

Ochil Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
30 April 2021

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142952

About the service

Ochil Care Home is a purpose built home situated within a residential area on the western outskirts of Perth. It is registered to provide care to a maximum of 81 residents. The home is on two floors comprising 4 separate units. Memory Lane a 23 bedded unit for older people with a diagnosis of dementia and Glendevon unit, a 7 bedded unit for younger adults with a high level of physical disabilities are located on the ground floor. Loch Leven and Menzies unit are on the first floor and provide nursing and respite care for 51 older people. Each unit has its own charge nurse. All rooms are ensuite, the home has its own hairdressing salon and there is a well maintained, secure garden for residents to enjoy.

The service is operated by Barchester Healthcare Limited.

What people told us

As part of the inspection process we spoke with people living in Ochil Care Home and members of staff; their comments were very positive. We also had telephone contact with a number of relatives; their comments included;

"I have no concerns, the staff can't do enough and they go above and beyond"

"The staff are great."

"Communication on admission could have been improved."

"I am very happy with the care."

"The food is very good."

"I can't complain and I have no concerns whatsoever."

"My seems happy and that's all that matters."

"I was really grateful for the face time calls when I couldn't visit."

"So far everything we have experienced as a family has been great and everyone we've spoken to has been great."

"Carers have been phenomenally helpful,"

"There are some excellent carers."

"I have nothing negative to say."

"The staff in Memory Lane are lovely."

"They really look after my and my has come on in leaps and bounds."

"Ochil is the right place for my"

"The manager bent over backwards to facilitate move."

"The staff have made our journey into care and ours a lot more bearable."

"The staff deserve positive feedback."

"As far as care goes, I can't fault them at all."

"Staff are fantastic."

"The communication was excellent throughout the pandemic."

"The home has had a makeover, it looks much more homely and less institutionalised."

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

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| 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**

The focus of this inspection was to establish how well people's health and wellbeing benefitted from their care and support throughout the COVID-19 pandemic. We found a number of strengths and these just outweighed areas for improvement. These strengths had a positive impact on people's experiences, however, we identified some key areas where the service needed to make improvements.

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

We observed kind and caring interactions between staff and people experiencing care and people were spoken to with affection and respect. Staff knew people well and were knowledgeable about the care needs of the people they were supporting. Throughout the pandemic, people were supported to keep in touch with those who were important to them. Indoor visiting had commenced, and staff supported meaningful engagement by following the 'Open with Care' guidance. This enabled people to stay connected and reduced isolation.

Care planning was completed to a good standard, this was person-centred and monitored on a monthly basis. Staff had good links with a range of health professionals which meant that people could be confident their health needs would be met. Every resident had an Anticipatory Care Plan that reflected their needs and wishes. This meant that people could be assured that their needs and personal choices would be respected during end of life care.

People should have their care reviewed every six months or sooner if required, however, we did not see evidence that reviews were being carried out. We discussed with the manager the importance and legal obligation to carry out care reviews within the required timescales to ensure that people's care continues to meet their needs. This area for improvement is repeated from the previous inspection report. (See area for improvement 2)

It is important that people receive the correct medication at the right time in order to support their health needs. We sampled people's medication records and found that storage, administration, and recording was adequate. We discussed and suggested some improvements with the manager around medication audits and the use of body maps with regards to ensuring medication patches were placed appropriately where needed.

A nutritious and varied diet is fundamental to good care. We observed people being offered a wide choice of fluids, and drinks and snacks were available in communal areas and in residents' rooms. Staff supported people who needed assistance to eat and drink with patience and kindness. We found the food to be nutritious and appetising, but felt that a wider choice of foods could be available at the lunch and evening meal. Involving residents and their relatives in menu planning, asking and updating people's likes and dislikes on a regular basis would ensure that people's individual food preferences are accommodated whilst supporting their health and wellbeing.

We saw good communication between staff and residents and relatives told us that they were kept informed of any changes to their loved one's health and care needs. However, we saw no evidence of formal meetings taking place with residents or relatives. Such meetings are an important forum for ensuring people are kept informed, enabling people to express their views, identify areas for improvement and can help inform future planning. This area for improvement is repeated from the previous inspection report. (See area for improvement 3)

Being involved in meaningful activities is important for people's wellbeing and can help them have a sense of purpose and enjoy their day. We saw that there had been a change of activities staff within the service and, although some activities had taken place including an outdoor concert, we felt there was a lack of social opportunities. Whilst staff engaged well with people, not all residents had the opportunity to engage in meaningful activities. We discussed with the manager the need to create further opportunities for social engagement and activities.

