

Sir Gabriel Wood's Mariners' Home Care Home Service

67 Newark Street
Greenock
PA16 7TQ

Telephone: 01475 720 908

Type of inspection:
Unannounced

Completed on:
19 October 2020

Service provided by:
Sir Gabriel Wood's Mariners' Home

Service provider number:
SP2003000213

Service no:
CS2003001088

About the service

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on 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 advisors from the Care Inspectorate and Health Improvement Scotland.

The care home is registered to support 35 older people who may be living with dementia and 12 adults with a diagnosis of Korsakoff syndrome. There were 28 people using the service at the time of the inspection.

The care home is situated in a residential area of Greenock near local amenities including shops, bus routes and rail links. The service is provided from a large, detached Victorian property, originally opened in 1854 as a service for retired seafarers.

Accommodation is within three units spread over two floors. There are 41 single bedrooms and three larger rooms that can be shared where a significant relationship makes this appropriate. Residents have choices of sitting rooms and dining rooms on each floor and access to a safe garden area.

The stated aims of the service are:

- to provide a supportive, comfortable and caring environment
- to enhance the quality and enjoyment of life for each resident
- to meet the changing physical, emotional and spiritual needs of individual residents
- to provide trained and caring staff who offer the necessary friendship and support
- to respect the privacy of each resident, ensuring dignity and freedom of choice.

What people told us

We spoke to several service users as part of our inspection. People told us that they were generally happy with the care and support the service provided.

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?	1 - Unsatisfactory
--	--------------------

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

People who use care services should feel confident their health and wellbeing will be supported and safeguarded during the COVID-19 pandemic. During this inspection we found major weaknesses in critical aspects of performance which required immediate remedial action to improve experiences and outcomes for people.

Those who use care services should be provided with opportunities to engage in a range of social, recreational, creative, physical, and learning activities. We heard how the home was trying to develop a whole home approach to the delivery of activities, however, found that this was not implemented. We saw that people had limited opportunities to engage in activities linked to their choices and preferences, and no clear strategy or care planning was in place to guide meaningful occupation; particularly for those who were spending increased amounts of time in their room. This means that those who live in the care service are at increased risk of low mood, depression, anxiety, and stress and distress.

The service facilitated garden visits and telephone calls to help keep people connected to their families and friends. However, we found that residents and staff did not have access to helpful technology, like handheld computers or communication apps for video calls. Consequently, people did not benefit from creative and innovative ways to stay connected to others. We discussed this with service and asked them to ensure this will be addressed as part of their overall service development plan.

We sampled several medication records to evaluate progress with a previously identified area for improvement (see previous area for improvement 1), and found that the service did not have effective quality assurance processes in place to ensure medications were well managed. Examples included incomplete information on handwritten medication records, and missing protocols for the administration of 'as required' medication. Consequently, people could not be confident their medication was managed safely. We have therefore made a requirement in this regard (see Requirement 1).

During this inspection we reviewed several care plans and found that some changes to the format had been made since the last inspection, whereby we set an area for improvement (see previous area for improvement 2). It was disappointing to find the service had not taken effective improvement action. More work was required to improve the identified outcomes for people to ensure that they reflect the person's abilities, choices and wishes. Furthermore, how effective interventions were for achieving desired outcomes was not adequately measured through evaluations and care reviews. We found insufficient effort had been made to meaningfully involve those who live in the home, or their families, in completing or reviewing care plans. In the absence of evaluating care and support in the spirit of genuine partnership, the service will find it difficult to enhance outcomes for those living in the home (see Requirement 2).

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

We evaluated how well infection control practices support a safe environment for people experiencing care and support. We concluded that people's welfare and safety was compromised by risks which could not be tolerated, and that immediate action was required. We issued the provider with a letter of serious concern following our first unannounced visit on 14 October 2020. During our subsequent visit on 19 October 2020, we determined the provider had not taken sufficient action to meet the requirements. We therefore issued the provider with an improvement notice that included several requirements as outlined in this report.

The environment and equipment did not meet acceptable levels of cleanliness. We found that several service users' bedrooms were dirty and contaminated, including the bedrooms of people who were isolating due to Covid-19. Examples of poor practice included mattresses, beds, and seat covers that were heavily contaminated with bodily fluids and mould. We found there was a lack of appropriate cleaning schedules in place to direct and guide staff effectively, placing individuals who live and work in the service at an increased risk of harm. There was insufficient awareness of best practice guidance for Covid-19, and an absence of effective action planning meant there was a lack of coherent instructions for staff to follow to help mitigate the risk of infection (see Requirement 3).

