

Wyvis House Care Home Care Home Service

Station Road
Dingwall
IV15 9FF

Telephone: 01349 866 464

Type of inspection:
Unannounced

Completed on:
17 March 2021

Service provided by:
Wyvis House Care Home Ltd

Service provider number:
SP2005007319

Service no:
CS2008188661

About the service

This service has been registered with the Care Inspectorate since 23 March 2009.

Wyvis House Care Home is registered to provide a care service to a maximum of 50 adults, of which some older people may have dementia, mental health problems, or physical and sensory impairments.

The provider is Wyvis House Care Home Ltd. There were 46 people using the service at the time of this inspection.

Wyvis House Care Home is a modern, purpose-built care home. The home is close to public transport links and the local amenities of the town of Dingwall in Ross-shire. All, except two of the bedrooms, are single occupancy and all contain ensuite toilet and shower facilities. People living at Wyvis House can use the sitting rooms on both floors. There are a number of communal rooms, lounges, dining rooms, bathrooms, showers, and toilet facilities situated throughout the care home. There is a small, enclosed garden area to the front of the building.

The aims and objectives of Wyvis House are to:

- attain the best quality of life allowing choice and diversity
- maintain dignity, privacy, and independence
- provide a modern, creative service encouraging participation within the community.

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 two inspectors from the Care Inspectorate.

What people told us

During the inspection we were able to speak with one person experiencing care. They told us that they were very happy with their care and also very happy to be able to sit inside with their relative.

We were also able to speak with seven relatives of those receiving care and asked for their views in a number of areas relating to the quality of care their loved ones had received. Comments included:

'They keep me up to date with what is happening by phone and email.'

'I am kept up to date with any health changes by phone and email.'

'I have been able to have virtual visits and videos and was able to have my first indoor visit last week to see my relative.'

'I have had visits at the window and now in person for the first time.'

'I am kept up to date with what is happening by phone and 'WhatsApp' and I am so looking forward to visiting tomorrow in person.'

'I have been supported over the pandemic to visit daily from outside, staff have been so supportive with this and let me know anything I need to know. It is wonderful to now be able to visit indoors and sit with my relative and hold their hand, I feel involved and that is so important.'

'I have received updates about changes to the service and I think I had a questionnaire previously asking for my views.'

All relatives spoken with said that they felt that staff were very professional.

Most people spoken with said that they had not had the chance to participate in more formal reviews of their relatives care but were kept up to date more informally. One person told us that a change had been made to their relatives care on one occasion and they had not been informed when perhaps they should have been consulted.

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
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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?

3 - Adequate

This was a follow up inspection. We found the service to be providing an adequate level of care.

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

The service had made improvements to care planning. The plans told us about the assessed needs of the person and how to care for them. Plans described the person in a personal and individual way and were reviewed and updated. For example, people's plans were updated in response to the new guidance about indoor visiting. Staff had involved external health professionals to ensure appropriate access to treatment and care, such as dietitians and tissue viability nurses. Staff followed the advice they received which led to improvement or maintenance in areas of care. Therefore, the requirement had been met.

Some relatives said they had not always been involved in formal reviews of their loved one's care but had been kept informed. One person told us they were not always kept informed. Further improvement is necessary. This should include evaluating all aspects of people's care and support and making sure that people and their relatives are fully involved in that process. **(See Area for improvement 1).**

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

The service had developed a plan to make improvements which will ensure people are living in pleasant and well-maintained premises. Therefore, the requirement had been met. However minimal progress had been achieved as the service was unable to use outside contractors due to previous COVID-19 restrictions. These restrictions were being eased which will enable the service to carry out the work that was required.

The service would benefit from a more structured approach to self-evaluation. People, their relatives and staff should all be encouraged to contribute to the self-evaluation process in a way which suits them. Expectations for people should match those set out in the Health and Social Care Standards. Improving people's experiences and outcomes should be the goal. **(See Requirement 1).**

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

The service was in the early stages of using a quality assurance system to assess and then plan for improvements to enhance people's experiences. We found that action plans were not always developed following an assessment. Where action plans had been developed, they did not always indicate who was responsible for the actions or by when improvements should be made. There was no review of previous action plans to ensure that the improvement that was needed had been fully met. Therefore, some actions could be potentially missed and not bring about positive change. **(See Requirement 2).**

Staff had received training in relation to the management of COVID-19 and this included aspect of infection prevention and control. There were systems in place that ensured staff practices were monitored and assessed. Staff had access to current guidance, and we could see that where this had changed, they were informed. Overall, this meant that staff were aware of how to protect the people they were caring for and minimise any risks.

Requirements

1. It is a requirement that the provider, by 17 September 2021, implement and complete the improvement plan to ensure that service users experienced a pleasant and well-maintained place to live.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that: '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 Regulation 10(2)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. It is a requirement that the provider, by 17 June 2021, implement and ensure quality management and assurance systems are in place that improve the continuous management of people's care, including infection prevention and control. This must include developing and implementing regular audits and follow-up on findings to bring about improvements and these should be included in a service improvement plan.

This is in order to ensure that 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 4.11) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

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 (SSI 2011/210).

Areas for improvement

1. The service should ensure that outcomes for all aspects of care and support are evaluated and reviewed effectively with the involvement of the person/their representatives in order to ensure that care and support needs remain right for the person.

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

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

Requirements

Requirement 1

It is a requirement that the provider, by 12 March 2021, ensure that service users receive care and support that meets their health, safety, and wellbeing needs. In order to achieve this, the provider must ensure that:

- a) service users' needs are assessed;
- 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, that they are unhappy or at risk of harm 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. This process must take account of service users' 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) and 'My care and support is provided and planned in a safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

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 11 December 2020.

Action taken on previous requirement

Good progress had been made in meeting this requirement, however, further improvement was needed in relation to evaluation of outcomes and involvement of people experiencing care/their relatives/carers. See Area for Improvement 1.

Met - within timescales

Requirement 2

It is a requirement that the provider, by 6 January 2021, develop a service improvement plan to evidence how and by when they were going to address issues of old, worn or broken furniture and fixtures and fittings used in the provision of the service. This was to ensure that service users experience a safe and well looked after environment.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: '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 Regulation 10(2)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 11 December 2020.

Action taken on previous requirement

Please refer to the body of the report for further information regarding this requirement. A further requirement has been made in relation to how the improvement plan will now be implemented.

Met - within timescales

Requirement 3

It is a requirement that the provider, by 6 January 2021, implement and ensure quality management and assurance systems are in place that improve the continuous management of people's care, including infection prevention and control. This must include, but not be limited to:

a) ensuring 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) developing a system to ensure that staff competencies and knowledge and understanding are regularly assessed to determine that infection prevention and control measures are being implemented in line with current best practice guidance.

c) developing and implementing regular audits and follow-up on findings to bring about improvements and these should be included in a service improvement plan.

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), 'I experience high quality care and support based on relevant evidence, guidance, and best practice.' (HSCS 4.11) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

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 11 December 2020.

Action taken on previous requirement

Please refer to the body of the report for further information regarding this requirement. A further requirement has been made in this area in order to further identify key areas to be addressed.

Not 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?	3 - Adequate
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	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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