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

We saw that there were sufficient staff available to carry out housekeeping and laundry duties. Staff were familiar with the the required processes specific to the COVID-19 pandemic regarding the cleaning of the environment and equipment. Social distancing had been thoughtfully considered in the dining areas whilst still promoting a pleasant mealtime experience and enabling people to have a conversation. Routine testing and daily temperature checks were in place for staff and residents in line with current guidance. The laundry was well organised with efficient processes in place that contributed to the safe management of linen and clothing. These measures help keep people safe and assist with the continued protection of people and staff.

We observed some examples of poor practice in relation to hand hygiene and the changing and disposal of PPE. Whilst there were appropriate and sufficient supplies of PPE, disposal arrangements and the location of clinical waste bins needed to be improved in order to reduce the risk of transmission for people living in Ochil Care Home and staff. Whilst cleaning schedules were in place that outlined tasks to be undertaken, these were not always completed or recorded and it was therefore difficult to determine how often enhanced cleaning and cleaning of frequently touched areas took place.

We discussed with the manager the need for an increased overview and reliable audit systems in order to provide assurance that effective cleaning is taking place. The oversight of quality assurance processes is an area for improvement to ensure standards are maintained in relation to the environment and staff practice. (See area for improvement 1)

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

We saw that the level and mix of staff skill was sufficient. Staff were attentive, knowledgeable about people's health and wellbeing needs and noticed when people's needs changed. The service aimed to have consistent staff working within each unit. This helped build positive relationships and support continuity of care whilst reducing the risk of cross infection. Social distancing within the service was promoted and seating and dining arrangements supported this. We did observe that cohorting of staff did not extend to break times and the risk this posed was discussed with the manager.

Staff testing was managed and recorded well and followed the Scottish government's guidelines. We saw that staff worked as a team, they communicated well and spoke positively about the manager and each other. Staff told us they felt supported in their roles and that this had helped them cope and build resilience during the outbreak and ongoing pandemic.

Whilst all staff had received training in infection prevention and control (IPC), COVID-19 and the use of personal protective equipment (PPE), we noted that not all staff were following the guidelines. In general PPE was easily accessible but it was not always easy to dispose off. For example, whilst PPE stations were located in the corridors, clinical waste bins were located in residents' rooms. We discussed with the manager the need for increased monitoring of staff competencies and refresher training. This will ensure best practice is consistent and maintained. (See area for improvement 1)

Areas for improvement

1. The service should ensure that staff practice in relation to infection prevention and control is regularly checked and quality assured. The outcome of all quality assurance measures should be recorded in order for management to monitor any actions or training needs required and to evidence that best practice is adhered to and maintained.

This is to ensure that 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, and are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

2. This area for improvement has been carried forward from the previous inspection.

It was noted from the sample of care plans looked at that not all reviews were undertaken within the required timescales. In addition, reviews that had taken place lacked sufficient detail and did not consider how people could be enabled to reach their full potential. We discussed with the management team how this can be demonstrated more effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standard 1.14 which states; 'My future care and support needs are anticipated as part of my assessment.'

3. This area for improvement has been carried forward from the previous inspection.

We saw that regular meetings took place with residents, however, the agenda for these meetings was limited. Future meetings should include people's views around care planning, take in to consideration the Health and Social Care Standards and any improvements required. The service should explore a range of communication tools and methods of ensuring people are able to share their views.

This is to ensure that care and support is consistent with the Health and Social Care Standard 4.7 which states; 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' and 4.8 which states; 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.'

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

It was unclear from some records we looked at whether some aspects of care plans were still effective or up to date. For example, it was not clearly evidenced how someone who was losing weight was given additional support to increase their food intake and some continence care plans needed to be updated to reflect changes. The service should ensure that there is sufficient and updated information within the care plans to guide staff. This is to ensure that care and support is consistent with the Health and Social Care Standard 1.14 which states; 'My future care and support needs are anticipated as part of my assessment.'

This area for improvement was made on 28 July 2019.

Action taken since then

Personal plans were outcome focussed and were centred around people's preferences, likes and dislikes. Those we looked at had been rewritten or updated within the past two months and were monitored monthly. COVID-19 care plans were in place for people who had been ill with the virus and considered how to support people who needed to isolate. There was good evidence in personal plans that relevant health professionals including GPs, DNs, Physio, SALT etc are brought in when needed.

This area for improvement has been met.

