

Kintyre House (Care Home) Care Home Service

Saltburn
Invergordon
IV18 0JX

Telephone: 01349 853248

Type of inspection:

Unannounced

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Service provided by:

Gate Healthcare Limited

Service provider number:

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Service no:

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About the service

The service has been registered since 2002.

Kintyre House is a purpose built care home for older people and is situated in the town of Invergordon. The care home has a pleasant setting and overlooks the Cromarty Firth. The care home is close to local amenities and facilities. Kintyre House is surrounded by spacious garden areas, which are maintained to a very high standard. There is also access to a community wood that is suitable for people who require using a wheelchair. This area contains garden furniture, benches and is well used by people who live in the care home and their families.

Kintyre House is registered to provide a care service to a maximum of 41 older people and at the time of the inspection, the home was full. Kintyre House aimed to provide a quality service in a stimulating, homely and caring environment where people could enjoy the best quality care.

Kintyre House also aimed to provide a non institutional environment for people who lived there, with caring and professional staff to ensure that people were cared for according to their individual needs.

What people told us

Before the inspection we sent out Care Standard Questionnaires to be given randomly to residents and relatives. We received nine completed questionnaires from relatives and 13 from people who use the service. Relatives were happy or very happy with the quality of the care received. One indicated that they disagreed with being able to be involved with how the service was run and one did not know about this. Comments from relatives included:

- "My mum is very well cared for, I am informed if she has a problem in any way. The staff are very friendly and offer tea and coffee when I visit."
- "For security reasons, access to the garden area requires a member of staff. My family and friends can take mum out whenever we want. The home now has a minibus, the residents are often out in it."
- "All the staff are friendly and efficient and helpful at all times."
- "Very high standard of management both manager and deputy."
- "Mother is now confused and unable to make her own choices. Staff deal with this very well and allow her to live within her cognitive capacity."
- "From what I have seen at Kintyre on how the team all seem to communicate well together it re-assures me that from leadership through the staff that this is a strong team."
- "Walks in the garden is another asset as it gives the residents the ability to be outdoors without too much disruption to them."
- "Kintyre team are always so friendly and welcoming and seem to have a family feel within the home and that must be a huge comfort to the residents."
- "Mum always looks smart when I visit, she has a lovely room and is surrounded by very caring people who genuinely seem interested in her wellbeing."
- "Could do with more staff on at all times, staff could spend more time with individuals and activities are not always suitable."
- "There could be better communication and this was in regard to being able to accompany a relative on an appointment after they had taken lunch. This was not the case."
- "My relative can be very difficult person but there should be more understanding when she gets upset, lack of staff sometimes makes this difficult."
- "Kintyre encourages the residents to enjoy its garden and the seaside setting."

Comments from people who use the service included:

- "I would like a bit more fruit and tomatoes and some crisps once a week."
- "Its nice and homely."
- "No complaints."
- "I am being well looked after and everything is run well."
- "The staff are happy to attend to support and care for me."
- "I am encouraged to join in with all the activities and entertainment. If I have an issue with my room the housekeeping staff are happy to help."
- "The staff are cheery and are happy to help with any request that I make."
- "The home needs more carers in the morning."
- "I am very happy and it feels like home from home."
- "Very nice place to be with lovely staff."
- "I feel I could go outside when I want but choose not to."
- "The shower could be safer maybe with the addition of a hook for bath brush and a handy shelf for shampoo and bathing stuff."
- "I think that I shall be very happy here and am never lonely."
- "You have heard of Charlie's Angels? My care staff are my angels."
- "First class."
- "I go out with family and friends and in the minibus. I would like to sit in the garden more. More access to outdoor seating."

