

## Taigh a'Chridhe Uile Naomh Care Home Service

Daliburgh  
Isle of South Uist  
HS8 5SS

Telephone: 01878 700 970

**Type of inspection:**  
Unannounced

**Completed on:**  
7 May 2021

**Service provided by:**  
Comhairle Nan Eilean Siar

**Service provider number:**  
SP2003002104

**Service no:**  
CS2003009712

## About the service

Taigh a'Chridhe Uile Naomh is a care home registered for 18 older people. The provider is Comhairle Nan Eilean Siar.

The care home is located in Daliburgh, a township in rural South Uist. It was purpose-built and opened in 2008.

The 18 bedrooms have ensuite shower rooms and 10 of the bedrooms also have a small kitchenette area. There is one large, light and bright lounge area with smaller lounges available for residents and their visitors. There is a main dining room, with another smaller dining area so that people have a range of choices regarding where they wish to spend their time.

The aims and objectives of the service include: "To provide a high standard of personal and social care to older people in a residential setting so that each person is enabled to live as fulfilling and independent a life as possible."

This was a focused follow up 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 inspectors from the Care Inspectorate.

## What people told us

We spoke to five relatives during the inspection. Feedback received was mixed, and comments included:

"Staff are very helpful. Arranging a visit is straightforward and testing by staff is very efficient."

"They (staff) can be a bit slow at letting us know what is happening. There is a dedicated phone to use for family calls but often it doesn't work."

"I've concerns about the care plan, the wording used and whether people adhere to it."

"Communication varies, sometimes they are slow in getting in touch. Information from the home and care staff is often different from the GP and I have had to ask the staff to do things."

"There are not a lot of activities going on, I have asked about this. The staff are very helpful when I phone."

## 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 well is our care and support planned?	2 - Weak
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 well is our care and support planned?

**2 - Weak**

The service have not made the necessary improvements in the way people's care is assessed and planned. Although strengths can be identified, these are compromised by significant weaknesses.

Staff knew the people they supported well. Plans detailed valuable information about people's life story, their experiences, and about the people who were important to them. This supported meaningful conversations and an understanding of people's interests. Reviews had been taking place, and these reflected that people receiving support, and their representatives, were included in this process. Actions or changes arising from reviews were not however subsequently included in support plans. This meant that people could receive care and support that was not right for them, did not meet their needs and wishes and could have a negative impact on their health and wellbeing.

The service did not have robust processes in place to ensure that a detailed personal plan was put in place within the prescribed timeframe after a person moved in. This could potentially mean that health and wellbeing needs and risks were not fully recognised or that support was not provided in the most effective manner.

Some use was made of assessment tools to identify people's health and wellbeing needs. The standard of how these were completed varied. How they were used to inform care planning was inconsistent. For example, we did not see a clear approach to assessing skin care needs, although we saw that there was a person whose health issues made this an area of risk.

Personal plans were not being regularly evaluated to ensure that the planned support remained effective and supported good outcomes. These gaps had the potential to lead to further complications for people, particularly if changes to health and wellbeing had occurred.

We discussed the importance of training to ensure that staff are supported to develop the necessary skills and knowledge to enable them to plan care and support.

This requirement has been outstanding since 4 September 2019 and the provider needs to take responsibility to ensure that this requirement is met. As the timescale for meeting this requirement has been previously extended, and given these findings, we have re-evaluated the service performance in relation to this key area as weak. (see requirement 1)

## Requirements

1. The provider must by 21 August 2021 ensure that effective arrangements are in place to improve the quality of the care service, making sure that people get the care and support that they need and that is right for them. The provider must:

- a) ensure that people are recognised as experts in their own experiences, needs and wishes and their views and those of their relatives or representatives are sought when assessing, planning and evaluating their care;
- b) ensure that each person using the service has a full, written, accurate personal plan in place, which fully

reflects the person's health, welfare and safety needs and takes into account their choices and preferences;  
c) ensure that care plans and risk assessments are reviewed with people and their relatives or representatives in accordance with CNES's policy and at least once in every six-month period; and  
d) all care related documentation is regularly reviewed and audited.

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

'I experience care and support where all people are respected and valued' (HSCS 4.3); and  
In order to comply with Regulations 4(1)(a) and 5(a)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## How good is our care and support during the COVID-19 pandemic?

3 - Adequate

People should be sure that their health needs are well supported. The introduction of a new audit system for the administration of medication had brought about significant improvements. There was a reduction in medication errors, medication risk assessments were in place and the recording of topical medication had improved. However, the completion of health records continued to be very inconsistent and some of the medication support plans did not contain enough information to support someone safely. The service would also benefit from a clear protocol for the ordering of medication.

The service needs to ensure that the administration of medication is managed in line with best practice and regularly audited to ensure that people's health needs are being well supported. (see area for improvement 1)

## Areas for improvement

1. The provider must ensure that medication is managed in a manner that protects the health and wellbeing of people. In order to achieve this, the provider must;

- a) ensure there is a medication support plan, with appropriate medication risk assessments and medication recording charts; and
- b) ensure medication support plans, risk assessments and administration charts are regularly audited to monitor compliance.

