

Shoremill (Care Home) Care Home Service

Shoremill
Cromarty
IV11 8XU

Telephone: 01381 610 216

Type of inspection:
Unannounced

Completed on:
6 May 2021

Service provided by:
Sarina Duncan and Rita Portway, a
partnership trading as Shoremill Care
Home

Service provider number:
SP2004006942

Service no:
CS2003044819

About the service

This service has been registered since 2003.

Shoremill care home is registered to provide a care service for up to 13 older people, including up to two people on a respite basis. There were 13 people living in the service at the time of the inspection.

The provider is Sarina Duncan and Rita Portway; a partnership trading as Shoremill Care Home.

Shoremill is a two-storey care home situated on the outskirts of Cromarty. Rooms are single occupancy, and are located on both the ground and upper floor. Ten of 13 rooms have en-suite facilities. A chair lift supports people to move freely between floors.

There is a lounge on each floor with lovely views across the Cromarty Firth. The dining room and conservatory are located to the rear of the home and overlook a small patio garden.

The philosophy and vision of the care home is

- 'to value each and every individual who comes to live or visit;' and
- 'service users will be assured that they will be treated with respect and dignity according to their individual needs and wishes.'

This was a focussed 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

The timing of our visit meant we had limited opportunity to talk with people who live in the service. We spoke with four relatives by telephone. Feedback received was positive and comments included: -

- "Shoremill has been a godsend - a home from home"
- "Staff are always very attentive, chatting and doing activities with residents."
- "We work well as a team."

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

Requirements

Requirement 1

The provider must ensure by 5 January 2021, that all staff (including management, care and domestic staff) are trained, competent and skilled to prevent and manage an outbreak of COVID-19 and are following and applying all relevant Public Health guidance (COVID-19 Information and Guidance for Care Home Settings). In order to achieve this the provider was to ensure: -

- a) There is an on-going assessment of staff competence and skills in relation to infection prevention and control;
- b) That staff receive training based on the above assessment;
- c) There are effective systems in place to monitor that staff are competent and skilled and where there are indications of poor practice they are recognised, and action is taken promptly to address them; and
- d) accurate training records are maintained which indicate that training is evaluated to ensure improved practice is achieved.

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).

It is also necessary to comply with Regulations 4(1)(a) Welfare of users, and 15(b)(i) Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 1 October 2020.

Action taken on previous requirement

Training records indicated that 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.

Direct observation of practice and reflective training accounts were used to evaluate staff competency, knowledge and skill. We discussed the importance of recording the action taken where poor practice was identified.

Observation of practice and audits results were used to inform individual staff training plans.

Met - outwith timescales

Requirement 2

The provider must ensure by 5 January 2021 that people's care and support is provided in a planned and safe way. The provider must ensure that people's environment is secure and safe. To do this the provider must: -

- a) carry out a risk assessment of the home's environment to identify what needs to be put in place to minimise the risk of an outbreak of infection;
- b) carry out a risk assessment for visiting within the care home gardens and inform Public Health for their consideration and sign off the risk assessment;
- c) carry out a review of people's care and support plans, and introduce anticipatory care planning, which plans for when a person may become unwell, or if they need to self-isolate in their bedrooms;
- d) establish contingency plans that support safe staffing levels, which are backed up with clear guidance for staff; and
- e) carry out a risk assessment for the safe use of agency staff.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event', (HSCS 4.14) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

It is also necessary to comply with Regulations 4(1)(a)(d) Welfare of users and 5(2)(b) Personal plans, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 1 October 2020.

Action taken on previous requirement

The home had completed regular environmental risk assessments. The results of these were used to identify and make improvements. As a consequence, infection prevention and control measures had been implemented which reduced the risk of infection.

The home had completed, in consultation with public health, a risk assessment of indoor and outdoor visiting which included strategies to keep people, staff and visitors safe from harm through cross infection.

Whilst people's future anticipated care needs had been updated, we discussed the importance of developing care plans that reflected people's personal choices and preferences. This would enable staff to support people in line with their wishes.

The home had a detailed staffing contingency plan, which included the safe use of agency staff. The intent of the plan was to support the service in the event that staff were absent or unavailable as a result of illness, self-isolation or exclusion following a positive COVID-19 test.

Met - outwith timescales

Requirement 3

By 5 January 2021, in order to ensure there is a culture of continuous and sustained improvement the provider must ensure that the quality assurance processes are effective and clearly identify areas for

improvement. The processes should be responsive to improving the service's individual performance, based on relevant legislation and good practice to drive good practice and standards forward. The systems must be focused on improving outcomes and quality of experiences for people using the service.

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).

It is also necessary to comply with Regulation 3, Principles and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210)

This requirement was made on 26 June 2019.

Action taken on previous requirement

The home had established an effective quality assurance system that was used to identify areas for improvement. These improvements informed a detailed service improvement plan which supported positive experiences for people living in the service.

Met - within timescales

Requirement 4

The provider must ensure, by 5 January 2021, that the manager and all staff are sufficiently trained, competent and skilled in order to identify and respond promptly and appropriately to any protection concerns. This should include:

- a) ensuring all staff understand their responsibilities as set out in the SSSC Codes of Practice for Social Service Workers and Employers;
- b) ensuring all staff have adequate training and guidance, and that this is regularly revisited with staff to check their understanding; and
- c) ensuring clear policies and procedures are in place and are accessible to staff.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

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

This requirement was made on 2 November 2020.

Action taken on previous requirement

Records indicated that staff had completed training in adult support and protection. Staff told us they knew what action to take if someone was at risk of harm. This meant that people could be confident that staff were competent and knew how to respond and keep them safe from harm.

Reflective training accounts and supervision meetings had been used to evaluate staff competency, knowledge and skill. The service intended to develop an adult support and protection trainer within the organisation to support ongoing staff training needs.

The home had updated their policies and procedures in line with guidance. These policies and procedures were easily accessible to staff.

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

The provider must 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:

- a) health and risk assessments are completed to develop care plans that fully identify people's health and care needs;
- b) person-centred care plans reflect people's goals, wishes and preferences;
- c) residents, other relevant people and professionals are fully involved in the care planning process; and
- d) that the care planning process is used to improve people's experiences and outcomes when there are changes to their health and wellbeing, they are unhappy, or at risk of harm.

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

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 area for improvement was made on 19 November 2020.

Action taken since then

The service had made some improvements since our last visit. A summary plan of care titled 'at a glance essential information' had been introduced which was person-centred and had enough detail to support staff to meet people's health and care needs.

While the service had started to use health and risk assessments to inform people's plan of care, these were not always completed. For example, one person had experienced a choking episode whilst eating. There had been no choking risk assessment completed and whilst the summary care plan provided good detail for

staff to minimise the risk of a further episode, this same information was not included within the person's formal plan of care. This could potentially lead to further health complications and place people at risk of harm.

We saw that where there were changes in people's health and wellbeing that this was promptly identified and appropriate referrals made. This meant that people experienced positive health outcomes.

We will monitor progress at a future visit.

Previous area for improvement 2

The provider must ensure that soiled linen is managed in line with Health Protection Scotland (HPS) COVID-19 Information and Guidance for Care Home Settings.

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 organisational codes.' (HSCS 3.14); and

It is also necessary to comply with Regulations 4(1)(a) Welfare of users, and 15(b)(i) Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This area for improvement was made on 19 November 2020.

Action taken since then

The home demonstrated that soiled linen was double-bagged at the point of use, before being promptly transported to the laundry in line with guidance.

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.

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