

## Speyside (Care Home) Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Parklands Limited

**Service provider number:**  
SP2003001893

**Service no:**  
CS2003008823

## About the service

Speyside Care Home is owned and managed by the Parklands Group and situated in the village of Aberlour, Moray. The care home service is registered to provide residential and nursing care for a maximum of 40 older people.

The purpose built home stands in its own landscaped grounds, a short walk from the village centre. The single storey building provides spacious accommodation. There are several communal areas, including a large lounge and dining area, a quiet conservatory and an activity lounge. The bedrooms have en-suite toilet and shower facilities.

The aims of the service are:

- To provide excellent, individualised, quality care, promoting independence in a relaxed, friendly atmosphere.

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

## What people told us

During the inspection we spoke to four people and nine relatives of people who currently live in Speyside Care Home. People we spoke with told us:

- 'The staff are caring and kind and that's what matters'.
- 'They have handled the pandemic really well as it has been so challenging for them'.
- 'My experience of the team is that they are excellent. They are very patient and caring'.

Most of the relatives felt that communication with the home had supported their family member to keep in touch over the last fifteen months and confirmed they could now attend the care home to visit.

- 'They always make time for me if I call'.
- 'If there are any issues arise, health or otherwise, they always ring me'.
- 'I have been impressed with how well they respond if I feel something isn't right'.

However, relatives shared concerns that staff did not have time to talk to or support their loved ones with activities or to remain active. Relatives told us:

- 'I feel that maybe they cover the essential things but not always the one to one more personal interaction. Maybe a little more individual attention would help'.
- 'There are not as many activities as before'.

## 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?	3 - Adequate
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How good is our care and support during the COVID-19 pandemic?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**3 - Adequate**

### 1.1 People experience compassion, dignity and respect

There were a number of major strengths in this area. People's experience was of a very good standard.

Staff knew people who lived in the care home well and treated them with compassion, dignity and respect. People felt confident in their care because they knew the staff. One resident said 'the girls are great, every one of them'.

We saw that staff provided care and support with compassion. People's personal care and assistance to move was supported in a respectful and dignified way. We saw that staff knew how to safely and sensitively support people who became unsettled.

Staff encouraged and assisted people to eat and drink with sensitivity, using touch to provide warmth and encouragement during a mealtime and reduce the impact of wearing a face mask. People enjoyed their food in a calm atmosphere.

Families told us that staff were always respectful. They were kept informed about their loved ones' care. A relative told us, 'they keep me updated with any medical issues.' They were also offered opportunities to share their feedback on how things were going during people's planned care reviews. This meant families could contribute. NHS Moray was leading the reviews which were progressing well.

### 1.2 People get the most out of life

People's experience in this area was adequate. This means there were some strengths, however improvements are required to maximise opportunities for people to get the most out of life.

People have a right to maintain their interests and remain as active as possible. People could choose how they spend their time in their room or in the communal lounge. Their preferences for activities and interests were identified in their care plans.

We heard and saw some meaningful conversations and interactions between people and staff when they were being supported in the morning and at meal times. However, we felt that there were missed opportunities to involve people in conversations, activities and make use of the safe outdoor space for walks and fresh air in between times. This meant people spent periods of time in their room or the lounge areas with little interaction, the television on, largely inactive and sleepy.

Some staff raised this as a concern and told us, 'we do not have enough time to do activities with the residents'.

Families we spoke with also felt that, despite the good relationships between staff and their loved ones, their family members could have more encouragement to be active or be involved in more meaningful activities. They said staff were busy and were aware that the service did not have an activities co-ordinator at the time of the inspection, although this has been addressed.

For example, relatives said:

'There are not as many activities as before'.

'I need to know that my relative's mental health and social needs are being met as well as physical needs'. (See requirement 1).

Involving people in decisions in ways which are meaningful to them will also make people feel valued and enable people to get the most out of life. Significant improvements had been made to some of the communal areas. This provided a well looked after environment. However, people's views had not been sought about the improvements to the care home for example design and colour schemes. (See 7.2 below and area for improvement 1).

### 1.3 People's health benefits from their care and support

There were a number of important strengths in this area. We found people's experience was good. However, improvements are required to maximise people's care and support.

We saw that the service was starting to re-connect people with their community again and were following the Scottish Government Guidance of February 2021 to support care homes to open to visitors safely. Relatives told us that Speyside had been good at organising visiting. They were able to visit their loved ones in the privacy of their room, whenever they wanted, as long as they booked in advance. Some people were also enjoying trips out with their loved ones. These measures are vital to further improve people's health and wellbeing.

Care plans reflected their health and care needs and were person-centred. They included an overview of people's unique history and preferences for food and drink choices; highlighting for example where small portion is best or foods which upset them.

The care plans also provided information about people's skin care, moving and handling needs and were regularly reviewed. However, these reviews did not always result in a written update within the care plan. For example, where a person's risk of falls had increased. (See area for improvement 1).

People had a written plan for their end of life care needs which included links to people's anticipatory care plans. These plans gave staff guidance about what care and support to provide to people. Access to external healthcare professionals was good and their advice was acted upon. Details of their input was documented in care plans.