During the inspection we spoke with several residents and relatives and we took their views into account during this inspection. Their views are throughout the report. However some comments included:

- "The home is OK and I scored with my bedroom as its lovely. I need help from staff and they are fine. I keep myself occupied so there is no issue with how I spend my time. Am a late person to bed and can get up when I want to."
- "I am happy with the level of care and support at each visit. My mother can take part in activities if she wishes to. Her bedroom always clean and fresh and the staff are very supportive."
- "We visit regularly and are always met with friendly staff."
- "We are very happy with the care home and all aspects of, staff are excellent as they are friendly and speak to other residents with respect. We did have a room downstairs but because of the risk of her not wanting to use the lift and used the stairs she was swiftly allocated a bedroom downstairs."
- "My sister has been here since August 2019 and we are very happy with her care and support. Staff are kind and caring and always inform us when there are changes to her health care needs or when she's had an accident of which there have been two. She always looks well cared for and is tidy and clean."
- "When I was home, I always had a bacon roll - every night for tea. Every night I cooked the bacon in the microwave. The bacon is served with cheese and I don't like cheese. I haven't been able to have a bacon roll or bacon on toast since I've been here."
- "I've been here for over a year and am fighting fit. Its quite a nice place and staff are really nice. I know them and they know me. You can have a laugh with them."
- "They are all pleasant to me and I couldn't wish for better people. We're never without tea or company."
- "I'm alright I suppose and it's alright but not like home."
- "I would like more outings and to go out sometimes on the bus."
- "The food is alright but I haven't been asked what I might like to eat."
- "I can ask for something else at meals but only if they have it, I don't like to ask though."
- "I love it here and I have a room to myself. Oh the staff are lovely and they are very helpful."

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate
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?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact, key areas of performance needed to improve.

People should experience compassion, dignity and respect. We saw some genuine, warm interactions between staff and people. Some staff were seen to be compassionate and gently guided and supported people when they needed assistance. Some staff initiated conversations asking people about things that were important to them creating a nice social atmosphere. It was obvious during our conversations with staff that they knew their residents well and vice versa and this helped people feel comforted and promoted their self worth. However there were times that some people had little interaction from staff and there were times that staff spoke about people in a disrespectful way. This could have the effect of people feeling socially isolated, anxious and bored.

People should be able to 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. The provision of activities within the service continued to be of a very good standard. Staff were committed to working with people to gain their ideas and interests and then to incorporate them into the programme that was already very varied and interesting. We saw that people enjoyed all of the activities that were planned, with lots of laughter and chat between themselves and with the staff. The service had recently gained a new minibus and people told us that they really enjoyed their outings. The service also benefitted from nice gardens and was next to a community woodland walk and people were regularly supported to get out and about in the fresh air which they enjoyed. One area that could be further developed, which the activity staff were aware of, was baking and cooking. This would further enhance the programme and assist people with a way to maintain their existing skills.

We observed a range of mealtimes during the inspection. The dining room was well appointed and was bright and spacious and offered lovely views across the Cromarty Firth. We felt that overall management of mealtimes needed to be fully reviewed. This was so that all people, regardless of their abilities had their choices, wishes and preferences taken into account to ensure that their dining experience was a positive one. **(See area for improvement 1)**

People's health should benefit from their care and support. We could see that people had access to GP's with a regular weekly clinic and that staff could call in GP's when needed. For some we could see that staff were responding to changes in people's presentation and looking for reasons why and following this up with a request from other healthcare professionals. People were able and supported to go to clinics for example Diabetic and took part in regular healthcare screening.

We found that the actions taken to care and support people in relation to their nutritional needs were insufficient to maintain their healthcare needs and could therefore place people at risk. **(See requirement 1)**

The district nursing team visited the service regularly to support people and staff with tissue viability and wound care should this be needed. There were no people at the time of the inspection that needed support with this area of care. However the service needed to ensure that the documentation used to assess, plan and evaluate the level of care and support was up to date and being regularly used. This was to ensure that they continued to protect people with this vulnerable area of care. **(See area for improvement 2)**

New systems and processes had been introduced to assist staff with ensuring there was a regular review of falls and incidents so that they could provide for people's safety. However in order to further develop how they supported people, the service was to ensure that there was clear information within the monthly analysis. The service was then to ensure that all necessary assessments, care plans and relevant documentation in relation to falls was up to date, regularly evaluated and reviewed. This was to ensure that all aspects of people's safety was taken into account. **(See area for improvement 3)**

We were unable to review medication systems due to the outbreak of COVID-19. However we are aware that as part of a recent upheld complaint that an area for improvement was made in relation to the overall management of medication.

