

## Dalginross House Care Home Service

Comrie  
Crieff  
PH6 2ED

Telephone: 01764 670861

**Type of inspection:**  
Unannounced

**Completed on:**  
18 November 2020

**Service provided by:**  
Linda Paterson trading as Dalginross  
House

**Service provider number:**  
SP2003002113

**Service no:**  
CS2003009752

## About the service

Dalginross Care Home is a privately owned home in the Perthshire village of Comrie. The service is registered to provide care for up to 17 older people. There are 15 single rooms and one bedroom that could be used by a couple. At the time of our inspection there were 16 people living in the home.

The home is a Victorian built villa arranged over two floors, with stair lift access to the mezzanine and first floor. The home is set in well maintained accessible grounds with car parking available and is well located in the village with all its amenities within walking distance.

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

Over the course of our inspection we had the opportunity to talk to the majority of people living in the home, all of whom were spending most of their time in their own rooms. People told us they were well cared for and spoke highly of the staff. Some people were frustrated that they could not go out due to the current restrictions. Some of their comments included:

"there are no complaints from me."

"the staff can't do enough for me."

"they are all lovely."

"the food is great."

"I'm used to being out all the time but can't just now."

We also spoke to three family members and comments were generally very positive although one questioned why their family member had to remain in their room. Comments included:

"really can't speak highly enough about all the staff."

"visits are well managed."

"the staff are all lovely people who keep me well informed."

"I have nothing but praise for Dalginross. They've worked hard and went above and beyond this year."

"they've done well but it's now gone eight months and my relative is still in their room."

## 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.

The focus of this inspection was to assess if people's health and wellbeing benefitted from the care and support they received during the COVID-19 pandemic. We also wanted to ensure that people experienced a high quality of care and support that was right for them.

We concluded that the service was working at an adequate level in this area, which meant we identified some strengths that just outweighed weaknesses. The likelihood of people achieving positive experiences was reduced because key areas of practice needed to improve.

The manager confirmed that all the people living in the home had been requested to spend most of their time in their bedrooms since the beginning of the COVID-19 pandemic. This included taking meals in their rooms and using a commode rather than a communal toilet.

People had occasionally been supported to access the garden, and visits from designated people were taking place.

We encouraged the manager to move forward with supporting people to safely use communal areas of the home such as the lounge and dining room. As it stood, people were isolated in their rooms with limited opportunity to interact with others or take part in meaningful activities. This posed a risk to people's emotional wellbeing along with the health implications of not being able to move around regularly.

The interactions we observed between staff and people living in the home were warm and respectful. However, due to the limitations posed by people being in their rooms, there was little opportunity for staff to spend one to one time with residents, and interactions were to a large extent focused on tasks. The service had also recently lost their activity co-ordinator which further impacted on their ability to support meaningful activities with people.

Care plans had been completed to a good standard and contained person centred information relevant to the individual being supported. They would benefit from having an increased level of monitoring to ensure information remains up-to-date and captures any changes to people's health and wellbeing. (See Area for Improvement 1).

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

The application of strict infection control procedures is vital to make sure the risk to people's safety is minimised during the COVID-19 pandemic. We found the performance of the service in relation to infection control practices to support a safe and clean environment to be adequate. This meant strengths just outweighed weaknesses, and positive health outcomes for people were compromised because of the weaknesses.

At the time of inspection no one in the service, including staff, had tested positive for COVID 19. There were ample supplies of personal protective equipment (PPE) throughout the home and staff were observed to be using it appropriately. Staff we spoke with could demonstrate the correct procedure for removing PPE and safely disposing it. Staff had good hand hygiene awareness and had benefitted from training input in that area.

Robust quality assurance processes identify issues quickly and help ensure the service maintains a safe environment. The home was generally clean and well maintained throughout, but they did not have adequate cleaning schedules in place to guide staff on the frequency of cleaning required. The cleaning rotas in use had numerous missing signatures so the service could not be certain that areas had been cleaned on a regular basis. It is vital that the service rectifies this as matter of urgency to maintain people's safety during the COVID-19 pandemic. (See requirement 1).

The laundry was located off the kitchen which posed a health and safety risk, but the service had received guidance on how to minimise the risk and was immediately removing clean laundry to a designated room on the first floor.

There was obsolete equipment in bathrooms which we advised the manager to remove to free up space and help maintain a clutter free environment. This would allow greater ease for cleaning while also removing trip hazards.

### **7.3 Staffing arrangement are responsive to the changing needs of people experiencing care.**

People should be confident in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We assessed the service to be performing at an adequate level in relation to staffing. This meant strengths just outweighed weaknesses but were compromised in a number of important areas.

The service had developed good links with local health colleagues and the district nursing team were visiting on a regular basis to monitor people's health needs. The service was not using a formal dependency tool to assess changes in people's health and wellbeing needs. This could limit their capacity to ensure appropriate staffing levels were in place to meet these needs. This was evident as people's support needs have significantly changed as a result of being in their rooms, but staffing had not increased to take account of this. A dependency tool would allow the manager to monitor changes in a systematic manner and take appropriate action when necessary. (See Area for Improvement 2).

People should expect that staff are given the opportunity to reflect on their practice and follow their professional and organisational codes so that they can have confidence in the people who support and care for them. The staff we spoke with felt well supported by their managers, stating they could raise any concerns with them. Some staff had not had an opportunity for a one-to-one meeting with their manager since the start of the COVID-19 pandemic. It is important for staff to have this opportunity as it promotes a culture of continuous development and enhances general communication and morale. This would impact positively on the service by helping ensure a skilled and motivated staff team, which would in turn lead to improved outcomes for people living in the home.

People should experience high quality care and support based on relevant evidence, guidance, and best practice. Although staff had received training input in infection control procedures, they had not received any formal training on COVID-19. Staff had access to an online learning module to complete in their own time, but the manager did not have a system in place to check who had completed the training. This had the potential to lead to poor health outcomes for people. (See Requirement 2).

The service did not have contingency plans in place to be followed in the event a large number of staff had to take time off work as a result of a positive COVID-19 test or having to self-isolate. There were also no plans in place for staff to follow if someone living in the home tested positive for COVID-19.

This is vital for the service to be able to provide safe continuity of care in the event of a health emergency. (See Area for Improvement 3).

## Requirements

1. By 11 December 2020, to ensure that people experiencing care are appropriately protected, the service must have in place an enhanced cleaning schedule that follows the up-to-date guidance on infection prevention and control from Health Protection Scotland, Public Health Scotland and the Scottish Government. They must also begin regular infection control audits to ensure that the cleaning schedule and all infection control procedures are being carried out appropriately.

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

"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 in order to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210.

2. By 11 December 2020, the provider must ensure that staff are provided with the necessary training and guidance on COVID-19 in order to safely undertake their responsibilities during the current COVID-19 pandemic.

This is 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 The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) - A regulation regarding the welfare of service users.

## Areas for improvement

1. The service should have systems in place to ensure that the needs of people are regularly assessed, monitored, and recorded within their care plan.

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

"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)

2. The service should use a recognised dependency tool to evidence more effectively that the staffing levels are at sufficient levels to ensure the needs of people are met.

This is in order to ensure that the 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)

3. The provider should ensure that as part of the services COVID-19 contingency planning it has plans in place to provide continuity of care in the event of:

1: A large number of staff being absent from work.

2: A person within the home testing positive for COVID-19.

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

3.15 "My needs are met by the right number of people." (HSCS 3.15) and

"I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty." (HSCS 3.18)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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