

Isle View Care Home Care Home Service

Aultbea
Achnasheen
IV22 2HU

Telephone: 01445 731500

Type of inspection:
Unannounced

Completed on:
26 February 2021

Service provided by:
AKAM Care Ltd

Service provider number:
SP2010011038

Service no:
CS2010269904

About the service

Isle View is registered to provide a care home for up to 25 older people. The service is provided in a purpose built single storey building overlooking Loch Ewe. The home is a well-established service located in the village of Aultbea.

Within the home there are several communal areas for residents' use. All bedrooms had an en-suite and wash hand basin.

The home is surrounded by accessible gardens.

One of the service aims was recorded in the welcome pack as:

"Isle View Care Home aims to provide its service users with a secure, relaxed and homely environment in which their care, wellbeing and comfort is of prime importance. Carers will strive to preserve and maintain the dignity, individuality and privacy of all service users within a warm and caring atmosphere, and in doing will be sensitive to the service users' ever changing needs."

This was an unannounced follow up inspection on 25 February 2021 to evaluate how well people were being supported during the COVID-19 pandemic. At this inspection we focused on the requirements and area for improvement which were made at the last inspection on 17 September 2020.

This inspection was carried out by inspectors from the Care Inspectorate.

What people told us

We spoke with three relatives over the telephone to gather their views of the service. Their feedback overall was very positive.

They told us:

- 'It is a very good care home and the whole family are happy with the care that [my relative] receives. It is a wonderful place.'
- '[My relative] is loved and cared for at Isle View'.

Some people chose to maintain social distancing in their rooms. We asked relatives if they have been able to keep in touch with their loved ones and how activities have been managed during COVID-19. Families told us:

- 'It is amazing the time they take to sit down with [my relative]'.
- 'They are really good at keeping [my relative] occupied'.

Relatives were kept informed about their loved one's progress and said communication was good about any changes in their loved one's health and regarding visiting.

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
--	--------------

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.

There were a number of important strengths. People's health and wellbeing needs were being met to a good standard.

At the last inspection we required the service to make sure care plans were outcome focused and reflected people's health, safety and wellbeing needs.

Progress had been made in this area. The plans were detailed enough to guide staff on how best to meet people's specific care and support needs because staff took time to find out about people's past histories, likes and dislikes.

We also required the service to make sure staff responded to changes in people's health and wellbeing. At this inspection we found that the care planning process was being used to improve service users' experiences and the quality of people's care and support was regularly evaluated.

Regular checks were undertaken to monitor people's health, safety and wellbeing. Staff responded to changes in people's care needs and took account of their views and experiences. This meant that people's care was right for them.

Families confirmed that they were informed about their relative's care and involved in the review of their care needs. This meant that relatives knew about their loved one's progress or any changes in their health or care needs. A relative told us, 'I am confident that any changes to my relative's care will be passed on'.

Assessments of people's needs were undertaken and reviewed monthly. Recording and evaluation of care was good. People's personal plans reflected their current care and support needs.

It was also a requirement that the provider ensured that people living in the home, other relevant people and professionals were fully involved in the care planning process. There was an expectation that outcomes from reviews were recorded at the time and that any actions needed were dealt with promptly.

We found that reviews involving others had taken place and the outcome from the reviews was recorded at the time. Updates were made to the care plans because of these reviews and when people's needs changed. There were well-developed relationships with the local health professionals. This meant the service could raise any concerns so that individuals received the right care at the right time.

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

The home's management of infection prevention and control was of an adequate standard which demonstrated some strengths, which just outweighed the weaknesses.

At the last inspection we required the service to make sure that people experienced a safe and well looked after environment which included that the premises, flooring, furnishings, and equipment were clean, tidy and well maintained.

Good progress had been made in this area. For example, the refurbishment of the laundry area was complete, and the room was now clean and organised. The new flooring ensured effective cleaning could take place to reduce the risk of infection.

However, the storage cupboard next to the laundry was very full and items such as large soap boxes were stored on the floor. This meant the floor area could not be cleaned effectively and there was a risk of cross contamination (see requirement 1). The laundry area was small, and the service provided assurance that separate processing and storage of used/infectious and clean linen was being undertaken.