Requirements

1. By 30 June 2020 the provider must ensure that people's nutritional needs were being fully met. In order to achieve this they must:
 - a. Ensure that regular assessments were used to monitor people's nutritional needs and;
 - b. make timely referrals to the relevant health professional (for example dietician, speech and language therapist), and maintain clear records to detail the outcome of professional visits
 - c. Ensure that within the care plans there was clear person centred information regarding the support required to promote eating and drinking
 - d. Ensure that there was a regular evaluation and review of the care plan
 - e. Ensure that the catering staff were kept informed of people's needs and requirements and that they were informed regarding any changes

This is in order to comply with Regulation 4(1)(a) and 5(2)(b)(i)(ii)(iii) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care is consistent with Health and Social Care (HSCS) which states that "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and well-being , that I may be unhappy or may be at risk from harm." (HSCS 3.21)

Areas for improvement

1. It is important that people can take part in positive mealtime experiences. This was in relation to people's' preferences and choice, the presentation of meals and the dining experience. Therefore the provider and manager were to review the mealtimes for all people regardless of their needs and abilities. Peoples views and opinions were to be gained to inform continued positive and enjoyable outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33)

2. It is important that people's' care and support needs are anticipated as part of their assessment and that care plans set out how their needs will be met. Therefore the service was to ensure that assessments, care plans and associated documentation in relation to skin integrity and tissue viability were reviewed and then updated to ensure that people were receiving the right level of care and intervention. Care plans were to be regularly evaluated and reviewed to ensure that they met their personal needs, thereby protecting their healthcare needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14) 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.)

3. The provider was to improve the overall management of falls in order to protect the safety of people who were at risk. There should be clear information within the monthly analysis. This was to include such areas as any spikes in falls and reference to staffing, deployment and the overall environment. Any necessary follow up actions were to be clear as to what actions the service was taking. The service was then to ensure that all necessary assessments, care plans and relevant documentation in relation to falls was up to date, regularly evaluated and reviewed.

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) and 'My environment is safe and secure' (HSCS 5.17)

4. falls

How good is our leadership?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact, key areas of performance needed to improve.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. Systems and processes were in place to support on-going review and maintenance of the current working practices. We were unable to view the overall improvement plan which was aligned to the Health and Social Care Standards. However we were informed at feedback that this was in the process of being developed.

There had been a complaint made to us which had been investigated and elements of which had been upheld. This had resulted in one requirement and four areas for improvement being made across a range of areas in relation to meeting people's needs and taking into account their safety.

There had been no concerted effort to address the areas for improvement from the last inspection. In addition the action plan that was supplied to us was not specific enough to support staff with what actions needed to be taken to support positive outcomes for people using the service.

People should be actively encouraged to be involved in improving the service they use. People had the opportunity to attend regular resident meetings which were held by the activity coordinator. We could see from the minutes that discussions took place surrounding a range of different aspects of living in the home. People we spoke with told us that these meetings were good and helped them feel part of the home as they were being involved with decisions. The service needed to ensure that any changes that were decided on were discussed at subsequent meetings. This is so the service could assess how they were contributing to continued positive outcomes. **(See area for improvement 1)**

Areas for improvement

1. 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).

How good is our staff team?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact, key areas of performance needed to improve.

People should have confidence that the staff have the right knowledge, competence and development.

It is important that staff's development through training supports improving outcomes for people and that it is also supported and improved through effective supervision and appraisal. This means people are being cared for by staff who understand and are sensitive to their needs and wishes.

We found that some staff were not completing training in line with the service's plan and that potentially they may have insufficient training to meet people's care and support needs. We also found that there was limited opportunity for staff to discuss training and development needs or participate in reflective practice where they could be supported to improve people's health outcomes. The supervision tools used were noted to be task orientated and the service did not promote observational practice to support ongoing staff competency. **(See requirement 1)**

Staff told us that they worked well as a team and told us that they had time in their day to talk with people. We did observe staff taking their time to talk to people and support them with their needs and wishes and there were some staff who supported people with walks in the garden. However there were times that people sat for

long periods of time with little or no interaction. We observed that one of the suppertime meals was over within a quick space of time not giving people enough time to enjoy the social experience.

We observed that the service had two dependency tools in use and there was a lack of clarity as to why this was the case. The monthly reports from one tool indicated that staffing levels were reported to be above the benchmark average. However this report had no quantitative value so it was difficult to determine how this could be used to demonstrate staffing levels met people's care needs. **(See area for improvement 1)**

Requirements

1. By 30 June 2020 the provider 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 on-going 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, nutrition, skin care, effective care planning and the management of falls.
 - d. 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.

