

## Dun Eisdean (Care Home) Care Home Service

44 Westview Terrace  
Stornoway  
HS1 2LD

Telephone: 01851 70 3335

**Type of inspection:**  
Unannounced

**Completed on:**  
17 November 2020

**Service provided by:**  
Comhairle Nan Eilean Siar

**Service provider number:**  
SP2003002104

**Service no:**  
CS2003009707

## About the service

The service has been registered since November 2002.

Dun Eisdean is owned and managed by the local authority Comhairle nan Eilean Siar and is registered to provide care for up to 38 older people.

Dun Eisdean is situated in a residential area of Stornoway. The home is built on one level and all bedrooms have individual access to their own toilet and wash hand basin. There are communal sitting rooms and comfortable seating areas located throughout and there are two bright, spacious dining areas. Three corridors overlook a pleasant, enclosed courtyard with easy access for people to go outside. There is also access to a larger garden area with local community facilities nearby.

A new care home is planned to replace Dun Eisdean and construction is underway.

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

We spoke with people using the service during the inspection. We also contacted relatives by email and telephone to gather their views of the service. The feedback we received was positive and appreciative. Relatives spoke highly of the care and support that the manager and staff provided and said staff were responsive to their questions and communication.

Some comments are listed below:

'I have a great relationship with the staff and I see them as extended family.'

'I am happy with the activities being offered. [My relative] has speech problems and the staff do activities, puzzles and games on the tablet to help them communicate.'

'The staff appear very caring and attentive.'

'The manager is excellent and keeps us up to date throughout COVID by phone and email.'

'Dun Eisdean is one of the best and we were happy when [our relative] got a place there.'

'I love living here. I feel safe and cared for.'

## 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?	4 - Good
--	----------

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?

4 - Good

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

People's health and wellbeing were supported and safeguarded during the COVID-19 pandemic to a good standard. There were several important strengths which, taken together, clearly outweighed any areas for improvement. The strengths had a positive impact on people's experiences and outcomes.

People using the service and their relatives all spoke of how kind, caring and supportive staff were. Emphasis was placed on maintaining good connections with family and friends through safe visiting and innovative technology. Families were kept well informed of the impact of COVID-19 on their relatives in a caring and sensitive manner.

Mealtimes were calm and unhurried with good physical distancing between people using the dining area. Meals, snacks and drinks were nutritious, and people clearly enjoyed their food. There was a system in place to ensure regular access to fluids and nutrition, especially for people who need support to eat and drink.

Staffing levels had been increased, which supported responsive care. People were encouraged to remain active. Small group or individual activities could be planned to meet individual's needs, choices and wishes as this would help people to get the most out of their lives. (see area for improvement 1).

People could be confident that assessments of potential risk were comprehensive and risks were managed appropriately. Care plan reviews were undertaken regularly. People's care plans contained good personal histories to inform staff of people's wishes and choices. To maximise people's potential, these should be further developed so that individual plans consistently set out how needs, choices and decisions will be met on a daily basis. (see area for improvement 2).

An anticipatory care plan was in place that reflected people's future care and support needs. Any considered restrictions placed on people's freedom of movement to prevent the spread of infection should be clearly documented. These should be further developed to demonstrate the involvement and consent of relevant individuals.

The home had a quality assurance system in place and areas for improvement had been identified. The service could develop these further through clear documentation of completed actions. This would ensure people benefited from a culture of continuous improvement. (see area for improvement 3).

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

We found the performance of the service in relation to infection control practices to support a safe and clean environment to be good. There were a number of important strengths which clearly outweighed areas for improvement.

People benefited from a home that was clean and well presented. The home was signposted for people to move around easily and hand washing stations were clearly marked.

The service had good supplies of personal protective equipment (PPE).

Staff were seen to perform hand washing before and after providing care to individuals. The service should place a hand hygiene station at the entrance to each dining area. This would help staff to encourage people to wash their hands before and after meals to reduce any likelihood of cross infection.

