

Wyndwell Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Renaissance Care (No 2) Limited

Service provider number:
SP2013012032

Service no:
CS2015338664

About the service

Wyndwell Care Home service is owned by Renaissance Care (No2) Limited. It was registered to provide a care home service for a maximum of 31 older people. There were 30 people resident in the home at the time of this inspection.

The service operates from a large town house that has been extended. It is situated near to the harbour in the town of Peterhead, close to a range of shops and amenities. The service has a private rear garden with a patio area.

This service was registered with the Care Inspectorate on 22 December 2015.

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

What people told us

We spoke with nine people who live in Wyndwell. Their comments were used to inform our findings, for example:

"I have enjoyed breakfast in my room and will go down for lunch. I don't know what I will do today. People (staff) here are all fine."

"It's okay here, staff are all fine. I haven't had breakfast and would appreciate a coffee (1015hrs approx)."

"It's fine here I just stay in my room. The carers are all fine."

"I fair enjoy looking at the window at the boats."

"I am happy in my room, I like the peace. It can be too noisy for my downstairs."

We spoke with 10 relatives and visitors. Their comments were used to inform our findings, for example:

"Staff are really busy, seem to be doing their best under the circumstances. Buzzers can take a long time to be answered. Overall my mum is happy, she has complained about waiting a long time for support. Visiting could be improved, online booking system, sometimes all booked up. Sometimes I phone and can get a cancellation."

"If I raise a concern staff have always been responsive. They have a family Facebook page which is updated fairly regularly, but I think they need to do more for some of the other relatives who maybe can't access this."

"I would have no hesitation in recommending this home to anyone else regarding care and communication of resident and relatives."

"I can't praise staff enough for their efforts during these last 16/17 months. There is only one concern I have and that is regarding being able to have an inside visit at the weekend. I think this is purely to do with staffing and although we can take my mother out I feel inside weekend visits should commence as soon as it is possible."

"The only issue regarding communication I have, is that I do not use Facebook, so I asked three times for any communications about Wyndwell to be sent on via email to me. This never happened, so now I rely on my family checking updates, which are only on Facebook."

"I have always felt that she has been cared for well and that her needs are being met."

"The home is very old and could do with redecoration but has always looked clean. Staff are working hard, not sure there are enough of them. I really do not have any concerns. Not aware of a Facebook page, but this would be good as it would give a bit of a window into what was happening on a day-to-day basis. I'm not sure about activities and things. I think they are probably doing their best."

"Absolutely no concerns, staff are lovely and caring with mum."

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 do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

1.1 People experience compassion, dignity and respect.

People generally appeared well cared for. Clothing was neat and in a good state of repair. People were happy to get their hair done. Improvements could be made to the hairdressing room to make it a welcoming and inviting space.

Staff were well-meaning in their actions and clearly wanted to take care of people. However, the care was routine, task led and not person centred. As a result, people did not always get the care and support that was right for them. For example, a bathing and toileting sheet was used to inform and direct staff as to when a care need was to be completed. This meant that care was not informed by need but by routine and task. This was not respectful or dignifying (**see requirement 1**).

The way staff engaged with people was inconsistent. There were examples of warm and cheerful interaction, however there were instances when staff discussed the care needs of other people in the presence of others. This was not respectful (**see requirement 1**).

The home was not adhering fully to the open with care guidance. No indoor visits occurred at weekends and relatives told us that there were limited visiting slots at other times. People's visits with family and friends was not directed by what they wanted and needed but by the availability of the person allocated the task of managing the visiting. Prior to the end of our inspection, changes and improvements had been made to ensure that visiting was reflective of guidance. It is important for people's wellbeing to have regular contact with families and friends.

The preferences and choices of people were not recorded in care plans, this meant that what people wanted did not inform the care provision. One person had expressed her dislike of the meals and had made suggestions. The service failed to implement the changes and as a result this person remained at risk of weight loss. It is important for people to be recognised as experts in their own experiences, needs and wishes.

1.2 People get the most out of life

Activities took place in the lounge. These were group activities and not inclusive of everyone there. For people who were unable to join in, or who did not want to join in, there was no alternative activity or occupation to help them pass their time. As a result some people sat unoccupied and appeared bored (**see area for improvement 1**).

Activity records showed that one-to-one activities did not take place. This showed that the custom was for these group activities to take place. This meant that many people would not have the same opportunity to pass their time in a meaningful way (**see area for improvement 1**).

Some people spent the day in their bedrooms. There were long periods of time between interaction with staff and that most of these happened when staff were meeting a person's care need. This was not person centred or meaningful. We were concerned that some people experienced long periods of isolation with no stimulation. This would have a negative impact on the health and wellbeing of people (**see area for improvement 1**).

