

Cooriedoon Care Home Care Home Service

Cooriedoon Care Home
Shore Road
Whiting Bay
Isle of Arran
KA27 8QH

Telephone: 01770 700 247

Type of inspection:
Unannounced

Completed on:
19 July 2021

Service provided by:
Cooriedoon Ltd

Service provider number:
SP2011011713

Service no:
CS2011303288

About the service

Cooriedoon Care Home is registered to provide a care service for up to 28 older people. The service provider is Cooriedoon Ltd.

The service is in Whiting Bay, a small village on the Isle of Arran.

The traditional style building has a sloping driveway with parking available. There are three floors accessed by a lift or stairs. There are 25 bedrooms, some with en-suite toilet, washbasin, or bath facilities. Three bedrooms were in progress of refurbishment. Communal facilities include an accessible bath and shower on the ground floor. The upper floor has an accessible shower room only. A small quiet room is located on the upper floor and used primarily for meetings.

The sharing of a larger bedroom should only be agreed if the persons consent, have a prior relationship and the arrangement is suitable in terms of meeting their needs with dignity. At the time of this inspection, no bedrooms were shared.

The ground floor has a large dining room, lounge, and sunroom with patio. Some rooms have views of the Firth of Clyde. The service has a nice garden area at the front of the building. At the time of inspection there were 17 people using the service.

The service have nurses employed within the staff team but they are not present within the building at all times. An on-call arrangement was in place. In addition health needs are supported using external support from visiting health care professionals.

Aims from the service include:

The stated aims of the service are:

- To provide a homely and comfortable and pleasant environment
- To provide residential and nursing care based on individual needs on the Island of Arran which will allow people to remain in their area
- To provide a service to residents based on permanence or respite
- To provide transport for individuals and small groups to visit local resources and community facilities.

This was an unannounced inspection by two inspectors to evaluate how well people were being supported on key areas that are vital to the support and wellbeing of people experiencing care.

What people told us

To gain the views of people using the service we spent time speaking to 10 people who live in the service during the inspection visit.

Most people we spoke with were happy with their care and spoke positively of the staff, the meals, and the environment.

Comments included:

"Happy to move about, can speak to staff if needed."

"Love living in here, not enough activities."

"Food is fine in here, great not having to make it myself."

"Staff are good at cleaning my bedroom, but I like to do this myself."

"If I don't like the meals have options to choose something else."

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
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?

3 - Adequate

We evaluated the service in this area as adequate as we found some strengths, but these just outweighed weaknesses.

Mealtimes are an important part of a day. We observed several mealtimes during our inspection. We saw staff had arranged the dining areas well to support social distancing. Although people told us staff knew their preferences well, we felt people's experience was mixed. At times staff missed opportunities to promote people's dignity consistently. This was addressed by staff during the inspection. (See Area for Improvement 1).

People told us that they were involved in decisions made about activities. However, they told us that activities were limited, and they felt bored. As the inspection progressed we saw staff were located within three areas appropriately. This resulted in the home having more energy as people were fully engaged and were more stimulated. However, poor records did not show regular meaningful activities nor positive outcomes were being met for people and should be improved. (See Area for Improvement 2 and 3).

People living in the care home experienced compassion, dignity, and respect. We observed staff using their knowledge and skills to deliver care and support with warmth and kindness. However, staff were not seen to spend enough time sitting speaking with people. We felt if this had happened more frequently, staff would have been able to reduce stress/distress by offering reassurance when people appeared anxious. (See Area for Improvement 4).

Some people living in the home had anticipatory care plans in place which showed individual end of life wishes and preferences had been considered however, these had not been reviewed or updated. We looked at health records and personal plans and we found significant gaps in record keeping. Although staff told us they linked with other health professionals we could not see this consistently recorded. This meant we could not be assured how people's health was maintained by getting timely support from health professionals. We felt this could put people at some risk. Although staff were able to demonstrate they knew people well, personal planning did not inform their daily work and care reviews had not been consistently completed. This meant people's wishes and choices were not always respected. (See Requirement 1).

During our visit we did not see any indoor or outdoor visits taking place. We looked at visiting records and these had not been completed well. This meant we had concern that people were not receiving visits and were at risk to becoming socially isolated. The service was not following the spirit of Scottish Government 'Open with Care' guidance to support visiting. The provider was responsive taking action and communicated with relatives to arrange further visits.