Previous area for improvement 2

We observed on our first day of inspection that too many people were sitting for long periods of time in wheelchairs. After raising this issue, we noted an improvement on the second day. The service needs to ensure that people have good, comfortable seating for prolonged periods and wheelchairs should only be used as main seating throughout the day if these are custom made, or if people clearly do not wish to be transferred to alternative seating. This is to ensure that care and support is consistent with of the Health and Social Care Standard 1.19 which states; 'My care and support needs meets my needs and is right for me.'

This area for improvement was made on 28 July 2019.

Action taken since then

We saw that people who required the use of a wheelchair were readily transferred from their wheelchair to more comfortable seating.

This area for improvement has been met.

Previous area for improvement 3

We discussed with the manager that the staff team could be enhanced further by ensuring that specific areas of responsibility are delegated to staff to ensure there is an overview in place and to develop the skills of staff further. Examples of this could be the appointment of key staff for areas such as continence, falls management and dependency assessments. This is to ensure that care and support is consistent with Health and Social Care Standard 3.14 which states; '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.'

This area for improvement was made on 28 July 2021.

Action taken since then

We were advised that individual members of staff had the role of infection control champion and foot care champion. The service was also looking to develop other champion roles and the role of dementia champion within Memory Lane.

This area for improvement has been met.

Previous area for improvement 4

We discussed with the manager that the dependency tool used by the service did not consider some aspects, for example when staff were unavailable due to tasks that were not given protected time. This meant that staff were expected to carry out duties such as supervision of staff, meetings, training and reviews alongside caring for people. In addition, we did not see how meaningful engagement or activity was assessed. The service should progress with how they can evidence this, and in addition analyse the needs of the residents living at the home to inform staffing levels. This is to ensure that care and support is consistent with the Health and Social Care Standard 3.15 which states; 'My needs are met by the right number of people.'

This area for improvement was made on 28 July 2019.

Action taken since then

The service operated a resident of the day system which encompassed the DICE dependency score. The system automatically calculates dependency levels and the number of staff required.

This area for improvement has been met.

Previous area for improvement 5

We found both shared and individual bathrooms to be cluttered with various items of equipment. This meant that these areas could not be accessed independently. The service should take steps to address the lack of storage facilities. This is to ensure that care and support is consistent with the Health and Social Care Standard 5.11 which state; 'I can independently access the parts of the premises I use, and the environment has been designed to promote this.'

This area for improvement was made on 28 July 2019.

Action taken since then

Shared and individual bathrooms were clean and free from clutter. Where hoists were stored in a bathroom, these were rooms that were not used due to people having ensuite facilities in their room. We did note some supplies being kept in a communal area; this, however, was to ensure staff had ease of access to PPE during the pandemic and was not an area frequented by residents or visitors at this current time. Management acknowledged that there was a lack of suitable storage in the building.

This area for improvement has been met.

Previous area for improvement 6

We noted from our care plan sample that not all reviews were undertaken within the required timescales. In addition, the reviews that were in place were lacking in sufficient detail and did not consider how people could be enabled to reach their full potential. We have discussed this with the management team and how they can demonstrate this more effectively going forward. This is to ensure that care and support is consistent with the Health and Social Care Standard 1.14 which states; 'My future care and support needs are anticipated as part of my assessment.'

This area for improvement was made on 28 July 2019.

Action taken since then

This area for improvement has not been met and has been carried forward to the next inspection.

Previous area for improvement 7

We noted that the service had made attempts to consider anticipatory care planning; however, we assessed this as being inconsistent. Anticipatory care planning should be discussed with all relevant parties and recorded to ensure end of life care meets the needs and wishes of people. This ensures that in the event of an unexpected decline in health, there is a plan in place to address this. This is to ensure that care and support is consistent with the Health and Social Care Standard 1.7 which states; 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.'

This area for improvement was made on 28 July 2019.

Action taken since then

Anticipatory Care Plans were in place and had been completed to a very good standard. These evidenced clear discussions between the service, the resident and their families, and documented people's end of life wishes, including funeral arrangements and spiritual preferences.

This area for improvement has been met.

Previous area for improvement 8

We were able to see that regular meetings took place with residents, however, the agenda for these meetings was limited. The service should include the views of people at future meetings, around care planning and any improvement, considering the Health and Social Care Standards. Other methods of obtaining the views of people should also be explored if people do not attend meetings, considering various communication tools. This is to ensure that care and support is consistent with the Health and Social 4.7 which states; 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' and 4.8 which states; 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.'

This area for improvement was made on 28 July 2019.

Action taken since then

This area for improvement has not been met and has been carried forward to the next 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

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|---|--------------|
| 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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