

Shoremill (Care Home) Care Home Service

Shoremill
Cromarty
IV11 8XU

Telephone: 01381 610216

Type of inspection:
Unannounced

Completed on:
19 November 2020

Service provided by:
Sarina Duncan and Rita Portway, a
partnership trading as Shoremill Care
Home

Service provider number:
SP2004006942

Service no:
CS2003044819

About the service

This service has been registered since 2003.

Shoremill Care Home is registered to provide a care service for up to 13 older people, including up to two people on a respite basis. There were 12 people living in the service at the time of the inspection.

The provider is Sarina Duncan and Rita Portway; a partnership trading as Shoremill Care Home.

Shoremill Care Home is a two storey building situated near to the village of Cromarty. There are seven bedrooms on the ground and six on the first floor. The upper floor can be accessed using the stairs or a chair-lift. Nine of the rooms have an en-suite toilet and wash basin facility, one also has a shower facility. There is one assisted bathroom and two walk-in shower rooms.

There is a lounge on each of the floors, with the first floor lounge overlooking the Cromarty Firth. There is a dining room/conservatory at the rear of the premises. This overlooks a paved patio area in the garden which can be accessed from the dining room.

The philosophy of the care home is stated as 'to value each and every individual who comes to live or visit' and that 'service users will be assured that they will be treated with respect and dignity according to their individual needs and wishes.'

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 from the Care Inspectorate.

What people told us

Four relatives contacted us during the inspection. Feedback received was positive, and comments included:

- "Never short of information, always consulted and very happy with the management and staff overall."
- "I am absolutely delighted with mum's care and always have been."
- "Care staff always come across as caring and kind and as if they have really got to know mum and understand her ways."

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?	3 - Adequate
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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?

3 - Adequate

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

We evaluated the service to be performing at an adequate level. There were a number of strengths that just outweighed the weaknesses.

We saw that staff consistently treated people with compassion, dignity and respect and it was obvious that staff knew the people they were caring for. One relative commented, "I feel the care staff always come across as caring and kind, and as if they have really got to know my relative, and understand her ways."

Mealtimes were pleasant and staff supported people who needed help in a caring and unhurried way. The menu was varied and interesting. People were encouraged to choose what they wished to eat and drink.

Staff understood that keeping people safe during COVID-19 meant a reduction in social contact with friends and family. People were encouraged to maintain contact in various ways including Facetime, telephone, outdoor and indoor visits. A family member confirmed, "We have had frequent window and garden visits. We have always had to fill in a form, social distance, wear PPE and have been asked if we are well at the time of the visit."

People were encouraged and supported to remain active. We were told about some of the activities people had taken part in. For example, word searches, stone painting and quizzes. There had been a recent Halloween themed day that had been well received. One relative explained, "We know our relative has taken part in activities, making decorations, quizzes and we were delighted when she showed us two pictures she had painted."

Families told us they were kept informed about changes in their family member's health and care needs. People and their relatives were generally involved in decisions about their care and support. However, whilst regular reviews were taking place, people's plan of care lacked enough detail to direct staff to enable them to fully meet their health and care needs (see area for improvement 1).

Health and risk assessments were not always completed for key aspects of care, for example, skin care, stress and distress and oral health, which placed people at risk of skin breakdown, unnecessary stress and distress and poor oral healthcare (see area for improvement 1).

The plan of care was not person-centred or outcome focused. For example, skin integrity and falls prevention care plans were a standardised template. This meant that care could be inconsistent and not respectful of people's individual needs and preferences (see area for improvement 1).

Whilst a basic assessment of people's future anticipated care needs had been started, there was no detail regarding their future wishes and preferences. There were no end of life care plans in place. This meant that people's choices and preferences were not being considered in relation to the care they would like to receive. Without this information staff would not be able to support people in line with their wishes (see area for improvement 1).

Storage and use of medication was adequately managed. The manager was aware of recent guidance on supporting people with end-of-life medication, including the possibility of repurposing medication. This is important to ensure that people's medical needs are taken into account and that they have the correct medication at the right time to support them with any healthcare needs.

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

We evaluated the service to be performing at an adequate level. There were a number of strengths that just outweighed the weaknesses.

The home was clean, tidy and generally well maintained. There had been some decluttering of the environment, however, we discussed the need to further declutter to make it easier for staff to clean.

There was a good supply of Personal Protective Equipment, (PPE), which was readily available throughout the home. Staff were found to generally wear and use PPE in line with guidance.

