Inchmarlo House
Care Home Service

Inchmarlo
Banchory
AB31 4AL

Telephone: 01330 824981

Type of inspection:
Unannounced

Completed on:
16 December 2020

Service provided by:
Skene Enterprises (Aberdeen) Limited

Service provider number:
SP2003002326

Service no:
CS2003010394

About the service

Inchmarlo House is a care home situated in a retirement community at Inchmarlo on the western outskirts of Banchory. It is registered to provide a care service for up to 52 older people and has been registered with the Care Inspectorate since 2011.

The home is a converted mansion-house with accommodation over three floors. It is set in extensive landscaped grounds which includes a large, enclosed garden. Bedrooms can accommodate both single and double occupancy if required, all have en suite facilities. Shared facilities include dining and sitting rooms with an inhouse bar.

The service says that it aims to 'provide individualised care of a high standard in a homely environment, in pleasant surroundings.'

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 advisers from the Care Inspectorate and Healthcare Improvement Scotland.

What people told us

We spoke with residents in the passing during our inspection. We were contacted by six relatives.

There comments included:
"Could not fault the care at Inchmarlo."
"Inchmarlo treat relatives as part of their community."
"There is difficulty with people answering the phone and passing on messages."
"Would like to be kept up to date with what is happening. Concerned how (resident) is passing their time."
"We have a letter through every day. I am happy to phone the home for an update, but I know the staff are busy. I don't want to use up their time."
"Always found the staff to be excellent, treat my mum with dignity, compassion and respect."
"It is frustrating not being able to see or contact my mum."
"When older people are confined to their rooms it can be very difficult for them."
"Can't fault Inchmarlo."
"100% happy with the care my mum gets. More rights that wrongs."

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?	2 - Weak

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? 2 - Weak

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

Due to a significant outbreak of COVID 19 in the home, staff and managers were being supported by the Health and Social Care Partnership (HSCP), NHS boards and other agencies.

People were not actively supported to maintain contact with loved ones. Although staff said people were using telephone and face time to keep in touch, we received conflicting feedback about this. We were not confident that systems, used before the outbreak of COVID-19, were used consistently to support people in communicating with those important to them.

We found that communication with families was poor. Families frequently had to initiate contact. Families told us "There is difficulty with people answering the phone and passing on messages" and "It is frustrating not being able to see or contact my mum." As a consequence, people were not kept informed with up-to-date information on the impact of COVID-19 on the care and support that residents received **(see area for improvement 1).**

There was a lack of meaningful activities for people. All residents were isolating in their bedrooms. The care staff did not identify that supporting people with meaningful activities was part of their role. As a result, interactions with people were limited to the times when they received support with personal care needs. There was no plan in place to ensure regular engagement or interactions with people in order to promote mentally and physically wellbeing **(see area for improvement 2).**

Staff were guided by the HSCP about supporting people in isolation. Although staff understood the importance of social distancing, there were challenges in implementing guidance. Staff were not always successful in reducing anxiety about isolation. There was also a lack of social engagement and people were left for lengthy periods without emotional support. Most support was provided in relation to the delivery of personal care. Consequently, staff did not promptly identify people who were distressed, in need of assistance or who had fallen. Two relatives told us they were contacted by residents who did not have a way to call staff or attract their attention. People received a choice of foods and we saw that snacks and drinks were available at set times through the day. We were concerned that some residents were not receiving required support to eat and drink well. People did not always receive additional dietary support when needed, for example dietary fortification. Monitoring of food and drinks intake was poor **(see requirement 1).**

There were established links with the local GP practice and health professionals to support health needs. However, the recording of information was not detailed enough to ensure that staff could provide individualised care to people.

The home had a system in place to access medication and keep people comfortable should they become ill because of COVID-19. However, the system was cumbersome and not always in line with safe practice. For example, storage of medication was poor and the audit trail was not clear. This created the potential for errors. Communication between, the home, GP and pharmacist was sometimes ineffective. This contributed

to a delay in medications being administered. The management team acted immediately to address the issues identified and put appropriate systems in place **(see area for improvement 3).**

Despite the availability of detailed care plans, only limited information about people's care and support needs was shared with temporary staff. This meant that temporary staff could have difficulty in meeting people's preferences.

Anticipatory care plans (ACP) were in place and provided detail of people's end of life wishes, these were available to view by all staff anytime. However, these were not being accessed by the staff who provide care. This led to a concern that a person's wishes about end of life care may not be respected.

There were no COVID care plans in place to reflect people's rights, choices, wishes and changing needs due to COVID-19.

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

Improvements were being made in infection prevention and control. This was driven and supported by NHS colleagues.

Due to a reduction in housekeeping staff, a team of contracted cleaners was employed. The general environment was clean, except for the staff changing areas. Staff had a good knowledge of cleaning products. Both the care staff and housekeepers described enhanced cleaning which took place for frequently touched surfaces. This contributed positively to supporting infection prevention and control within the service.

There were appropriate information posters about safe use of personal protective equipment (PPE), hand hygiene, and general COVID-19 information on display. Personal protective equipment was widely available. Additional clinical bins, for each resident's bedroom, were on order to help support more effective waste disposal. Infection prevention and control practices did not fully follow good practice guidance and could create a potential risk of infection or cross-infection for residents and staff **(see requirement 2).**

We determined that staff's understanding of PPE and IPC (Infection Prevention and Control) practices was limited. Staff followed guidance about wearing and changing PPE when entering or leaving resident's rooms. However, in other areas this did not happen. We observed poor practice in relation to PPE and social distancing. Staff said they found PPE use to be time consuming. Some staff were wearing clothes that could prevent good hand-washing and increase the risk of cross-infection. Staff were unclear about the management of uniforms and other clothing which increased risks when travelling between home and the service or the community.