Staff showed no insight into the effect on people of loud music and noise. People with hearing impairments struggled to communicate with us. Some people had chosen to sit in the quiet area of the lounge, however their peace and comfort was impacted by the volume of music. One person told us they chose to remain in their room because the 'downstairs is too noisy.' Staff should be mindful of the impact to the comfort and wellbeing of people that noise levels has.

Improvements need to be made to the garden space to make it more welcoming and pleasant for people to spend time in.

1.3 People's health benefits from their care and support

People should experience high quality care and support based on relevant evidence, guidance and best practice. We identified concerns with how the health needs of people were being met. For example:

There were instances where people's medication ran out of stock. This had been recognised as being a concern by the service several months ago however there was a failure to implement changes and increase scrutiny. The shortages of some medication impacted on the health and wellbeing of some people.

The disposal and return of medication was not done in line with safest and best practice. This made it difficult to audit and identify when discrepancies in medication occurred.

Ongoing medication counts were not always accurate, meaning that there was increased risk of running out of some medications or an increased difficulty in identifying when an error had occurred.

When as required medication had been prescribed, there were no protocols in place to inform staff practice. This increased the risk of medication being administered unnecessarily.

When discussions had taken place regards some medication practices, management and nurses did not always resolve the issues with changes reflective of best or safe practice.

The provider must ensure that improvements are made to medication management to ensure that safe, best and legal practice is adhered too and that the risks to the health and wellbeing of people are reduced (**see requirement 2**).

When an incident or accident occurred, there was a failure to review these and implement changes that would reduce the risk of re-occurrence. As a result, there was a risk of these incidents and accidents happening again. This meant that the risks to people's health, safety and wellbeing remained compromised (**see requirement 3**).

Staff failed to recognise how their practice and lack of intervention put the health and wellbeing of people at risk. For example, the unsafe way that one person was supported with bathing and the staff insight into providing support when hot liquids or food were being provided.

People who experienced distress, depression or anxiety were not always supported and cared for in a way that was right for them. Care plans did not provide details on how best to recognise changes to the psychological or mental health of people. Protocols were not in place to inform what measures to take prior to the administration of medication. This increased the risk of medication being administered unnecessarily. When the behaviour of one individual had been identified as impacting on the lives of others, there was a failure to provide the care that was right for them.

Terminology recorded and used to discuss distress, at times lacked compassion and insight. Improvements must be made to the care and support provided to people who experience psychological and mental illness (**see requirement 4**).

The assessment and ongoing treatment of wounds and wound prevention was good. Records were clear to read and additional input from supporting professionals had been sought. This meant that wounds were cared for appropriately.

During our inspection the provider strengthen and added to the management team in the home. We were provided with detailed action and improvement plans that identified how the areas of concern we identified were to be addressed.

Requirements

1. By 1 September 2021, the provider must ensure people are treated with respect, compassion and kindness.

In particular you must:

- a) Demonstrate that all people have been included in home life, including mealtimes and activities, irrespective of their abilities.
- b) Improve how staff communicate with each other in the presence of people.
- b) Respect the rights of people to choose and respect their choices and preferences.
- d) Be aware of the latest guidance on Covid-19 to stop unnecessary restrictions being placed on people's lives.

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

'I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the persons supporting and caring for me.' (HSCS 3.9);
'I experience care and support where all people are respected and valued.' (HSCS 4.3); and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

2. By the 1 September the provider must ensure that significant improvements are made to all aspects of the management of medication to ensure that it is in line with best and legal practice.

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

'Any treatment or intervention I experience is safe and effective.' (HSCS 1.24);
'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

3. By the 1 September, the provider must ensure that significant improvements are made to all aspects of accident incident management, ensuring that staff are aware of their role and responsibility in ensuring safe practices and systems are in place.

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

'Any treatment or intervention I experience is safe and effective.' (HSCS 1.24);
'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

4. By the 1 September 2021, the provider must ensure that significant improvements are made to the care and support given to people who experience distress, depression or anxiety.

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

'Any treatment or intervention I experience is safe and effective.' (HSCS 1.24);
'I experience care and support where all people are respected and valued.' (HSCS 4.3);

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

Areas for improvement

1. The service should improve how all people, in particular those who remain in their bedrooms, are supported to take part in meaningful activities and engagement to help support their health and wellbeing and improve the quality of their day.

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 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).

How good is our leadership?

2 - Weak

2.2 Quality assurance and improvement is led well

The provider had a comprehensive range of audits available however there had been a failure to fully implement these. This contributed to a failure to make the improvements necessary to improve people's outcomes.

