An Acarsaid (Care Home)
Care Home Service

Liveras Park
Broadford
Isle of Skye
IV49 9AW

Telephone: 01471 822670

Type of inspection:
Unannounced

Completed on:
12 March 2020

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2012307181
About the service
This service registered with the Care Inspectorate on 30 March 2012.

An Acarsaid is registered to provide a care service for up to 10 older people. This includes respite and intermediate care. The service is located in Broadford, and is close to a range of local amenities.

The care home offers en suite facilities in all bedrooms. As well as an open plan dining room and lounge, there were some smaller seating areas located throughout the home. There was a spacious conservatory which had a very pleasant view to the garden. Accommodation was provided over two floors, with a lift available for access to the upper floor.

There was a small kitchen area which people could use to make tea and coffee as they wanted.

The service aims to provide a person centred approach to care and aims to "offer older people the opportunity to enhance their quality of life, provide a service which meets the needs of the individual, allow people to decide themselves how their life is planned, provide an environment where people are free from any form of discrimination and ensure that service users are treated with dignity and respect at all times."

What people told us
We were able to obtain the views of people using the services, or their relatives, in a number of ways. Before the inspection we had feedback from the care standard questionnaires which were submitted to us. Throughout the inspection we were also able to speak with seven relatives, as well as the majority of those people living in the home. The feedback we received told us that people were happy with the care and support either they themselves, or their relative, received.

People described being content and happy living in the home, and they described a staff team who were friendly, hard working and approachable. People told us that they felt that their relative benefitted from living in such small care home. We had a number of comments which described a care home which provided a good standard of accommodation, was kept very clean, and which had nice homely touches throughout. People also described feeling well supported by the wider health and social care team working in the local area.

Some people told us that they enjoyed the food, but there was also feedback to say that they did not consider it was of a very good quality.

There were a number of comments from people regarding staffing levels in the home, and some people described how this impacted on their relative, for example, in having to regularly wait for personal care, and in staff having limited scope to spend quality time in interaction.

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 |

Inspection report for An Acarsaid (Care Home) page 2 of 8
## How well do we support people’s wellbeing? 4 - Good

We evaluated that the service provision at An Acarsaid demonstrated good standards with regard to how they supported people’s wellbeing. We experienced the care home as having a welcoming and friendly atmosphere within which relatives and visitors were encouraged. As a small service there was a sense of people benefitting from the homely setting and the comparatively small number of people they lived alongside.

People should experience care and support which is warm and compassionate, and which upholds individual dignity. We observed positive relationships and interactions between the staff team, and with people receiving support. People were engaged with in a polite and caring manner which resulted in people feeling respected, and feeling that they were experiencing care which was responsive to their needs. There was evidence of good links with the local community, which enabled people to maintain existing relationships and remain involved.

People had the opportunity to get to know the staff who delivered their support. The staff team had developed a good understanding of what people liked, what was important to them, and used this information to encourage meaningful conversations. Staff worked in a well-organised manner, within which it was evident that there was a strong focus on ensuring that people’s needs were being met.

People’s health and wellbeing should benefit from their care and support. We observed people to look well cared for, with attention paid to individual preferences and choices as regards where they spent their time and activities that they participated in. People were being sensitively and discreetly supported with personal care support. This ensured dignity was being upheld and also contributed significantly to people’s overall health and wellbeing. We were satisfied that there was a responsive approach towards responding to changes in health, and that where required, medical or nursing support and guidance was quickly sought and followed. It seemed that people living in the service benefitted from the partnership working evident between health and social care agencies.

Good use was made in the home of various tools to assess and monitor needs in important areas of care such as nutrition and skin care, and it was apparent that staff worked proactively when issues became apparent. We looked at how the service supported people with taking their medicines. It seemed that there was good oversight of this aspect of care, and that people could be confident that their medication was being administered safely and that their wellbeing was consequently being promoted. The exception to this was in relation to topical medication. We concluded that they needed to review practice in this area and implement a more robust process for ensuring that prescriptions such as emollients are administered as required. (See area of improvement 1).
We were satisfied that there was good recognition within the team of people who needed close support with eating and drinking, and that people consequently received the support that they required. We felt, however, that there was an opportunity to improve the mealtime experience, particularly for people who did not need this level of assistance but who would benefit from encouragement to eat, and staff engagement, to make it a more sociable experience. (See area of improvement 2).

We were encouraged that the team were reviewing menus so as to ensure that people enjoyed their food, and that meals were tasty, as we had some mixed feedback about the meal provision. It seems that this was an area to prioritise so as to ensure that people’s views were taken into account in the planning and selection of menu options. It was evident that people enjoyed the home-made soups and home baking and it was also very encouraging that there was a positive approach to providing alternatives. We concluded that this could be an area that the service could approach using their own quality assurance and improvement plans.