The service did not have appropriate systems in place to assess and monitor the effectiveness of cleaning procedures, and there was insufficient oversight to ensure cleaning was completed to an acceptable standard to mitigate the risk of infection. Overall, there was a lack of effective leadership and accountability. Consequently, we found the likelihood of harm occurring due to poor infection prevention and control practices to be unacceptable (see Requirement 4).

We reviewed the state of maintenance and repair in relation to infection prevention and control. We found damaged surfaces in several areas, which meant they could not be cleaned or disinfected effectively. As a result, this puts people at an increased risk of cross infection (see Requirement 5).

We noted the service's laundry room needed significant refurbishment to ensure that all surfaces could be effectively cleaned. We saw the process for managing clean and soiled linen was not effective to reduce the risk of cross-infection, with clean and soiled linen not correctly segregated. During this inspection we observed staff did not always adhere to the one-way system when taking soiled linen to the laundry, further increasing the risk of infection (see Requirement 5).

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

People who use care services should feel confident that staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes. During this inspection we found there were major weaknesses in critical aspects of performance, which required immediate attention to ensure that people were protected, and experiences enhanced.

We found there was no clear evidence of a transparent system for assessing and setting safe and effective staffing levels. The service used a dependency tool; however, we found this was limited for informing appropriate staffing. For example, it did not consider the size and layout of the building, or additional requirements linked to the pandemic, such as the increased time needed to undertake effective infection prevention and control practice. It was disappointing to hear that the service had not changed staffing levels in response to the pandemic. We observed staff working in an isolated way in all units of the home, and staff informed us that they continually worked on their own. Consequently, we were not assured there was sufficient staff within the service to meet people's needs in a responsive, safe, or effective way (See requirement 6).

From review of training records, we were not assured that those who live in the service were supported by staff who were knowledgeable about COVID-19. There was no evidence of training being completed specific to the pandemic; with only 24 percent of staff having completed online infection prevention and control training since the onset of the pandemic. We conclude that poor training management had contributed to the ineffective measures to minimise the risk of infection within the home, placing those who live and work there at an increased risk of harm (See requirement 8).

During this inspection we noted the service was not using up to date Health Protection Scotland COVID-19 guidance, with the management team being unaware that there had been several changes to this. From our observations and discussions with staff we were not assured that there was a clear understanding of responsibilities aligned to current guidance to help mitigate the risk, and limited opportunities afforded to staff to discuss issues during supervision and appraisal. In the absence of accessing and implementing current guidance and allowing staff time to discuss, the service will find it difficult to take actions to help keep people safe (See Requirement 7).

Requirements

1. By the 19th of November 2020, you must ensure that the management and documentation of medication is in line with best practice guidance. In particular, you must:

- a) ensure that regular checks and audits of the medication administration records, and safe medication practice are carried out by competent staff; and
- b) ensure 'as required' (PRN) medication protocols are in place for all medication to be given as required. This should include a clear description of when the medication should be given. The protocols should be reviewed on at least a 3-monthly basis; and
- c) the implementation of yearly competency checks for all staff who administer medication including observations of practice.

This is in order to comply with Regulation 4(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By the 11th of January 2021, you must ensure that all service users benefit from care and support plans that are outcome focused and regularly evaluated. This should include:

- a) developing measurable personal outcomes for each care plan that are based on the persons abilities, wishes, choices and needs; and
- b) ensuring that each care plan contains specific, relevant, and time orientated actions; and
- c) ensuring that each care plan is regularly and meaningfully evaluated; and
- d) ensuring that regular six monthly care reviews are carried out on the basis of the regular care plan evaluations and that they include meaningful involvement of the resident or their representative as well as their documented feedback and evidence of any necessary actions planning.

This is in order to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By the 5th of November 2020, you must ensure that service users experience a safe, clean, and well-maintained environment. In particular, the service must be staffed, resourced, and led in a manner that will ensure that:

- a) the premises, furnishings and equipment are clean, tidy, and well-maintained; and
- b) all service users have a clean and well-maintained mattress; and
- c) processes such as enhanced cleaning schedules and regular quality assurance checks are in place to ensure that the environment is consistently safe and well maintained; and
- d) ensure that all policies in relation to cleaning materials, products, infection prevention and control practice are complete and in line with best practice guidelines and relevant legislation.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

4. By the 5th of November 2020, you must ensure that safe infection control practices are followed at all times. In particular, you must:

- a) Ensure that appropriate PPE is easily accessible to all staff working in the service including an appropriate number of stations positioned strategically around the home; and
- b) Ensure that infection prevention and control policies are reviewed to achieve compliance with the most up to date guidance from Health Protection Scotland; and
- c) Ensure clear separation of clinical and household waste is achieved.