Whilst large pedal-operated bins had been provided to support staff to safely discard used PPE, we found that not all PPE had been disposed of safely. For example, there was used PPE in general waste bins which placed people at risk of harm from cross infection. We discussed this with the manager, who proactively followed this up during the inspection.

A staff changing room had been established to support staff to change out of their uniform before leaving for home. The staff we spoke with were laundering their uniform in line with guidance which decreased the risk of COVID-19 exposure within the wider community.

The home had recently purchased a replacement washing machine and tumble dryer. Staff were familiar with this new equipment, and we saw that linen was laundered in line with guidance. However, staff were not double bagging soiled items before transporting these to the laundry. This meant people and staff were at risk of infection (see area for improvement 2).

We saw that clinical waste was double-bagged, and generally disposed of in line with guidance which kept people and staff safe from harm through cross infection.

We saw that staff adhered to physical distancing which minimised the risk of harm to people and staff through cross infection. There was ready access to hand sanitiser to support people and staff with good hand hygiene. We saw staff encourage and assist people where relevant, to wash their hands before lunch. This meant people were kept safe from infection.

Re-usable equipment such as hoists, baths and showers were cleaned between use. Cleaning schedules had been revised, and included regular deep cleaning to help maintain a safe environment by reducing the risk of cross infection.

The provider had recently implemented a quality assurance system, that if maintained, will support them to identify areas for improvement that would contribute to a safer environment for people and staff.

Weekly staff testing for COVID-19 was happening in line with guidance. This followed best practice and assisted with the continued protection of people and staff from harm.

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

We evaluated the service to be performing at an adequate level. There were a number of strengths identified that just outweighed the weaknesses.

During the inspection there were enough staff to meet people's health and care needs. We saw staff provide care and support with compassion, and heard meaningful conversations and interactions. One relative confirmed, "I feel my relative is always well groomed and cared for and is safe and well. I think the staff are kind and caring and do their very best in what has been a very difficult time."

The home had a contingency plan to support the service in the event that care staff were absent as a result of illness, self-isolation or exclusion following a positive COVID-19 test.

Staff told us that they had recently completed training in infection prevention and control, COVID-19, PPE and hand hygiene. Staff were familiar with the signs and symptoms of COVID-19 and knew how to prevent and manage any potential outbreak. However, the home had not maintained records that monitored training attendance. This meant there was no system that tracked staff knowledge (see previous requirement 1).

The home planned to reintroduce supervision meetings. We discussed that these meetings should provide staff with an opportunity to directly reflect on practice, discuss changes in guidance or learning opportunities relevant at this crucial time (see previous requirement 1).

The home had established links with the GP practice and other health professionals which meant changes in people's health and care needs were promptly met. This supported positive health outcomes.

The home had appointed a PPE/infection control champion. The 'champion' had completed recent training in quality assurance to support regular auditing and monitoring of the environment. There was a plan to use audit results to identify and make improvements.

In addition, it was intended that the 'champion' would provide training to ensure staff used PPE correctly. This would decrease the risk of cross contamination and the potential risk of infection.

Areas for improvement

1. The provider must ensure that service users receive care and support that meets their health, safety and wellbeing needs. In order to achieve this, the provider must ensure:

- a) health and risk assessments are completed to develop care plans that fully identify people's health and care needs;
- b) person-centred care plans reflect people's goals, wishes and preferences;
- c) residents, other relevant people and professionals are fully involved in the care planning process; and
- d) that the care planning process is used to improve people's experiences and outcomes when there are changes to their health and wellbeing, they are unhappy, or at risk of harm.

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

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

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

In order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. The provider must ensure that soiled linen is managed in line with Health Protection Scotland (HPS) COVID-19 Information and Guidance for Care Home Settings.

This is in order 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 organisational codes.' (HSCS 3.14); and
It is also necessary to comply with Regulations 4(1)(a) Welfare of users, and 15(b)(i) Staffing, 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 requirements we made at or since the last inspection

Requirements

Requirement 1

The provider must ensure by 31 October 2020, that all staff (including management care and domestic staff) are trained, competent and skilled to prevent and manage an outbreak of COVID-19 and are following and applying all relevant Public Health guidance (COVID-19 Information and Guidance for Care Home Settings). In order to achieve this the provider was to ensure:

- a) There is an on-going assessment of staff competence and skills in relation to infection prevention and control.
- b) That staff receive training based on the above assessment.
- c) 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.
- d) accurate training records are maintained which indicate the training
- e) training is evaluated to ensure that improved practice is achieved.

This is in order to ensure 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)

It is also necessary to comply with Regulations 4(1)(a) Welfare of users, and 15(b)(i) Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 1 October 2020.