People should experience an environment which is well looked after with a clean, tidy and well-maintained premises, furnishings and equipment. There was a good supply of cleaning products and equipment which were suitable for cleaning purposes and used according to guidelines. The manager should ensure all cleaning agents are safely locked away to remove any potential risk from accidental ingestion. (see area for improvement 3). Additional cleaning duties were scheduled and completed by care staff.

Equipment used to care for people was clean and free from dirt or contamination. Two raised toilet seats were damaged, which potentially prevented effective cleaning and should be replaced. Some walls were damaged and required plastering and painting. Fixtures and furniture should be in a good state of repair to allow for easy and effective cleaning. (See area for improvement 3).

Excess furniture should be removed and stored to reduce the amount of unnecessary cleaning and prevent risk of cross infection.

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

Staffing arrangements were of a good standard. There were a number of important strengths which clearly outweighed areas for improvement.

Overall, the staffing was responsive to the changing needs of the people using the service. Staffing levels had been increased to a good level and people were supported with warmth and kindness and appeared relaxed and contented.

A contingency plan was in place to support the service in the event of staff absences due to illness or self-isolation following a positive COVID-19 test.

Training had been provided in all key areas of infection prevention and control. Observations of staff practice were regularly undertaken to assess staff competence in their infection control practices. Housekeeping staff were familiar with processes for decontamination and had completed training on cleaning products specific to the COVID-19 pandemic. As a result, people could be confident that staff were skilled and competent.

Staff members benefited from supportive leadership and felt able to raise suggestions or concerns as they arose. Regular informal discussions were welcomed and valued by staff.

The provider had implemented weekly staff testing for COVID-19, in line with guidance. This followed best practice and assisted with the continued protection of people and staff from harm.

### **Areas for improvement**

1. The service should ensure that people are regularly supported and encouraged to maintain an active life and to be able to regularly take part in meaningful activities and conversations.

This means that staffing levels should always enable enough care staff to consistently provide this support, taking into account people who are spending more time in their bedrooms and socially distancing from one another.

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

'I can 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.' (HSCS 1.25)

2. The provider should ensure that the social information, key assessments, and support plans in each personal care plan remain current, and that these documents support people to achieve individual goals and outcomes.

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)

3. The provider should further develop the quality assurance system to ensure they consistently follow up and take appropriate action on findings to demonstrate they are making continuous improvements. A quality assurance matrix would help to identify the most important audits. This should include the frequency of each audit and who should be responsible for the completion of the audit cycle.

In addition, a daily environment audit should be undertaken to monitor the safety of storage of chemicals and fitness for purpose of fixtures and fittings within the home.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and

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

'I experience and environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

The provider must develop effective and robust quality assurance systems. To ensure this, the provider must put in place a system to:

- a) Ensure effective oversight and monitoring of all aspects of the service.
- b) Develop systems to monitor compliance with required health and safety, including the storage and safety of hazardous chemicals, and premises maintenance.
- c) Ensure areas for improvement are identified, appropriately recorded and followed-up with outcomes and improvements clearly identified.
- d) Ensure the views of people using the service or their representatives are sought on a regular basis and used to plan and make improvements to the service.
- e) Ensure proper quality assurance records are maintained.

Timescale for completion: 7 January 2020.

**This is to ensure care and support is consistent with the Health and Social Care Standards which state that, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19) and to comply with Regulation 4(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.**

**This requirement was made on 14 November 2019.**

#### Action taken on previous requirement

A head of service and a service manager had been appointed since the last inspection, to provide support and leadership to improve the service. Monthly meetings for care home managers were commenced at the beginning of the year to focus on strategic objectives, quality assurance and improvement across all the care homes.

The service had commenced appraisals and supervision for all staff.

It was reinforced to all staff, including domestic staff, that all hazardous chemicals were to be stored in a locked cupboard when not in use. Random checks were being carried out by the then acting manager and senior social care workers.

Guidance was issued from the Care Inspectorate on the expected reporting/recording of incidents/accidents. This raised awareness of the requirement to report specific events. An internal incident reporting form was reviewed and issued with guidance for all staff.

Risk assessments had improved and audits were undertaken by the acting manager and senior social care

worker. The 'green light' risk assessment detailed the risks and documented the protective factors in place to minimise/prevent future risks.