This is in order to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

5. By the 19 of November 2020, you must ensure a risk-based assessment of the environment is completed in relation to the prevention and control of infection. In particular, this should include but not be limited to:

- a) an assessment of all surfaces, such as walls, ceilings, floors, equipment, and furniture to ensure that they are not damaged and can be cleaned or disinfected effectively; and
- b) an assessment of all mattresses and soft furnishings to ensure that they are fully intact and free of any contamination with bodily fluids or other contaminants; and
- c) an assessment of the storage facilities for the clean linen, towels, and bedding and their removal from the current laundry facilities.

This is in order to comply with Regulations 10(2)(b)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

6. By the 19th November 2020, you must ensure that service users experience a service which is well led and managed. In particular, you must:

- a) set out clear roles and responsibilities for all staff; and
- b) Develop and implement frequent, robust, and transparent quality assurance processes, including but not limited to effective audits, checks and observations of all staff practice; and
- c) Deliver a comprehensive and outcome focused service development plan to address required areas for improvement, including setting appropriate timescales for completion, clearly defined responsibilities and regular review and evaluations of plans.

This is in order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

7. By 19th November 2020, you must ensure that that there are suitably qualified and competent persons working in the service in such numbers as are appropriate for the health, welfare, and safety of the service users.

This is in order to comply with Regulations 15(a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

8. By the 19th November 2020, you must ensure that service users experience a service with well-trained staff. In particular, you must develop an up to date training record for all staff based on a training needs analysis. This should consider the needs of the service users, including but not limited to, specialist care knowledge such as Dementia or Korsakoff Syndrome, and Covid-19 knowledge, guidance, and best practice.

This is in order to comply with Regulations 15(b)(i) 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

1. In order to ensure that prescribed medication is managed safely and in line with best practice guidance, the provider should improve the service's medication management systems. This includes, but is not limited to:

- The implementation of 'as required' medication protocols which contain detailed instructions for when the medication should be administered.
- A review of the current medication audit system to ensure that it includes measurements based on regulatory feedback and good practice guidance.
- The implementation of yearly competency checks for all staff who administer medication, including observation of practice.

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

This area for improvement was made on 28 June 2019.

Action taken since then

We saw that the service had implemented some "as required" medication protocols. However, there was not a protocol for every "as required" medication. Some protocols were not signed and dated. There was no evidence that protocols were regularly reviewed and there was no evidence of the effectiveness of the medication be evaluated to allow for an evidence-based assessment by the prescriber. We also found a number of issues with the documentation of medication administration. This included handwritten MAR sheets with missing information, handwritten entries that were not dated and signed and a generally untidy presentation of the MAR sheet folder. We therefore concluded that the oversight and quality assurance as well as the ongoing training of staff were still unsatisfactory and that this area for improvement was therefore not met. Due to the high risk of poor medication management and documentation we have concluded that a requirement for this will be put in place. See requirement 1.

This area for improvement was not met

Previous area for improvement 2

The provider should organise training for all staff involved in the writing and evaluating of personal care plans. This training should include, but not be limited to:

- defining person-centred outcomes
- developing specific, measurable, achievable, relevant, and time-oriented plans

- evaluating plans in a meaningful way.

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 will be met, as well as my wishes and choices' (HSCS 1.15) and 'my needs, as agreed in my personal plan, are fully met, and my wishes and choices respected' (HSCS 1.23).

This area for improvement was made on 28 June 2019.

Action taken since then

We found that the service had changed the format of the care and support plans. The care plans now included a headline stating "outcome". However, although some of the content formulated as outcomes was person centred and appropriate, they mostly still fell short of the expectations for well formulated personal outcomes. The care plans also included the headline stating "evaluation" the purpose of the content documented in this part of the care plan was unclear as it was static and formulated when the care plan was put in place. It was therefore not in line with our expectation for evaluation as these should be regularly documented measurement of the effectiveness of the care plan. There was no evidence of care plans being regularly and meaningfully evaluated as the only evidence of regular review was the documentation of the date without a signature. We therefore concluded that leadership and staff competency in this area were unsatisfactory because the lack of properly formulated care plans combined with the absence of meaningful evaluation meant that people were at high risk of receiving ineffective care and poor outcomes. Due to this we have concluded that a requirement for this will be put in place. See requirement 2.

This area for improvement was not met

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	1 - Unsatisfactory
7.2 Infection control practices support a safe environment for people experiencing care and staff	1 - Unsatisfactory
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	1 - Unsatisfactory

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.