Requirements

1. By 30 August 2021 you must ensure all people using the service have a personal plan.

In order to achieve this the provider must ensure:

- a. All service users must have a current personal plan in place with meaningful evaluations that inform care.
- b. All personal plans must be reviewed at a 6-month interval or sooner if a significant change in need occurs.
- c. Specific risk assessments must be updated on a regular basis to inform the personal plan.
- d. All personal plans must consider the impact of Covid-19 on the individual, and this must be kept up to date.
- e. All personal plans and reviews must evidence involvement of service users or appropriate others.

This ensures care and support is consistent with Health and Social Standards which state that: 'My personal plan (sometimes referred to as a 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).

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 4 (1) (a); 5 (1); 5 (2) (b) (iii).

Areas for improvement

1. The service provider should develop more person-centred care practices within smaller group living areas to support care with higher levels of dignity. This is with reference to:

- staff routines around the dining experience, (reduce waiting times, provide more responsive homely dining).

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 1.8 "If I experience care and support in a group, the overall size and composition of that group is right for me the service provider should develop more person-centred care practices within smaller group living areas to support care with higher levels of dignity."

2. The service provider should increase the opportunities for:

- meaningful activity for less able residents, (such as Namaste care).

The purpose of Namaste Care is to give comfort and pleasure to people with advanced dementia through sensory stimulation, especially the use of touch. Namaste Care increases the length of time that care home staff spend engaging and connecting with residents with advanced dementia and provides a possible solution to meeting the sensory and emotional needs of these residents and enriching their quality of life.

- support to move and exercise.
- support to carry out everyday activities such as making a cup of tea/washing dishes.
- consider ways of involving volunteers in the home to further enhance wellbeing.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:
1.6 "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential."

3. The service provider should consider how smaller unit(s) could be established that supports the concept of small group living.

- by increasing the provision of small kitchenette facilities,
- allocating staff to small group living areas to provide continuity.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:
5.7 "If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible."

4. The service provider should ensure residents who experience symptoms of stress or distress have comprehensive assessment and plans of care with strategies of how to support.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:
1.15 "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices."

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.

We evaluated how well infection control practices supported a safe environment for people experiencing care and staff. This was at a weak level for this quality indicator where although strengths were identified these were outweighed or compromised by significant weaknesses.

At the time of inspection there was one person who was confirmed having Covid-19 who was self-isolating.

Staff told us they could recognise the symptoms of Covid-19 and what procedures they would follow if someone developed them. This meant that anyone who had contracted the virus could be supported quickly and the risk of cross infection would be reduced.

Protective Personal Equipment (PPE) stations were located throughout the home and were well stocked. However, we saw staff practice with PPE was not always in line with Health Protection Scotland guidance. Staff were unclear about which type of gloves to use to keep themselves safe during personal care. We had concerns about staff practice with the removal of PPE. The location of bins prevented the safe disposal of PPE. The service must ensure that all staff have their training updated to reflect current guidance. (See Requirement 1).

We found mixed levels of cleanliness throughout the home. We found some mattresses, chairs and tables needed essential deep cleaning. We could not find records of deep cleaning of bedrooms. The manager should ensure quality audits and checks ensure that all areas are clean, fresh, and free of stains to prevent the risk of infection. This ensures the environment is free from avoidable and intrusive smells. (See Requirement 2).

Cleaning materials being used were in line with guidance however, enhanced daily cleaning schedules were not in place. This must include frequently touched surfaces, such as door handles and handrails. This ensures that standards of cleanliness can be maintained and the risk of infection for people experiencing care is reduced. Some chemicals were not stored safely which could put people at risk. (See Area for Improvement 1).

Staff changing areas and laundry management including the flow of clean and dirty laundry needed urgent attention to minimise the risk of cross contamination and reduce potential harm. Policies and procedures were not in place to ensure appropriate thermal washing temperatures. (See Requirement 2).

We could not be confident that people experiencing care were consistently kept safe from potential infection.

7.3 How good is our staff team?

We reviewed how good the staff team were. Strengths were outweighed by significant weaknesses. We felt people's experiences and outcomes were compromised. We evaluated this area as weak.

Staff told us they were aware of and participated in local Covid-19 testing arrangements. They were clear about when and if they should self-isolate. This assured us that they knew how to keep everyone safe from potential infection.

We found inconsistencies in staff training with many who had not been provided with Covid-19 or Infection, Prevention and Control training. This meant people were put at risk as they did not have the knowledge to safely manage infection, prevention and control practices within the home. (See Requirement 1).

We saw staff using Alcohol-Based Hand Rub (ABHR) appropriately which helped keep everyone safe, however some dispensers were empty. We found staff had not been consistently trained in handwashing practice. The manager should commence regular spot checks and record observations of staff practice which would ensure knowledge was evident in practice.

