

Deeside Care Home Care Home Service

Cults Avenue
Cults
Aberdeen
AB15 9RZ

Telephone: 01224 869816

Type of inspection:
Unannounced

Completed on:
17 December 2020

Service provided by:
Deeside Care LLP

Service provider number:
SP2013012104

Service no:
CS2013318602

About the service

This service registered with the Care Inspectorate on 15 October 2013. Deeside Care Home is registered to provide a care service to a maximum of 68 older people. The provider is Deeside Care LLP. The home is situated in the Cults area of Aberdeen and is close to local amenities, including shops, a library and local transport routes. The building is set out over five floors with accommodation for residents on four floors. The home is spacious and residents have en suite facilities and a range of communal areas.

The aims and objectives of the service are to:

- provide a high standard of individualised care to all service users;
- to be treated with care, dignity and respect, and sensitivity to meet the individual needs and abilities of the service user.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic and follow up on the requirements and areas for improvement made at the inspection on 13 November 2020. 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 and Health Improvement Scotland.

What people told us

We spoke to eleven relatives of people experiencing care during the inspection. Most people were positive about their relatives experience. A common theme that arose was the lack of communication at the start of the outbreak. This was reported to have improved. There were some people who had particular issues about their relative's care. We addressed these directly with the provider.

Individual comments included:

- "staff know (name of resident), there are a few key staff on each floor that are constant"
- "we are now getting information and updates in emails. This is much better, because of the delays in letters through post"
- "staff do a difficult job, I have never felt the care is sub-standard"
- "(resident) is able to tell me if happy with care, food and staff. They have lost interest though: no visitors and no stimulation".
- "they didn't phone with an update of his care once"
- "no issues with the care - I am called with any updates to their care; or if doctors have been called"
- "I know the staff, and know they are doing their best; I try and phone when I know they wont be busy"
- " (resident) is settled and content; he is always immaculate. We regularly use facetime to speak to him. The staff are amazing, reassured by them"

- "I have emailed the management, but didn't get a response"
- "updates have improved recently; there was a period of time when it went quiet and there was little information, regular emails now".
- "I feel guilty about calling due to the pressures and stress the staff are under already; I don't know when I call if I am taking them away from residents".

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
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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? 2 - Weak

7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic

People living in the home were supported by staff who were familiar with their needs. It was encouraging to see the commitment of the staff team to work flexibly to provide cover without the use of temporary staff. This contributed positively to staff knowing their particular likes and dislikes and providing support in a way that was right for them.

We found that there had been delays in people being kept informed about the outbreak of COVID-19 within the home and the impact this was having on their family member. This had resulted in some people being concerned about their relative's wellbeing. We were able to establish that increased management support was being put in place to help support improved communication.

We were satisfied that people had access to regular meals, snacks and drinks. Staff maintained an overview of this to ensure that they had enough to eat and drink. It was good to see staff being responsive to individual requests in addition to planned midday snacks.

We felt there could be a more active plan for ensuring people had opportunities for planned social activity to help ensure they had a meaningful day. People spent long periods of time in their room, and it would be good to see a more active plan for one-to-one engagement. This would be particularly important for people who were self-isolating because of COVID-19 and would be a good strategy to help them comply with the need for isolation.

There was good support from the local primary health care team. Systems were in place to enable people to access medication to help keep them comfortable should they become ill because of COVID-19. However, we felt regular update training was required for senior staff to help ensure that they remained fully confident of this process should the need arise.

Care plans and associated risk assessment documentation was not always updated to reflect people's current needs. The service had introduced care plans for supporting people during the COVID-19 outbreak. These were in place for people who had a confirmed case of the virus and detailed some specific information about how best to meet their needs.

We found that plans weren't always fully implemented. These would be better integrated into the main plan index to make them more person specific and linked to their overall support needs. For example: risk management plans for monitoring physical changes in people's wellbeing, plans for considering people's wishes should there be a significant decline in their wellbeing or they reach the stage for end of life care. This would help ensure that people's wishes and needs were anticipated and delivered in a way that was consistent and right for them.

Additionally we saw that the service was supporting people with complex healthcare needs. While there were detailed plans in place to achieve this, they had not always been able to identify suitable ways of meeting these needs **(see Area for improvement 1)**.

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

The home was very well decorated and it was clear that it was being maintained to a high standard. Across the home, we found some areas which could potentially have an impact on infection prevention and control. There had been some decluttering, but this could be further enhanced to reduce the risk of people sharing items unnecessarily. For example: soft furnishings were still in use and people had access to a variety of books and magazines which represented a risk of cross-infection.

