

Southside Care Home Care Home Service

40 Southside Road
Inverness
IV2 4XA

Telephone: 01463 226227

Type of inspection:
Announced (short notice)

Completed on:
26 February 2021

Service provided by:
Southside Nursing Home Ltd

Service provider number:
SP2003002407

Service no:
CS2003010544

About the service

Southside Care Home is registered to provide a care service to a maximum of 33 older people. There were 24 people living in the service at the time of the inspection.

The service has been registered since 2002.

The provider is Southside Nursing Home Ltd.

The home is a two storey converted Victorian town house situated within a quiet residential area of Inverness. All bedrooms were single occupancy with en-suite facilities, three of which included an en-suite shower.

Southside Care Home was situated within pleasant, well maintained gardens. The rear garden was enclosed and included a decked patio area which could be accessed from a lower level lounge.

This was a focused virtual 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.

The virtual inspection was carried out by two inspectors from the Care Inspectorate.

What people told us

We spoke with seven relatives. Comments included:

- "Staff are caring and are interested in and committed to the residents."
- "I have always been very pleased with the home. They treat my relative well, and I have never felt that she was a 'job' to them."
- "The staff are lovely."

Whilst overall feedback was positive, there was some concern expressed about the level and quality of communication. Several relatives commented that communication was not proactive. A relative explained, "If I phone and ask about something, information is shared, but the home does not often initiate this."

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
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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?

4 - Good

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

We evaluated the service to be performing at a good level. There were a number of important strengths that clearly outweighed the areas for improvement.

Staff treated people with compassion, dignity and respect and it was obvious that they knew the people they were caring for. Relatives spoke highly of staff. One person explained, "My relative is happy and that is the most we can ask for."

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 using the telephone and technology. A relative confirmed, "We have had weekly video calls since my family member was admitted and it is very reassuring to see them looking happy and settled."

However, relatives' overall experience of keeping in touch was variable. One explained, "The outdoor visits didn't work because my relative got cold and they couldn't hear us because of the mask." Another stated, "Phone calls have not worked particularly well because connectivity is not good in certain areas of the home which has affected the quality of calls." The same relative added, "We have been offered Facetime more recently and this has worked better."

The home had a varied activities program. People were encouraged and supported to participate in meaningful activities. One relative mentioned, "The activities coordinator has been sending photos of my relative which I have really valued."

People's plan of care was person-centred and outcome focussed. This meant that care was consistent and respectful of people's individual needs and preferences. The care plans were detailed and provided enough information to direct staff to meet people's health and care needs.

Whilst some relatives told us they had been kept informed about changes in their family member's health and care needs, this was not the case for all relatives. A relative explained, "I was not informed that my family member had attended hospital to have a minor procedure until after the event." We discussed the importance of establishing proactive communication with relatives to keep them informed about changes in people's health and care needs.

While regular reviews were taking place there was no evidence that relatives were involved. In response, the home had written to relatives to invite them to participate in regular reviews to make sure people's plan of care was meeting their health and care needs. A relative who had received a letter stated, "The person has been open and has made arrangements for me to speak with them." (See previous area for improvement 1)

The home had positive working relationships with external health practitioners which meant changes in people's health and care needs were promptly attended to which resulted in positive health outcomes.

Staff were 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 a good level. There were a number of important strengths that clearly outweighed the areas for improvement.

The home had been refurbished and was clean, tidy and well-maintained. Communal living areas and the dining room had been configured to support people to physically distance. This meant that people were kept safe from the risk of cross infection.

There were enough housekeeping hours to support frequent cleaning of commonly touched surfaces. Cleaning schedules had been updated to guide staff and include regular deep cleaning to help maintain a safe environment by reducing the risk of infection.

Soft furnishing and reusable equipment were clean. The home had purchased new furniture and replacement mattress covers which kept people safe from cross infection.

There was a good supply of Personal Protective Equipment, (PPE), which was readily available throughout the home. Staff were found to wear and dispose of PPE in line with guidance which decreased the risk of harm from cross infection.

People and staff had ready access to hand sanitiser to support good hand washing which reduced the risk of spreading infection throughout the home.

There was a plan to build a new laundry that complied with the relevant standards. Staff practice was in line with guidance and used linen was double bagged as close to the source as possible before being transported to the laundry. This reduced the risk of potential cross infection.

There was a changing room to support staff to change out of their uniform before leaving for home. Staff's outdoor clothing was placed in individual washable boxes which decreased the risk of infection through cross contamination.

Clinical waste was double bagged and was disposed of in line with guidance. This kept people and staff safe from the potential harm of cross infection.

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

We evaluated the service to be performing at a good level. There were a number of important strengths that clearly outweighed the areas for improvement.

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 family member confirmed, "I am very pleased overall. The staff are professional and caring with my relative."

Staff adhered to physical distancing which minimised the risk of harm to people and staff through cross infection.

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

There were clear protocols and risk assessments for the use of agency staff, this included key information about other services where the staff member had worked. This decreased the risk of harm to people and staff from possible exposure to COVID-19.

People who used the service could feel reassured that staff worked in a safe way to protect them. Staff had 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.

Staff practice was regularly monitored and the information gathered was used to inform training plans to provide them with the skills and knowledge to maintain people's health and wellbeing.

The staff we spoke of felt valued and supported. One staff member explained, "We have a great team. I am happy here."

The home had a quality assurance system. Audits were used to identify areas for improvement which supported positive outcomes for people.

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 service must ensure that people's plan of care clearly identifies their physical, social, emotional and psychological needs. The care plan must be person-centred and outcome focused. The manager must ensure the plan of care is regularly evaluated and staff have sufficient detail to meet people's holistic health and care needs. In order to do this, the manager must ensure:

- a) each person has a written plan which sets out how their holistic needs should be met
- b) each written plan must be person-centred and outcome focused to reflect people's preferences and wishes
- c) that health and risk assessments are completed and inform the plan of care
- d) relevant staff must be familiar with the content of the plan and have the necessary knowledge, skills and confidence to provide the care and support and
- e) there must be effective arrangements in place to ensure the plan is regularly reviewed, updated and staff are responsive to the person's changing or unmet needs.

This is to ensure 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 2.23).

This area for improvement was made on 14 August 2020.

Action taken since then

The care plans we viewed were person centred and goal focussed and there was some good information about people's likes, dislikes and preferences, however this could be improved.

Whilst health and risk assessments were completed, the care plan was not always updated and the risk assessments were at times inaccurate.

There was no evidence that people or their relatives were involved in regular reviews to ensure people's health and care needs were being met.

This area for improvement has not been met and we will be evaluated at a future inspection.

Previous area for improvement 2

The provider should ensure they continue to use the quality assurance processes to lead to improvements. The service was to also self-evaluate the quality of the service against the Health and Social Care Standards in order to develop and implement a plan that improves outcomes and experiences for people.

This is 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 29 August 2019.

Action taken since then

The home had completed a self-assessment and identified key areas for improvement. There was a detailed service improvement plan that supported improved outcomes for people living in the service.

This area for improvement has been met.

Previous area for improvement 3

In order to further develop the environment the provider was to reassess, develop, plan and implement improvements. Thereby, creating an environment that was conducive and pleasant for all people and also those who lived with dementia or a cognitive or visual impairment.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16) and

'I can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11).

This area for improvement was made on 29 August 2019.

Action taken since then

A recent refurbishment had created a pleasant living environment for those living in the home. There was sufficient signage to support those living with dementia, cognitive and visual impairment.

This area for improvement has been 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?	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

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