During the pandemic it was important for services to assess their compliance with infection control guidance and assess practices. The infection control audit had been partially completed, meaning that compliance with guidance had not been assessed.

Observation of staff practice was not evident, meaning that any poor or unsafe practice would go unchecked.

Some audits of care profiles had taken place however improvements to the plans were identified, these were not followed up and completed. An example was the moving and handling plan of one person, it had been assessed as being difficult to read due to the handwriting. This remained unchanged. This meant that the information that staff used to inform how they moved this person was not available.

An environment audit or walk round had not been captured. We felt this would have helped identify some of areas of concern we raised regards unsafe areas or practices in the home, for example; the bath on the ground floor, the high temperature of the water in two hand wash sinks. Recognising and acting on these concerns would reduce the risks to people.

The provider had strengthened the management and quality team in the service during our inspection. The implementation of the provider's audits quality assurance processes were being introduced.

Requirements

1. By the 1 September, the provider must make significant improvements to quality assurance processes to ensure that areas of poor practice are identified and then measures taken for improvement. The processes must be focused on improving the outcomes for people.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop.' (HSC 4.6);

'I benefit from a culture of continuous improvement, with organisation having robust and transparent quality assurance processes.' (HSC 4.19); and in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

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

2 - Weak

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

The system for staff testing was organised and in line with guidance. Relatives told us that when they arrived for visiting they were supported with the testing process. However, when someone in the service was displaying possible signs and symptoms of Covid-19, the person was placed in isolation and a test to establish Covid-19 status, was not always completed. This meant that some people were isolating unnecessarily.

Shared lounges and dining areas had been decluttered and cleaning schedules enhanced to help keep these areas fresh and clean. The general condition and state of repair to shared bathrooms and toilets made it difficult for these areas to meet the expected cleaning standards.

Most soft furnishings were clean and in a good condition. One chair was removed during our inspection due to having a broken base and stained foam cushion. However most soft furnishings were clean and in a good condition. Ongoing checking of soft furnishings needs to take place to ensure they are fit for purpose and do not increase the risk of cross contamination.

Staff had completed training on effective handwashing, the use of personal protective equipment (PPE) and infection control, however this learning was not always evident in their practice.

PPE was located throughout the service. This made it easy for staff to access the PPE they needed to do their job, however there was inconsistencies in the use of PPE. Bins for the disposal of PPE were not always easy to access. This made it difficult for staff to dispose of their PPE safely.

The shared lounge did not have facilities to support hand hygiene, as a result staff failed to wash their hands or apply hand gel in this area. This increased the risk of cross contamination.

Some staff practice was not in line with safe and best practice. For example, the unsafe carrying of dirty laundry by care staff and the failure to wash their hands between attending to the care needs of different people. This increased the risk of cross contamination.

Improvements must be made to ensure that all staff practice is in line with infection control guidance and that the home is equipped to reduce the risks to people of Covid-19 (**see requirement 1**).

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

The layout of the home made it difficult to allocate staff to specific areas. This meant that there was a high level of footfall in all areas of the home.

Staff were allocated to attend to people's needs in the morning. There was no consideration given to the complexities of people's care and support needs or the difficult layout of the building. This contributed to a task focused approach to meeting care and support needs.

Care staff were visible and there appeared to be sufficient numbers of care staff. However at times they appeared disorganised and lacked direction and oversight. As a result there was an inconsistency to how the care and support needs of people were met.

The number of domestic staff on duty was insufficient to help maintain the enhanced standards of cleanliness expected. The provider had recognised this however the service had failed to act and increase the numbers of domestic staff. This increased the risk of cleaning standards not being maintained. The management team had acted on this prior to the conclusion of our inspection. We will review domestic numbers on our next inspection to ensure that the increased numbers have been maintained.

Throughout this report we have highlighted concerns with the staffs failure to follow safe and best practice. Staff practice was not responsive to risk, need and in some instances, safest practice (**see requirements 1 in 1.1, 2 in 1.3 and 3 in 1.3 and requirement 1 in 7.3**).

Requirements

1. 1. By 1 September 2021, the provider must ensure that people experience a safe environment in relation to infection prevention and control. In order to do this the provider must:

- a) Appropriate testing takes place if Covid-19 is suspected.
- b) Ensure that there are sufficient hand hygiene stations/areas available.
- c) Ensure that there are sufficient waste bins to help support safe disposal of PPE.
- d) Ensure that the observation of staff practice is appropriate and that there is evidence that any failure of staff compliance is reassessed.
- e) The service must strengthen leadership and governance for infection prevention and control.

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);

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27);

'My environment is safe and secure.' (HSCS 5.17); 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).

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 well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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