There were some outstanding improvements to the overall environment. For example, the refurbishment of worn areas of flooring in the communal areas. These improvements will provide an environment for people which is safe, well looked after and is clean and tidy (see requirement 1).

Some of the furnishings had been replaced and new dining tables and chairs provided in order to allow for safe physical distancing of people during mealtimes. The communal environment looked clean and welcoming. We were advised that frequently touched surfaces were being cleaned at least four times per day.

However, the service needs to develop schedules, as part of their quality assurance checks, to document the cleaning of frequently touched areas and shared equipment, such as hoists, toilet seats and commodes (see area for improvement 1). This will further reduce the risk of spreading infection.

Weekly standard infection and prevention control (SICPs) audits were now being undertaken which included the cleanliness of equipment and the environment. To support these improvements, the manager should have a formal audit process to confirm that the above standards are always applied. (see area for improvement 1). This will provide a safe and well looked after environment for people.

The service would benefit from a review of their storage areas, removing excess items stored in and on the floor. This will allow for effective cleaning of these areas (see requirement 1). A reduction in the number of memos and posters, so that important information is not missed and allow for effective cleaning, was also needed. The service started to address this during the inspection.

To further reduce the risk of spread of infection, the staff changing facilities had been relocated with storage for clothes. There was a separate staff toilet and kitchen area for staff breaks. However, some de-cluttering of the staff areas, for example, the changing room and administration office was required (see area for improvement 1).

Improvements had also been made to the number of personal protective equipment (PPE) stations and there was a good supply of clinical waste bins to safely dispose of PPE.

At the last inspection, we required the provider to undertake robust risk assessments and action planning to prioritise improvements to the environment and reduce risk until the refurbishment is complete. Action plans and risk assessments had been undertaken.

The previous requirement has been reviewed and the date extended to 1 August 2021 (see revised requirement 1 below).

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, which outweighed areas for improvement.

At the last inspection we required the service to ensure staff had the necessary knowledge and skills to effectively implement the current guidance in infection control and COVID-19 practices.

Progress had been made in this area. All staff had received infection prevention and control training within the last year. This meant they were able to maintain their knowledge about standard infection prevention and control measures. Staff were kept up to date about latest guidance in relation to COVID-19 by different communication methods, including staff handovers which were held three times a day.

At the previous inspection we also made a requirement that staff competencies must be regularly assessed. The service advised that they undertook observations of staff practice. For example, how well staff carried out hand hygiene and used PPE to help prevent the spread of infection.

However, the results of staff observations were not recorded and there was no evidence to confirm that feedback had been given to individual staff members. This is vital to promote ongoing improvement of infection control practices provided by staff (see area for improvement 2).

The service had developed a COVID-19 Emergency Plan since the last inspection. This included detail about how the service would organise staff to reduce the risk of cross contamination or transmission to both staff and residents in an outbreak.

Requirements

1. By 1 August 2021, the provider must ensure that people and staff experience a safe and well looked after environment. The service must be resourced and led in a manner that will ensure that:

- a) they can continue to make improvements to the general environment of the care home to include the worn areas of flooring in the communal areas, the administration office and redecoration of areas of paintwork and woodwork;
- b) effective arrangements are in place to prevent and control the spread of infection to include a review of the service's storage areas to allow for removal of excess items stored in and on the floor, commencing with the laundry storage room; and
- c) this work is supported by new risk assessments and further action planning to re-prioritise improvements and mitigate risk until the refurbishment is complete. Any plans should identify clear priorities and timescales.

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);

'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 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).

Areas for improvement

1. To minimise the risk of cross infection between people and different areas of the environment:

a) the service should develop cleaning schedules to evidence the cleaning of frequently touched areas and shared equipment such as hoists, toilet seats and commodes;

b) the service should de-clutter the staff areas, for example, the changing room and administration office; and

c) the manager should have a daily audit process to confirm that the above standards are consistently applied in the care home environment. Immediate action should be taken to address concerns where required and a record kept of these audits.

This is in order to ensure 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).