People's medical needs were considered and the correct medication was being given at the right time to support them with any healthcare needs. We found that the storage and use of medication was well managed.

## Requirements

1. By 23 August 2021, the provider must ensure that there are sufficient staff consistently rostered to ensure people are encouraged to access the gardens, to promote an active life and support people to be able to take part in meaningful individual, group activities and conversations.

To do this, the provider must undertake the following:

- a) take steps to secure an activities co-ordinator to promote and enable people to get the most out of life
- b) ensure there is a contingency plan to cover the role of activities co-ordinator when they are absent or the post is vacant
- c) ensure there are sufficient care staff on each shift to consistently enhance this support
- d) re-instate people's personal activity plans and;
- e) ensure activity is discussed, and that related outcomes are being met

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

'My needs are met by the right number of people' (HSCS 3.15) and

'People have time to support and care for me and to speak with me' (HSCS 3.16).

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

## Areas for improvement

1. The service should continue the regular review of people's care plans. Following each review and any change in a person's health and support needs, the current situation about people's health and risks should always be updated within the care plan. This will supply confidence that the right care will be given at the right time, which is responsive, safe and effective.

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

'My personal plan (sometimes referred to as care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

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

4 - Good

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

We found the service to be performing at a good level in infection control practices. The environment and all communal areas were clean and tidy.

People living in the care home were supported to social distance through the careful placement of furniture. This did not restrict people from enjoying meals in a safe way.

Good progress had been made with Improvements to the general environment. For example there was new flooring in the lounge, dining room and two new bathrooms. This meant that people experienced a care home which was safe and well looked after.

Further improvements to the overall environment were planned. For example, the refurbishment of worn areas of flooring in the communal areas, additional sluice and new staff changing area. The needs and wellbeing of people living with dementia should be considered. For example, avoiding strong patterns in wall coverings, furnishings and flooring to help people's orientation and mobility. Improvements to one of the outdoor areas to make it more inviting for people to go outside was also required. This would help people's safety and wellbeing. (See area of improvement 1).

Visitors who arrived at Speyside Care Home were provided with information and were tested in line with government guidelines. These precautions reduce the risk of infection entering the environment.

There was a good supply of cleaning equipment, products, and solutions which were suitable for a range of cleaning purposes and used according to guidelines. Personal equipment (PPE) supplies and hand cleaning products were available for staff throughout the building, and we observed all staff using these appropriately during the inspection

Staff uniforms were laundered off-site, and staff were aware of the correct laundering in accordance with infection prevention guidance. Where people were undergoing periods of isolation, additional PPE supplies/ disposal points were available at the entry/exit points of these rooms.

However, we found that there was a potential infection risk in the service's current arrangements for handling of used linen. (See area for improvement 2). We discussed what measures were required to reduce the risk of the spread of infections during the inspection.

Staff were able to be tested for Covid-19 during their days at work, resulting in a high rate of compliance.

We saw that clinical waste was managed in line with current guidelines.

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

Staffing arrangements were found to be performing to a good level. This means there were a number of important strengths, that outweighed weaknesses.

It is important that staff have time to support and care for people and speak with them. We found that generally, there were enough care staff within the home to meet people's personal care needs. One relative commented,

'My relatives room is always spotless and he is always clean and presentable'.

'I can't fault the staff at all'.

Staffing arrangements were regularly reviewed by the manager. This review aimed to match the right number of staff with the right skills to meet people's needs. As a result of these reviews, an extra carer in

the morning, an additional shift leader at the weekend and to support people living with dementia, a 'twilight' shift to provide greater support from tea-time up until midnight had been introduced. This would help meet people's increasing health and care needs. At the time of the inspection, we were advised that an activities co-ordinator was starting soon. This role is vital to promote people to get the most out of life. (See 1.2 above and requirement 1).

Staff felt well supported by management and were confident they could ask for additional support if this was required. They received supervision and joined regular team meetings. This helped staff with their professional development and kept them focused on how best to provide care to the people they were supporting.

Staff we spoke with confirmed that they had received training related to Covid-19 and infection prevention and control (IPC) and were able to access updated guidance. They also had access to online training on hand hygiene, how to use personal protective equipment (PPE) and infection prevention and control. This meant the staff group were confident and competent when supporting people during the Covid-19 pandemic.

Nurses, managers and shift leaders conducted regular spot checks on all staff to ensure they were following this guidance. Any shortcomings were addressed and followed up. This way of working ensured staff put into practice what they had learnt.

### Areas for improvement

1. It is important that people live in a homely environment which meets the needs of all people living there, including the wishes and wellbeing of people living with dementia.

The service should continue to make improvements to the general environment of the care home, to include the worn areas of carpet in the foyer and corridors, an additional sluice and implement plans for the new staff changing area.

Their refurbishment plan should include clear priorities, timescales and how people can be involved in decisions about the improvements in ways which are meaningful to them.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16); and 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions', (HSCS 2.11).

2. The service should review their current arrangements for potentially infectious linen from people's room to the laundry to reduce the risk of the spread of infections.

This is in order to ensure that the safety and wellbeing of people was taken into account and 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).