We felt there was a lack of clarity of roles and responsibilities within the staff team. This meant that people being supported were inconsistently supported. At times care appeared disorganised and we were not assured that the day-to-day care was well led. (See Area for Improvement 2).

Approaches to quality assurance did include self-evaluation and some involvement from supported people, staff, and external agencies. This was good practice. However, some specific audits carried out had not directly influenced the improvement plan. For example key areas to audit including infection, prevention and control and the kitchen environment were not in place and needed to improve. This would ensure practice adheres to current guidelines and will help promote a safer environment.

The provider must ensure that quality assurance is responsive and carried out effectively to show good governance that contributes to high quality care. (See Requirement 3).

Requirements

1. By 11 August 2021, you must ensure that:

All staff are trained in Infection, Prevention and Control measures in relation to Covid-19 in line with 'Scottish COVID-19 Care Home Infection Prevention and Control Addendum'.

Staff training in Infection, Prevention and Control is in line with current guidance as detailed in 'Scottish COVID-19 Care Home Infection Prevention and Control Addendum'.

Accurate records of staff training including refresher training in this area are maintained at all times.

Staff practice in relation to Infection, Prevention and Control measures are properly evaluated and recorded, including observed practice. This must include the use and disposal of Personal Protective Equipment (PPE).

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 4 (1) (a) and 4 (1) (d).

This ensures 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, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

2. By the 11 August 2021: Infection Prevention and Control procedures must be improved and maintained to comply with current guidance to protect the health and welfare of people experiencing care. In order to do this the provider must:

- a) Ensure the correct cleaning of environment and equipment, including implementation of cleaning schedules to fully comply with current guidance including frequently touched areas.
- b) Ensure clear records of cleaning are maintained and includes a plan for what constitutes a daily clean and a deep clean, this should also include the kitchen areas.
- c) Ensure appropriate signage is visible and up to date and is in line with Scottish guidance.
- d) Ensure staff uniform practices and changing areas are provided to prevent cross-contamination.
- e) Establish an audit of mattresses and chairs which clearly record findings, any actions required and progress on implementing actions.
- f) The safe management of laundry guidance 'Safe Management of Linen: Standard Infection Prevention & Control and Transmission Based Infection Control Precautions: September 2020 Version 3' must be used to ensure the required temperatures are reached for thermal disinfection for all used and infected linen.
- g) All laundry management should ensure the flow of laundry prevents the risk of cross contamination to staff and residents.

This is in order to comply with Regulation 3 - Principles; Regulation 4(1)(a)(d) - Welfare of users and Regulation 15(a)(b)(1) – Staffing, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services).

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

3. By 30 August 2021, the provider must ensure that people experience a responsive service with effective quality assurance. This must include, but is not limited to:

- a) Routine and regular monitoring of the quality of care and support, staffing and management and leadership must include analysis that identifies themes, trends and root causes and action taken on follow up to effect change or improvement that is needed.
- b) Quality audits relating to, complaints, personal planning, care reviews, peoples' experiences, clinical oversight including nutrition and medication management and effective delegation of staff roles and responsibilities for each shift. All records must be kept up-to-date and ensure that analysis and follow up leads to any necessary action to achieve improvements or change without unnecessary delay.

The quality assurance systems and audits should evidence clearly staff understanding.
This is in order to demonstrate effective leadership of this service.

This is to ensure 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) and 'I benefit from a culture of continuous improvement with the organisation having robust quality assurance processes. (HSCS 4.19)

This is 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)

Areas for improvement

1. The service provider should ensure the dirty utility room is made safer by:

- storing chemical sprays appropriately,
- ensure the commode pot washer is functioning at the correct temperature and Bedpan Washer Disinfectant must reach a minimum of 80oC for 60 seconds, and this temperature can be higher for some international standards.
- the facilities are improved to allow sufficient space for dirty items and clean items to be cleaned and dried effectively.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:
5.17 My environment is secure and safe.

2. The service provider should:

- review job descriptions,
- review the roles of staff in relation to senior responsibilities, leadership of shift/areas of home, on-call arrangements.
- consider how this links with SSSC roles for support worker, practitioner, and supervisor.
- consider how the role of the nurse can be used more effectively to ensure maximum benefit.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:
3.19 My care and support is consistent and stable because people work together well.

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 service provider should develop more person centred care practices within smaller group living areas to support care with higher levels of dignity. This is with reference to:

- staff routines around the dining experience, (reduce waiting times, provide more responsive homely dining, improve service by use of hot trolley).
- more discreet use of language (when asking people about the toilet).
- ensuring all staff have the same values to drive high standards of care and recognise when sharing a room could be detrimental to one or both parties.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 1.8 "If I experience care and support in a group, the overall size and composition of that group is right for me."

