communicated between staff teams. This is with particular reference to improving the quality of information communicated during shift hand over. This will ensure staff are kept up-to-date and respond appropriately to any change to the care and support for individuals.

'My care and support is consistent and stable because people work together well'. (HSCS 3.19)

'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 1 May 2019.

Action taken since then

Focussed Covid 19 inspection. This area was not assessed at this inspection.

Previous area for improvement 3

The provider should develop a culture of continuous improvement by ensuring that quality assurance systems are understood and used effectively to inform sustained improvement of outcomes for people living in the service.

To develop confidence and strengthen communication between the management team and people using the service, the provider should improve the methods of meaningful engagement with people using the service.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership'. (HSCS 4.7)

'I am actively encouraged to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.8)

This area for improvement was made on 1 May 2019.

Action taken since then

Focussed Covid 19 inspection. This area was not assessed at this inspection.

Previous area for improvement 4

The provider should support all staff with dementia care training such as the 'Promoting excellence programme for dementia learning and development'.

This would ensure that staff develop the skills and knowledge to deliver responsive, person-centred care which reflects the principles of dignity, privacy, choice and respect in line with the Health and Social Care Standards.

The provider should formally assess the impact training has on staff practice to determine learning and understanding.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

"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)

"I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention".
(HSCS 3.1)

This area for improvement was made on 1 May 2019.

Action taken since then

Focussed Covid 19 inspection. This area was not assessed at this inspection.

Previous area for improvement 5

To support and develop the staff team, the provider should continue to develop and implement a schedule of regular supportive supervision for staff. This should be provided by staff with the appropriate skills and training.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'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 1 May 2019.

Action taken since then

Focussed Covid 19 inspection. This area was not assessed at this inspection.

Previous area for improvement 6

The provider should ensure that the environment enhances the wellbeing of people living in the home. This includes ensuring the setting is free from avoidable and intrusive noise and smells.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

"My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells". (HSCS 5.18)

This area for improvement was made on 1 May 2019.

This area for improvement was made on 1 May 2019.

Action taken since then

Focussed Covid 19 inspection. This area was not assessed at this inspection.

Previous area for improvement 7

The provider should progress with ensuring that the individuals' personal plans clearly set out how the health, welfare and safety needs for the person are to be managed and met.

In order to do the provider should ensure:

- personal plans are developed in consultation with the individual and their representative to reflect choices and preferences of the person;
- personal plans and care records should reflect a responsive, person-centred approach;
- evaluations and six-monthly review minutes should be outcome focused, that is, reflective of how effective the planned care had been in promoting positive choices, experiences and quality of life for each individual;

and

- written language should promote dignity and respect for people using the service.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices'. (HSCS 1.15)

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me'. (HSCS 3.13)

This area for improvement was made on 1 May 2019.

Action taken since then

Focussed Covid 19 inspection. This area was not assessed at this inspection.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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