Areas for improvement

1. The service was to review the use of their dependency tools and ensure that it took account of all aspects of staff management and the environment. There was to be clear information about how decisions were made with regard to planning for staffing levels that met people's needs.

This is to ensure that 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)

How good is our setting?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact, key areas of performance needed to improve.

People should be able to experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. We found that some aspects of the service in relation to the environment could be further improved. This would contribute to people's overall lived experience and provide them with a pleasant place to live. We were given assurances by the provider that aspects of the environment had already formed part of their monitoring visits and that plans were in place. **(See area for improvement 1)**

There were some systems in place that showed how the service managed the risk assessment process for the environment. However as part of a recent upheld complaint a requirement was made in relation to this. Therefore we are not making a further requirement and will use this information to assess the outcome at the next statutory inspection.

People should be able to live in a setting that promotes and enables their independence. The home looked comfortable and there were different areas for people to choose where to spend their time. There was age appropriate décor and furnishings and the art work that was displayed added to the homely feel.

We were informed that as part of the new providers plans that the baths in people's rooms were going to be replaced with showers, which would promote independent use.

Bedrooms were personalised and looked homely and comfortable, this helped people to feel settled and comfortable with things around them which they could relate to. There were patio doors in bedrooms leading out onto the garden areas but all of these had restrictors in place and we were informed that no one had free access to outdoors. Each person should have the right and ability to access outdoors if able. If needed, risk assessments were to be put in place to evidence how people's safety was being protected.

There was some signage across the home to assist people with way-finding, however this could be further developed. There were areas in the home that had poor lighting, generally at the end of corridors where there was a lack of natural light. We were informed that this was currently being assessed so that lighting was improved. For some toilets there was no indication that they were in use and this was commented on by a person in a meeting who had someone enter the toilet when it was in use. There was no reference in the minutes about how this could be addressed. While the Kings Fund tool had been used we felt that this could be revisited. This would enable the service to plan for improvements to the overall environment and build what had already been established. It would further promote a dementia friendly environment. **(See area for improvement 2)**

Areas for improvement

1. The provider was to ensure that once they had completed their assessment of the environment that they provided us with an action plan. The action plan was to be clear as to what needed to be carried out by whom and by when.

This is to ensure that the environment meet people's needs and is consistent with the Health and Social Care Standards which state that, as an adult "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

2. In order to further enhance the overall environment, the provider and management were to continue to use the Kings Fund tool, so that they could plan for and implement improvements. Thereby, creating an environment that was conducive and pleasant for people who lived with dementia or a cognitive or visual impairment.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I can independently access the parts of the premises I use and the environment has been designed to promote this." (HSCS 5.11)

How well is our care and support planned?

3 - Adequate

There were a number of important strengths which, taken together, clearly outweigh areas for improvement. However improvements are required to maximise well-being and ensure that people consistently have positive outcomes.

Assessment and care planning should reflect people's needs and wishes.

The new provider was in the process of introducing a new style of care plan. Observation and discussions with staff demonstrated that they were aware of people's health and care needs. However the lack of up to date and incorrect health assessments coupled with a lack of outcome focussed and person centred care plans with poor evaluations and reviews could potentially impact on people's wishes, preferences and needs being fully met. In addition, the audits were more of a tick list approach rather than looking at the quality of information which would support the review as to how people's needs were being met. **See area of improvement 1)**

We found that there were no end of life care plans in place and not everyone has an anticipatory care plan (ACP). Healthcare Improvement Scotland are adapting ACP documentation to a 1-2 page summary, tailored to dealing with the current COVID-19 situation. Do Not Resuscitate paperwork should be in place where appropriate and communicated appropriately with people and/or their carers. It may be judicious to ensure that just-in-case medication is prescribed for high risk people.

Areas for improvement

1. It is important that people should experience care in a planned and agreed way that sets out how their needs, wishes and preferences will be met. They were to ensure that the information was person centred with outcomes that were clear to the person and the staff. In addition, it is also important that the care and support was regularly evaluated and reviewed to ensure continued positive experiences, which focused on improving outcomes.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23)

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate

1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

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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