This area for improvement was made on 14 August 2019.

Action taken since then

All people had care plans in place, however, these were not regularly evaluated by the staff team to ensure they reflected people's needs, choices and wishes. This area for improvement is not met and has been re-worded in this report to reflect current findings. We were disappointed to not see improvements with the evaluations being more outcome focused in the review minutes that were available.

This Area for Improvement had not been met. (See Care and Support)

Previous area for improvement 2

The service provider should increase the opportunities for:

- meaningful activity for less able residents, (such as Namaste care), support to move and exercise.
- support to carry out every day activities such as making a cup of tea/washing dishes.
- consider ways of involving volunteers in the home to further enhance wellbeing.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 1.6 "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential".

This area for improvement was made on 14 August 2019.

Action taken since then

The provider was unable to demonstrate that this area has been met as there were significant gaps in records held. Therefore, this Area for Improvement has been repeated (See Care and Support).

Previous area for improvement 3

The service provider should consider ways of administering medication in a more homely way, increasing the staff group who can do this. So that wider improvements can be made to the monitoring of health and use of best practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:
1.19 My care and support meets my needs and is right for me.

This area for improvement was made on 14 August 2019.

Action taken since then

Staff generally found the system in place to be person centred, discreet and beneficial for individuals. We found time was reduced from the previous system that medication was administered. Both people living in the home and staff found the administration of medication to be effective.

Has the area for improvement been met? Met Within timescales

Previous area for improvement 4

The service provider should:

- review recruitment policy, practice and ensure safer recruitment guidance is followed,
- review job descriptions,
- review the roles of staff in relation to medication management, senior responsibilities, leadership of shift/ areas of home, on-call arrangements,
- consider how this links with SSSC roles for support worker, practitioner and supervisor.
- consider how the role of the nurse can be used more effectively to ensure maximum benefit.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:
3.19 My care and support is consistent and stable because people work together well.

This area for improvement was made on 14 August 2019.

Action taken since then

We were easily able to see clear evidence that staff were recruited safely with robust checks in place. However, other issues have not been met and are repeated. See Area for Improvement 2 in section 7.3

Previous area for improvement 5

The service provider should ensure the sharing of larger bedroom(s) is only agreed if the persons consent, have a prior relationship and/or the arrangement is suitable in terms of meeting their needs with dignity.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:
5.26 "As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend."

This area for improvement was made on 14 August 2019.

Action taken since then

The service no longer had anybody sharing a room at the time of this inspection.

Previous area for improvement 6

The service provider should ensure the dirty utility room is made safer by:

- putting a lock on the door,
- storing chemical sprays appropriately,
- ensure the commode pot washer is functioning at the correct temperature and
- the facilities are improved to allow sufficient space for dirty items and clean items to be cleaned and dried effectively.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:
5.17 My environment is secure and safe.

This area for improvement was made on 14 August 2019.

Action taken since then

This will be followed up at the next inspection as staff could not find the key for us to examine this area.
This is repeated under 7.2

Previous area for improvement 7

The service provider should consider how access to toilets can be improved.

This could be by use of equipment such as wheeled shower/commode chairs that go over the toilet and/or by increasing the number of communal or en-suite toilets.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:
5.2 I can easily access a toilet from the rooms I use and can use this when I need to.

This area for improvement was made on 14 August 2019.

Action taken since then

During the inspection, all communal areas were well maintained and fit for use. These seemed to be in easy to reach areas and were in sufficient numbers to meet individual needs discreetly and effectively.

Has the area for improvement been met? Met Within timescales

Previous area for improvement 8

The service provider should consider how smaller unit(s) could be established that supports the concept of small group living.

- by increasing the provision of small kitchenette facilities,
- creating smaller more homely dining spaces and
- allocating staff to small group living areas to provide continuity.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:
5.7 "If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible."

This area for improvement was made on 14 August 2019.

Action taken since then

There were gaps in records held and this Area for Improvement has been reworded and repeated. (See Care and Support).

Previous area for improvement 9

The service provider should ensure residents who experience symptoms of stress or distress have comprehensive assessment and plans of care with strategies of how to support.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 1.15 "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices."

This area for improvement was made on 14 August 2019.

Action taken since then

During the three days of inspection, we were concerned initially by the time staff took to respond to people. This improved significantly in each day of the inspection. However, we were concerned that there were large gaps in paperwork and staff were not pro-active to seek external advice from health agencies. This Area for Improvement is not met and is repeated. (See Wellbeing section).

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

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	2 - Weak

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