We saw that there were some good opportunities for people to participate in meaningful activities and pass times throughout the day. We observed people enjoying playing the piano, and staff encouraging activities and spending time in conversation. There were regular entertainments in the home, and local events such as concerts were attended. When weather was favourable people enjoyed outings to the local shop to pick up their paper or anything else they might need. We also observed, however, that there were times when staff were not able to do this due to other compelling demands on staff time (See area of improvement 2) and we would therefore encourage further consideration as to how they could develop this key area of support.

People should be supported by the right number of staff to meet their needs. Staff should also be supported to have the right knowledge and skill. It was evident that the service had been, and still continued to experience staff shortages. The staff and management team demonstrated commitment and flexibility so as to maintain good service provision. While we were satisfied that efforts were being made at both service and provider level to respond to these difficulties, these were having an impact on some aspects of the service, so therefore we have made this an area of improvement. When we discussed this at feedback the district manager advised that staffing levels would be increased. (See area of improvement 2).

Areas for improvement

1. To promote good care staff should ensure that when people are prescribed emollients and creams as part of their planned care, that they administer them as prescribed and follow good practice guidance.

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

"My care and support meets my needs and is right for me". (HSCS 1.19)

2. In order to ensure and sustain good standards of care the provider should ensure that there are the right number of suitably trained staff working in the service to meet people’s needs. In doing so the provider should ensure that the team have training which ensures that they have the necessary skills and knowledge relevant to the complex needs of people experiencing care.

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

"My needs are met by the right number of people". (HSCS 3.15)
“People have time to support and care for me and speak with me”. (HSCS 3.16)
“I am confident that people respond promptly, including when I ask for help”. (HSCS 3.17)

**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

We evaluated that the service demonstrated good standards in terms of assessment and care planning. There were important strengths which positively impacted on people’s experience. However, improvements are required to maximise wellbeing and ensure outcomes which are as positive as possible.

People’s care plans should be right for them because they set out how their needs will be met as well as their wishes and choices. We saw that people had a current care plan which in the main set out their support needs, and would in most instances assist and inform staff to provide effective care. Regular reviews were carried out and relevant people were included in these. In the main care plans included life history information which would help staff get to know individuals, and what was important to them in their daily lives.

The service were moving to an electronic care planning system, and although they were making good progress this was a “work in progress” and required further input.

There was further work also required to develop plans in accordance with the area of improvement made at the last inspection, and also to ensure that sufficient records were maintained to enable staff to monitor the care that was being provided.

We identified the need to ensure that risk assessments remain current to people’s needs. We identified an instance where a moving and handling risk assessment was unclear, and where it was consequently not clear what the supports and interventions should be. A previous (but slightly reworded) area of improvement will therefore be continued into this report.  
(See area of improvement 1).
Areas for improvement

1. The manager/provider should develop individual care plans further to ensure that personal outcomes are identified for people experiencing care which link to the person’s own needs and preferences. In doing so they should ensure that care planning and daily recording provides an on-going evaluation of progress made towards meeting or maintaining outcomes for people using the service.

In addition care plans should reflect an up to date assessment of the person’s needs. This should take into account any risks, including, but not confined to, client handling needs, and any accidents or incidents that may have occurred.

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)

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 manager/provider should develop individual care plans further to ensure that personal outcomes/sub outcomes are identified for people experiencing care, which link to the person’s own needs and preferences. In addition care plans should reflect an up to date assessment of the person’s care needs, including risk assessments and taking into account any accidents or incidents that may have occurred. In doing so, the following should be taken into account:

Ensuring that staff care planning and daily recording provides an ongoing evaluation of progress made towards meeting or maintaining outcomes for people using the service.

This ensures that 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)

This area for improvement was made on 13 November 2018.

Action taken since then

As reflected in the main body of the report this continues to be an on-going piece of work in the service. This recommendation will therefore be continued, but in an amended form.
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

<table>
<thead>
<tr>
<th>How well do we support people’s wellbeing?</th>
<th>4 - Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 People experience compassion, dignity and respect</td>
<td>5 - Very Good</td>
</tr>
<tr>
<td>1.2 People get the most out of life</td>
<td>4 - Good</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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</tbody>
</table>

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<thead>
<tr>
<th>How well is our care and support planned?</th>
<th>4 - Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Assessment and care planning reflects people’s planning needs and wishes</td>
<td>4 - Good</td>
</tr>
</tbody>
</table>
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