2. The service should ensure infection prevention and control measures are being implemented in line with current best practice guidance by:

a) undertaking regular infection prevention and control audits to monitor individual staff practice in hand washing and wearing and removal of PPE; and

b) keeping a record of the findings and actions required to bring about improvements in staff practice.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.3); and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

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

Requirements

Requirement 1

By the 18 December 2020, the provider must ensure that care plans reflect people's health, safety and wellbeing needs. They are to ensure that care plans are person centred with outcomes that are clear to the person and the staff.

In order to achieve this, the provider must ensure that:

- a) service users' needs are assessed and their care detailed within their care plans;
- b) service users, other relevant people and professionals are fully involved in the care planning process;
- c) staff respond to signs of deterioration in service users' health and wellbeing and use the care planning process to improve service users' experiences and outcomes;
- d) the quality of service users' care and support is evaluated and action taken to make any necessary improvements; and
- e) the outcome from the reviews is recorded at the time and that any necessary actions highlighted are addressed timeously. This process must take account of people's views, experiences and outcomes, the views of staff and relatives involved in their care and support and their written care records.

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 meets my needs and is right for me' (HSCS 1.19);

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11);

'My care and support is provided and planned in a safe way'. (HSCS 4.14); and

in order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 17 September 2020.

Action taken on previous requirement

Please refer to the body of the report (7.1) for further information regarding this requirement.

Met - within timescales

Requirement 2

By the 26 February 2021, the provider must ensure that people experience a safe and well looked after environment. The service must be resourced and led in a manner that will ensure that:

- a) the premises, flooring, furnishings, and equipment are clean, tidy and well maintained;
- b) effective arrangements are in place to prevent and control the spread of infection including increasing the number of PPE stations and clinical waste bins;
- c) robust quality assurances are in place to ensure the environment is safe and well looked after; and any concerns are promptly identified with effective action taken to make the necessary improvements; and
- d) a risk assessment and action plan to prioritise improvements and mitigate risk is in place until the refurbishment is complete.

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);

'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 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).

This requirement was made on 17 September 2020.

Action taken on previous requirement

Please refer to the body of the report (7.2) for further information regarding this requirement.

Not met

Requirement 3

By the 18 December 2020, the provider must implement and ensure quality management and assurance systems are in place that improve the continuous management of infection prevention and control.

This must include, but not be limited to:

- a) ensure staff have the necessary knowledge and skills to effectively implement the current guidance in infection control and COVID-19 practices. All staff should receive training in the current 'Health Protection Scotland COVID-19 Information and Guidance for Care Homes' and know how to access the most up to date version;
- b) develop a system to ensure that staff competencies are regularly assessed to determine that infection prevention and control measures are being implemented in line with current best practice guidance;
- c) develop a COVID-19 contingency plan to ensure that people's needs can be safely met in the event of an outbreak; and
- d) develop and implement regular audits and follow-up on findings to bring about improvements and these should be included in a service improvement plan.

This is 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);

'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11);

'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 4(1) (a) and (d) welfare of service users Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Areas for improvement.

This requirement was made on 17 September 2020.

Action taken on previous requirement

Please refer to the body of the report (7.3) for further information regarding this requirement.

Met - within 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 ensure that people's medication needs are met safely and effectively, the service should:

- a) ensure that where people receive 'as required' pain relief they regularly evaluate the effectiveness of the prescribed medication;
- b) ensure that they keep an accurate audit trail of all medications stored in the home and take appropriate actions if there were to be discrepancies; and
- c) ensure that staff responsible for the management of medication are aware of recent guidance in relation to COVID-19 and take this into account where necessary.

This is to ensure that service users' care and support is consistent with the Health and Social Care Standards (HSCS) which state that, as an adult:

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

This area for improvement was made on 17 September 2020.

Action taken since then

We found that the storage and use of medication was well managed. A review of medication records demonstrated that medication was being consistently administered as prescribed.

The medicine administration sheets demonstrated that the overall effectiveness of 'as required' medication was recorded in most cases.

There was an accurate audit trail of all medications stored in the home because a count of medicines was undertaken five times a week. Appropriate actions were taken and recorded if there were to be discrepancies.

Staff were aware of recent guidance on supporting people with end-of-life medication and had experience of repurposing medication during the pandemic.

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?	3 - Adequate
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	3 - Adequate
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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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.