## 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

To minimise the risk of cross infection between different areas of the environment, the service should:

- ensure staff consistently wear or dispose of their PPE correctly when entering, leaving or moving between rooms;
- ensure that any rooms where a resident is isolating are cleaned last;
- there is ready access to PPE and ABHR outside of their room;
- review the availability of ABHR and PPE disposal throughout the care home;
- ensure residents are encouraged and supported to wash their hands prior to dining; and
- to ensure cleanliness and the above standards are consistently applied, the manager should undertake a daily walkround/audit and take immediate action where required.

This is to ensure 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)

**This area for improvement was made on 31 July 2020.**

#### Action taken since then

This area for improvement has been met. See section 7.2 above

#### Previous area for improvement 2

The service should continue the regular evaluation of people's care plans. Following each review and any change in a person's health and support needs, the care plan must be updated to reflect all aspects of the current care and support required for people. This will supply confidence that the right care will be given at the right time, which is responsive, safe and effective.

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

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24.)

**This area for improvement was made on 31 July 2020.**

#### Action taken since then

This area for improvement has not been met. See section 1.3 and area for improvement 1 above.

### Previous area for improvement 3

The service should ensure that people have an anticipatory care plan (ACP) in place that reflects their wishes and where appropriate, those of their representatives. This should include ensuring arrangements for 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) are up to date.

This is in order to ensure that care and support and staffing are consistent with 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)

**This area for improvement was made on 31 July 2020.**

#### Action taken since then

This area for improvement has been met. See section 1.3 above.

### Previous area for improvement 4

The service should ensure that staff have access to suitable hand washing sinks in the staff toilets and the hot water is the correct temperature to enable staff to wash their hands safely and correctly.

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)

**This area for improvement was made on 31 July 2020.**

#### Action taken since then

This area for improvement has been met. See section 7.2 above

### Previous area for improvement 5

The service should ensure that staff have access to a safe, clean environment to take their breaks and a suitable staff changing area by:

- ensuring staff have access to ABHR and disposal of PPE on entering the staff room;
- ensuring staff have access to clean PPE and ABHR to use on leaving the staff room; and
- de-cluttering the staff room to enable safe physical distancing and create a staff changing area; and
- ensuring staff have access to suitable changing facilities to include lockers to store their clean clothes and belongings safely.

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)

**This area for improvement was made on 31 July 2020.**

## Action taken since then

This area for improvement has been met. See section 7.2 above

## Previous area for improvement 6

There is a need for staff to provide care and support which is less task based. It should be a person-led approach which supports positive outcomes for people. To achieve this, staff require more direction, organisation and support from the shift leaders.

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

'My care and support meets my needs and is right for me'. (HSCS 1.19)

**This area for improvement was made on 31 July 2020.**

## Action taken since then

The service has undertaken a lot of work in this area and continue to work with staff to promote a more person-centred and holistic approach to care and support. Managers and nurses we spoke with said they have seen an improvement. During the inspection we saw that staff were supporting people to meet their needs rather than a routine approach.

Whilst this remains work in progress we considered this area of improvement had been met.

## Previous area for improvement 7

The service should review the dependency tool for each resident in light of the Covid-19 pandemic and impact of social isolation. This is to ensure people's care and support needs can be met and they can continue to lead active lives indoors and outdoors, while they are spending more time in their bedrooms and socially distancing from one another.

This is in order to ensure that care and support and staffing are consistent with 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 31 July 2020.**

## Action taken since then

This area for improvement has been met. See section 7.3 above.

## Previous area for improvement 8

The provider should continue work to improve the quality assurance systems and processes in the home.

Audits should be carried out to effectively assess that the overall 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 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); and

In order to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This area for improvement was made on 3 January 2020.**

#### Action taken since then

The service has a robust system for quality assurance to support good practice and residents' experience. We saw evidence of action planning and evaluation to support change and improvement work, which informed their development plan which was regularly reviewed.

This area for improvement has been met.

#### Previous area for improvement 9

To ensure that staff are trained and confident in the roles they perform the provider/manager should evaluate that training has been effective and has improved staff learning and practice. Management should support staff to produce good quality, reflective accounts that evidence their learning and how it will influence their future practice.

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).

**This area for improvement was made on 3 January 2020.**

#### Action taken since then

This area for improvement has been met. See section 7.3 above

#### Previous area for improvement 10

The provider/manager should provide staff with regular opportunities to discuss their learning and development needs and offer support and advice on how best these can be achieved. This will support staff to develop in their roles and be confident and competent in their abilities to the right level of care to the people they support.

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)

**This area for improvement was made on 3 January 2020.**

#### Action taken since then

This area for improvement has been met. See section 7.3 above

## Previous area for improvement 11

To ensure that people's care remains an accurate reflection of their needs and wishes and is right for them they should be offered a minimum of two reviews in each year. There should be family involvement if the person wishes. The review should cover all aspects of the person's health and wellbeing needs. Any issues raised should be taken forward and the care plan updated to reflect any necessary changes to the person's care.

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

"I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17)

**This area for improvement was made on 3 January 2020.**

### Action taken since then

This area for improvement has been met. See section 1.1 above

## 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 do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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