Staff did not recognise the need to improve the standard of cleanliness in relation to care equipment and mattresses. They responded promptly to address dirty mattresses, cushions and other equipment during the inspection. There were cleaning schedules in place but these were not used routinely.

Good practice was not followed in the laundry. There was no clear system in place to keep clean and dirty linen separate. As a result, there was an increased risk of contamination of clean clothes.

Staff were working within units, spread across a number of floors. This increased the risk of the spread of infection. This should be reviewed to reduce the risk of cross-infection. Working on dedicated floors would also enable staff to have a better oversight of people and be more responsive to their needs.

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

The service were receiving assistance and support from the Health and Social Care Partnership (HSCP), NHS boards and agencies. This enabled staff to focus on supporting people's care needs. We determined that there were many gaps in aspects of the care and support provided. This had a significant impact on people's wellbeing.

There was a lack of leadership and poor understanding around roles and responsibilities, specifically regarding the delivery of person-centred care. Consequently, people were not experiencing well-coordinated, consistent care and support. **(See section 7.1 Wellbeing and Requirement 1.)** A review of how staff were deployed would assist in addressing some of these issues.

Permanent staff received training on infection prevention control, COVID-19, and the use of PPE. Despite this, we were not confident that all staff implemented what they had learned into their practice. Due to language barriers, some staff were unable to confirm verbally their understanding of IPC practices. There was no available literature, in an alternative format, to support their learning. This was a cause for concern. Given the current pandemic, the provider needs to find a solution to address this and ensure all staff have access to information they understand.

Management need to make sure all staff working in the home know COVID-19 guidance. COVID-19 and IPC were discussed at every handover with staff. However, due to the ongoing situation, there were limited opportunities for staff to have extensive discussions that might confirm their knowledge and understanding about IPC and COVID-19 and embed this knowledge into practice. Staff did not benefit from a culture of continuous improvement and development.

The management and leadership provided by the HSCP and NHS team was focused on the prevention and control of COVID-19, IPC and essential care. Consequently, the principles of person-centred care were not prioritised. A strategy needs to be considered to support the withdrawal of agencies without detriment to people who use the service. The service must sustain and continue learning and the implementation of best practice for staff and also for those staff returning to work **(see requirement 3).**

Requirements

1. By 05 January 2021 you must ensure that the care delivered meets the individual needs of people and takes into account the individuals' choices, and wishes. In particular you must ensure:

a) People remain safe and well in their bedrooms.
b) There are clear processes to reduce and manage the risk of falls.
c) People received fortified foods and specialist diets according to their needs.
d) Staff are available and responsive to people's needs.
e) People's stress and distress reactions are managed to reduce their anxiety.
f) Appropriate information about specific care needs is shared with staff in a format that is useful.

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

'My human rights are protected and promoted, and I experience no discrimination'. (HSCS 1.2);

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me'. (HSCS 3.13); and

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the focus of people's attention'. (HSCS 3.1).

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

2.
By 05 January 2021 you must ensure that that infection protection procedures are followed, and practice is sustained in line with Health Protection Scotland COVID-19 Information and Guidance for Care Home Settings. In order to do this the provider must ensure that:

(a) All care equipment is clean and safe for resident use.
(b) Safe systems of work are in place to manage laundry.
(c) All staff are aware of and have ready access to current national infection prevention and control guidance and COVID-19 Information and Guidance for Care Homes.
(d) Staff changing areas are decluttered, clean, and fit for purpose.
(e) Cleaning schedules and audit processes in relation to infection prevention and control and staff practice must be further enhanced, and document action taken to address omissions or gaps.

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

'My future care and support needs are anticipated as part of my assessment'. (HSCS 1.14);

'I make informed choices and decisions about the risks I take in my daily life and I am encouraged to take positive risks which enhance my quality of life'. (HSCS 2.24); and

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

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d).

3. By 05 January 2021 the provider must work with the HSCP to develop an exit strategy that is responsive to the needs of people. The strategy should support improvement in the service's individual performance, be based on relevant legislation and good practice to establish and sustain improvement. The strategy must be focused on improving the outcomes and the quality of life for people who use the service.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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

In order to comply with Regulation 3 - Principles and Regulation 4(1)(a) - Welfare of Users of the Social Care and Social Work Improvement Scotland Regulations 2011.

Areas for improvement

1. In order to improve the wellbeing of people, the management team should further develop the range of meaningful ways in which people are supported to maintain contact with their families and friends.

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

'I am supported to manage my relationships with my family, friends and partner in a way that suits my well being'. (HSCS 2.18).

2. In order to improve the wellbeing of people, the management team should further develop the range of meaningful activities specific to people's individual needs, likes and interests.

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

'I can choose to have an active life and participate in a range of activities every day'. (HSCS 1.25); and

'I can maintain my interests, activities in the way that I like'. (HSCS 2.22).

3. In order to improve the safe practice, the management team should review the medication processes in relation to repurposing of medication.

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

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24).

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 provider should review their procedures for covert medication and other practice that has the potential to restrict people's freedom and independence against the principles of the Adults with Incapacity (Scotland) Act 2000.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that - 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3) and 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This area for improvement was made on 20 December 2019.

Action taken since then
Focused COVID-19 inspection. This area was not assessed at this inspection.

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?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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