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

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

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

### Requirements

#### Requirement 1

The provider must by 31 January 2021 ensure that effective arrangements are in place to improve the quality of the care service, making sure that people get the care and support that they need and that is right for them. The provider must:

- a) ensure that people are recognised as experts in their own experiences, needs and wishes and their views and those of their relatives or representatives are sought when assessing, planning and evaluating their care
- b) ensure that each person using the service has a full, written, accurate personal plan in place, which fully reflects the person's health, welfare and safety needs and takes into account their choices and preferences;
- c) ensure that care plans and risk assessments are reviewed with people and their relatives or representatives in accordance with CNES's policy and at least once in every six-month period
- d) all care related documentation is regularly reviewed and audited.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience care and support where all people are respected and valued.' (HSCS 4.3); and in order to comply with Regulations 4(1)(a) and 5(a)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 4 September 2019.**

#### Action taken on previous requirement

Please refer to the body of the report (5.1) for further information regarding this requirement.

**Not met**

#### Requirement 2

The provider must by 31 January 2021 ensure that medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this, the service must:

- a) ensure that there is a full assessment of service users' needs undertaken with regard to what support they require with medication, including oral and topical medication
- b) following this, a medication plan should be put in place with appropriate medication risk assessments, medication recording charts and appropriate storage of medication
- c) ensure that medication assessments, plans, risk assessments and administration charts are regularly audited to monitor compliance.

This is 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 in order to comply with Regulations 3, 4(1)(a) and 5 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 14 September 2018.**

## 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 3

The provider must by 31 January 2021 put into place a quality assurance system which they can use to effectively assess that the quality of care they provide meets the Health and Social Care Standards. The service needs to follow-up on findings and action plans to bring about improvements and these should be included in a service development plan.

This ensures that care and support is consistent with the Health and Social Care Standards which states that: '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 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 4 September 2019.**

## Action taken on previous requirement

The provider still needs to implement and establish effective ways to monitor, support and improve the service.

We saw that some audits were being completed and that there was a partial quality assurance system in place, however this did not seem to be effective in identifying all areas for improvement or taking these improvements forward.

The provider should develop and implement an effective quality assurance system. In order to do this, the provider must set baseline standards from which the performance of the service can be measured and develop auditing systems to check actual performance so that gaps can be identified and resolved. The provider must develop and share any action plans that arise from the quality assurance audit with all stakeholders and advise when progress will be reviewed.

We discussed the importance of training to ensure that staff are supported to develop the necessary skills and knowledge to enable them to undertake audits and implement a quality assurance system.

The timescale for making this improvement has been extended to 21 August 2021.

**Not met**

## 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

People should have the opportunity to access individual and group activities. A daily activity planner should be introduced to ensure that a wide range of activities are offered both indoors and outdoors, meeting the needs and wishes of people using the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

**This area for improvement was made on 14 September 2018.**

#### Action taken since then

The service had made some progress in providing more activities but further improvements need to be made.

People who enjoyed the company of others were encouraged to do so. Areas around the home had been adapted to support safe physical distancing, which was well managed.

The home had introduced a programme of organised group activities. There were less individualised activities and we saw that some people had very little to do in the day.

The care home has an enclosed courtyard and extensive garden but there were limited opportunities for people to safely access outside activities.

This area for improvement has not been met and will continue.

#### Previous area for improvement 2

The service should ensure that minor repairs to some areas of flooring, woodwork and handrails is addressed in order that people experience a safe and well-maintained environment.

This is in order to ensure that effective cleaning can take place and is consistent with the Health and Social Care Standards which state that: 'My environment is secure and safe.' (HSCS 5.17); and 'I experience and environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

**This area for improvement was made on 26 October 2020.**

#### Action taken since then

Repairs had been made to the flooring, woodwork and handrails. The care home maintained good standards of infection prevention and control. We saw wear and tear to furnishings and fixtures from the high frequency of cleaning that was being undertaken and the provider should ensure that they are regularly

auditing the environment and have an ongoing refurbishment plan as part of their overall improvement plan for the home. Please refer to Outstanding Requirement 3.

This area for improvement has been met.

## Previous area for improvement 3

The provider should develop clear protocols and risk assessments for the use of agency staff or staff from other Comhairle nan Eilean Siar services. This should include key information about other services where staff have worked and testing arrangements to prevent possible transmission of COVID-19.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24)

**This area for improvement was made on 26 October 2020.**

### Action taken since then

The provider has completed a COVID-19 risk assessment and action plan for Taigh a' Chridhe Uile Naomh and this included a clear protocol and risk assessment for the use of agency staff and staff from other Comhairle nan Eilean Siar services. This decreased the risk of harm to people and staff from possible exposure to COVID-19.

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](http://www.careinspectorate.com).



## Detailed evaluations

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's outcomes and wishes	2 - Weak
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

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