Cleaning schedules were in place and although completed they did not reflect our findings. We found some furnishings and shared equipment that were visibly dirty, and in a poor state of repair. The management responded immediately, and a deep cleaning operation took place. The service must review the cleaning plan including the products used and the number of staff available to ensure that it supports a safe environment for everyone during the COVID-19 outbreak **(see Requirement 1 and 2)**.

We saw that there was good hand hygiene and infection control measure information displayed in the staff toilets, staff room and changing rooms. This acts as a prompt for staff to help promote good practice.

Systems were in place for the disposal of clinical waste. This included the disposal of PPE. We found that bins were too small and were not sufficient for the volume of waste. As a result they were overfull which compromised the control of the spread of infection **(see Requirement 3)**.

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

The service had laid the foundations of training and supervising staff in good practice in caring for people during the COVID-19 pandemic. Despite this and ongoing observations of staff practice, we could not be confident that staff always implemented what they had learned.

There were good supplies of personal protective equipment (PPE) which were available for use. Stocks in some of the stations were visibly low and we suggested that this be reviewed to ensure they were fully always stocked. Not all staff were following good practice in the use of PPE. In particular, storing face masks in their pockets and wearing aprons used for personal care alongside those for catering. This has the potential to compromise good infection control practice **(see Requirement 4)**.

Staff told us that they felt supported by the management team. We found that they were responsive to supporting staff to deliver clinical need which helped support people's outcomes. However, this was potentially to the detriment of leading the service during the outbreak. The senior management team had taken immediate action to provide further management support; to help support some of the areas that require improvement which are identified in the body of this report.

Requirements

1. By 31 December 2020 the provider must ensure that the home is decluttered, clean and maintained in a way that supports effective infection control.

In order to achieve this the provider must:

- undertake a deep clean of the environment
- confirm with the Care Inspectorate that the deep clean has taken place within 48 hours of completion of the inspection.
- undertake a review of all cleaning products used and confirm that they are compliant with COVID-19 pandemic needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HSCS 5.22)".

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).

2. By 31 December 2020 the provider must carry out an audit of all personal care equipment and clean, repair or replace the items as necessary.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.(HSCS 5.22)".

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).

3.

By 24 December 2020 the provider must ensure that there are systems in place for the safe disposal of PPE. In order to achieve this the provider must:

- ensure that bins are suitable in size and number for the volume of waste.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My environment is secure and safe.(HSCS 5.17)".

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).

4. By 31 December 2020 the provider must ensure that there is an effective system in place of staff being supervised in the use of PPE (personal protective equipment).

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

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).

Areas for improvement

1. The service should review personal plans to ensure they include all the key information about how people's care and support needs are being managed. This should take account of key areas of planning relevant to COVID-19 including anticipatory care planning.

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

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

Requirements

Requirement 1

By 30 October 20, in order to ensure communal areas are safe for people to use, the provider must:

a) ensure all repairs are undertaken and effective cleaning is carried out.

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 safe and secure" (HSCS 5.17); and In order to comply with Regulation 4.(1) (a) A provider must make proper provision for the health, welfare and safety of service users, of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 10 December 2020.

Action taken on previous requirement

The provider had sited a number of additional bins for clinical waste throughout the home. We found these to be too small for the volume of waste (see body of the report for full details) and have made a further requirement.

The manager told us that the bathroom that was reportedly dirty was not in use and had been put out of action. All bedrooms were en suite and people's personal care needs were being met in their private bathrooms during the outbreak to help reduce the spread of infection.

We found a number of items that remained dirty and/or in a poor state of repair. The management team took immediate action to clean, remove, and replace dirty and damaged items.

Not met

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 improve how it supports people to manage relationships with family and friends by enabling indoor visiting to begin as soon as possible.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing" (HSCS 2.18).

This area for improvement was made on 10 December 2020.

Action taken since then

The service has had a significant outbreak of COVID-19. In line with Scottish Government guidance all visiting has been suspended.

This area for improvement has therefore not been progressed.

Previous area for improvement 2

The provider should improve consistency of infection control practice by improving the use of face masks and staff social distancing.

This is in order to ensure 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).

This area for improvement was made on 10 December 2020.

Action taken since then

Training in infection prevention and control, including coronavirus awareness was ongoing to help people understand the importance of good practice in preventing the spread of infection. We were able to establish that most staff had received this training.

The service had taken positive action to supervise staff in infection control practice. We saw that competency assessments had been undertaken to assess peoples practice. In addition the management team undertook 'spot checks' of staff practice, observing them when they worked.

We were satisfied that where possible social distancing was adhered to and that staff wore masks that were over their mouth and nose. We saw no breaches in this. However, we were not confident that staff implemented good practice in the use of PPE at all times and have made a requirement (see body of the report).

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	3 - Adequate
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	3 - Adequate

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