Action taken on previous requirement

Whilst staff told us that they had recently completed training in infection prevention and control, COVID-19, PPE and hand hygiene, there had been no ongoing assessment of their competence and skills. Training records had not been maintained which meant there was no system that tracked staff knowledge.

The home planned to reintroduce supervision meetings. We discussed that these meetings should provide staff with an opportunity to directly reflect on practice, discuss changes in guidance or learning opportunities relevant at this crucial time.

We will follow up the home's progress to meet this requirement at the next inspection.

Not met

Requirement 2

The provider must ensure by 31 October 2020 that people's care and support is provided in a planned and safe way. The provider must ensure that people's environment is secure and safe. To do this the provider must:

- a) carry out a risk assessment of the home's environment to identify what needs to be put in place to minimise the risk of an outbreak of infection;
- b) carry out a risk assessment for visiting within the care home gardens and inform Public Health for their consideration and sign off the risk assessment;
- c) carry out a review of people's care and support plans, and introduce anticipatory care planning, which plans for when a person may become unwell, or if they need to self-isolate in their bedrooms;
- d) establish contingency plans that support safe staffing levels, which are backed up with clear guidance for staff.;
- e) carry out a risk assessment for the safe use of agency staff.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that: 'my care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14) and that 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

It is also necessary to comply with Regulations 4(1)(a)(d) Welfare of users and 5(2)(b) Personal plans, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 1 October 2020.

Action taken on previous requirement

The home had completed a risk assessment of the environment. As a consequence, infection prevention and control measures had been implemented that would decrease the risk of an outbreak of infection. Regular environmental audits had started with a plan to use audit results to identify and make improvements.

The home had completed, in consultation with public health, a risk assessment of indoor and outdoor visiting which included strategies to keep people, staff and visitors safe from harm through cross infection.

Whilst a basic assessment of people's future anticipated care needs had been started, there was no detail regarding their future wishes and preferences. This meant that people's choices and preferences were not being considered in relation to the type of care they would like to receive. Without this information staff would not be able to support people in line with their wishes.

The home had a contingency plan to support the service in the event that care staff were absent as a result of illness, self-isolation or exclusion following a positive COVID-19 test, including the safe use of agency staff.

We will follow up the home's progress to meet this requirement at the next inspection.

Not met

Requirement 3

By the 30 November 2020, the provider must ensure that people receive their medication over the 24 hour day in accordance with prescribing instructions. In order to do this the provider must ensure that an identified suitably qualified and competent member of night staff is on duty every night who is able to administer medication.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that 'My care and support meets my needs and is right for me.' (HSCS 1.19)

It is also necessary to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 26 June 2020.

Action taken on previous requirement

Records indicated that people were receiving their medication over a 24 hour period, as intended and prescribed, because staff had recently completed medication administration and competency training. This meant people's health and care needs were being met.

Met - outwith timescales

Requirement 4

By 30 November 2020, in order to ensure there is a culture of continuous and sustained improvement the provider must ensure that the quality assurance processes are effective and clearly identify areas for improvement. The processes should be responsive to improving the service's individual performance, based on relevant legislation and good practice to drive good practice and standards forward. The systems must be focused on improving outcomes and quality of experiences for people using the service.

This is in order to ensure that 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)

It is also necessary to comply with Regulation 3, Principles and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 26 June 2019.

Action taken on previous requirement

Focused COVID-19 inspection. This area was not assessed at this inspection.

Not assessed at this inspection

Requirement 5

The provider must ensure, by 31 October 2020, that the manager and all staff are sufficiently trained, competent and skilled in order to identify and respond promptly and appropriately to any protection concerns. This should include:

- a) ensuring all staff understand their responsibilities as set out in the SSSC Codes of Practice for Social Service Workers and Employers.
- b) ensuring all staff have adequate training and guidance, and that this is regularly revisited with staff to check their understanding.
- c) ensuring clear policies and procedures are in place and are accessible to staff.

This is to ensure care and support is consistent with Health and Social Care Standard 3.20: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

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

This requirement was made on 2 November 2020.

Action taken on previous requirement

Whilst the home had organised training that would support staff to complete training in the following key areas:

- a) Adult Support and Protection (ASP);
- b) bullying and harassment in the work place;
- c) whistle blowing; and
- d) complex behaviour;

not all staff had as yet completed training, but were anticipated to do so by 30 November 2020.

The home intended to evaluate staff knowledge and understanding of ASP through supervision meetings which were to be scheduled at a later date.

We will follow up the home's progress to meet this requirement at the next inspection.

Not met

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

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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