## Met - outwith timescales

### Requirement 2

The provider must ensure that there are sufficient staff working in the service at all times to meet the complex health, welfare, safety and social needs of people living in the home. To do this they must take into account the following:

- a) The complex support needs of people living with dementia, some of whom might experience stressed and distressed reactions.
- b) The availability of staff supervision in communal areas.
- c) The layout of the building, and how staff would be best deployed to reduce risks to individuals, and anticipate care needs.
- d) Personal planning and key working responsibilities.
- e) Supervisory responsibilities of senior staff.
- f) Regular social, and meaningful activity opportunities for individuals.

Timescale for completion: 7 January 2020.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard which state that, 'My needs are met by the right number of people.' (HSCS 3.15); 'People have the time to support and care for me and to speak with me.' (HSCS 3.16) and in order to comply with Regulation 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 which requires providers to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This requirement was made on 14 November 2019.

### Action taken on previous requirement

Staffing levels had increased considerably since the last inspection. At the time of inspection, there were 10 staff working with 38 people, which was a good improvement from previous inspection. Duty rotas demonstrated this was fairly consistent and we were reassured this would be sustainable.

Domestic staff had been increased also. The duty rotas showed there were three domestic staff members on each day. Each of the four zones in the home had the equivalent of one full time domestic staff worker. There was recent recruitment of new reliefs to allow time for deep cleans during the COVID-19 outbreak.

## Met - outwith timescales

### Requirement 3

The provider must ensure that each person's care plan is up to date. To achieve this:

- a) A personal plan should be in place within 28 days of the person starting to use the service. This plan should cover all aspects of an individual's health, welfare and safety needs.
- b) Plans (including risk assessments) should be updated when needs change.



- c) Plans should evidence clearly how needs will be supported by staff.
- d) Plans should be reviewed at least every six months following a consultation with the person, or if appropriate their representative.
- e) Assessment tools used to measure risk and need, in areas such as nutrition, skin care, continence, hydration, falls and mobility should clearly link with the information, included in support plans.
- f) Care plans should be regularly audited in a meaningful way to check whether they are accurate and are supporting better outcomes for the person.

Timescale for completion: 7 January 2020.

This is in order to ensure that care and support is consistent with 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) and in order to comply with Regulation 5 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 14 November 2019.

#### Action taken on previous requirement

All residents had a comprehensive personal plan in place.

Risk assessments had been carried out and further work was taking place to develop these. Appropriate assessment tools were in place with good documentation to support care. Reviews were undertaken at regular intervals and a system was in place to ensure Social Work involvement each year.

Care plan audits were in place in some plans of care. Further work had been identified to make sure the findings from the audits are transferred into improving the plan of care and ultimately improve the care and support provided to individuals.

**Met - outwith timescales**

## 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

To promote good skin 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 Social Care Standards which state that, 'My care and support meets my needs and is right for me.' (HSCS 1.19)

This area for improvement was made on 14 November 2019.

## Action taken since then

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

## Previous area for improvement 2

The service should improve how they manage accidents and incidents. In doing this they should ensure:

- a) That staff have clear guidance regarding the correct recording reporting of accidents and incidents.
- b) Ensure that accidents and incidents are investigated, or where protection issues are indicated report to the relevant agency who have the lead legal responsibility to investigate.
- c) That staff have a clear understanding of their responsibility in terms of adult support and protection legislation, and the procedures to be followed when making a referral.
- d) That all notifications are made to the Care Inspectorate as the law requires.
- e) That the findings of any investigations into adverse incidents are appropriately and transparently shared and that responsibilities under duty of candour are shared with relevant personnel as the law requires.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

**This area for improvement was made on 14 November 2019.**

## Action taken since then

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

## Previous area for improvement 3

The provider should ensure staff receive training appropriate to the work they are to perform. They should also implement a process of maintaining up to date staff training records.

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 and organisational codes.' (HSCS 3.14)

**This area for improvement was made on 14 November 2019.**

## Action taken since then

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

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

## 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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

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.