

Wyndwell Care Home Care Home Service

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Peterhead
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Telephone: 01779 471 522

Type of inspection:
Unannounced

Completed on:
3 September 2021

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 29 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 was a follow up inspection to assess the progress the service was making in meeting the requirements made at our inspection on 7 and 8 July 2021. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

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

What people told us

We spoke with a number of people during our inspection. Their comments and feedback informed our findings. People expressed pleasure with the new lounge area. We were told it "was much brighter and had more room". Two people told us they felt more confident walking due to the improved lighting. People said that they could now see much clearer in the shared areas. This meant that they could enjoy reading and crafts.

The improvements to the visiting arrangements meant that visits occurred when people wanted them, this resulted in positive outcomes.

People were happy with the meals, saying that the food was "very tasty and there was plenty of it". We spoke to two people who chose to remain in their bedrooms. They told us that staff were responsive to them when they buzzed and they didn't have to wait long.

We felt that the improvements made since our last inspection had resulted in better outcomes for people and there was increased levels of contentment.

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

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| How well do we support people's wellbeing? | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| 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 do we support people's wellbeing?

3 - Adequate

The service had implemented a detailed action plan following our previous inspection. This meant there was a focus on making the changes that were necessary in order to improve people's wellbeing and outcomes. We found the service had made the necessary improvements and met the requirements made at our previous inspection. The area for improvement made in relation to activities remains unmet and will be followed up at our next inspection.

1.1 People experience compassion, dignity and respect.

People appeared well. More care had been taken to help people look their best. Interactions between the residents and staff were kind and caring. There was lots of respectful chatter and banter. People appeared content and settled. **(See 'What the service has done to meet any requirements'.)**

1.2 People get the most out of life

The improved staff availability meant people's needs were met promptly. There was improved staff awareness in their role in supporting the social health and wellbeing of people. However, further improvements are needed to the opportunities available to all residents in the home. **(See 'What the service has done to meet any areas for improvement and area for improvement 1.')**

1.3 People's health benefits from their care and support

Improvements had been made to supporting people with their medications. There were safe systems in place to improve the management of all medications with improved management oversight. The risks to people had reduced. **(See 'What the service has done to meet any requirements'.)**

Improvements had been made to the management of accidents and incidents. This resulted in reduced risks to people. The increased staff awareness of their role and responsibility meant that appropriate measures were taken in the event of a fall or accident. **(See 'What the service has done to meet any requirements'.)**

Improvements had been made to the care and support given to people who experience distress. However, the care plans and supporting documentation needed further work to ensure that they were detailed and accurate in content. **(See 'What the service has done to meet any requirements' and area for improvement 2.)**

The embedding of these improvements needs now to occur to ensure that people experience consistency in how their health care needs are met.

We have re-evaluated the service to be performing at an adequate level. (See 'What the service has done to meet any requirements'.)

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 (HSCS) which state that:

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

'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)

2. Improvements should be made to the content of care plans and supporting documents to ensure that they accurately reflect the needs and choices of people.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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)

How good is our leadership?

3 - Adequate

2.2 Quality assurance and improvement is led well

The necessary improvements had been made to the quality assurance and clinical overview of the home. This meant that changes and improvements were being made based on what was needed in the service. This contributed to improved outcomes for people.

We have re-evaluated the service to be performing at an adequate level. (See 'What the service has done to meet any requirements'.)

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

3 - Adequate

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

Infection control practices were safe and as per guidance. There were stocked personal protective equipment (PPE) stations throughout the home meaning that staff had easy access. The home was clean and odour free. There were sufficient clinical waste bins.

Regular supervision and observation of staff practice had taken place and there was a focus on sustained improvement. However, further work needs to be done to ensure that safe staff practice is consistent and

embedded.

We have re-evaluated the service to be performing at an adequate level. (See 'What the service has done to meet any requirements' and area for improvement 1.)

Areas for improvement

1. The service should continue to observe staff infection control practices (IPC) and take the necessary action to correct areas of unsafe (IPC) practices.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 requirements we made at or since the last inspection

Requirements

Requirement 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 (HSCS) 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.

This requirement was made on 19 July 2021.

Action taken on previous requirement

Staff had completed training in dignity and respect. Reflective accounts were completed after the training to help staff identify how their practice would change and the positive change this would bring to people's lives.

The management team had completed supervisions with all staff. This was an opportunity to identify any concerns with practice and to discuss the changes that were needed. Staff were more aware of their responsibility in ensuring that any poor practice amongst their peers is challenged and dealt with.

Staff had completed dignity audit tools. These helped staff reflect on how they communicate with each other and with people living in the service and their families.

Audits of mealtime experience have been completed and the necessary actions taken to improve the dining experience for people. There was positive feedback about the dining experience with visual choice of meals and a more sociable mealtime being encouraged.

Staff were seen to engage with people with compassion and kindness. Time was taken to reassure people and support people to make choices. A member of staff was seen to use verbal and non-verbal communication to distract one person who had become anxious.

Staff were now aware to the guidance in place when someone was suspected of having Covid-19. This ensured that the risks to that person and to others were reduced and also prevented unnecessary restrictions being put in place.

People had participated in the environmental changes and updates. For example, the changing of the dining and lounge areas and the upgrade to the art work. People told us they were happy with the changes and told us how their comfort had been enhanced. People experienced positive outcomes because the service had sought input prior to the changes and created an environment that people wanted.

Care and attention had been taken to help people look their best. The hairdresser was popular and contributed to how good people felt and how well they looked.

The changes to how people spent their time, were ongoing. The changes to the lounge area had helped people have a cup of tea and a chat with a friend. Some people were supported to continue with their hobbies for example, reading and crafts, however this was inconsistent. It is important for everyone to be supported to pass their time in a meaningful way and be supported to take part in activities that are reflective of their likes.

This requirement has been met.

Met - within timescales

Requirement 2

By the 1 September 2021 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 (HSCS) 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.

This requirement was made on 19 July 2021.

Action taken on previous requirement

The medication room had been cleared and appeared cleaner. This made it a safer place to store people's medication.

The management of controlled medication had improved. Any unused controlled medications had been returned to the pharmacy and the record book had been replaced and was now completed appropriately. These improvements made the management of these types of medications safer.

The management of all medications no longer needed had improved. The system now in place was in line with safe practice. The record book had been replaced and was now completed at the time of the medication being discontinued. This meant there was improved oversight and auditing of the returned medications.

The medication trolley was organised with bottles of medicines dated on opening. This helped with the monitoring of use and helped reduce the risk of these medicines running out.

Daily counts of medications helped identify any errors quickly and also identified when some medications were at risk of running out.

Staff responsible for the administration and management of medication had completed refresher training. Staff said this was of benefit due to reminding them of correct and legal processes and procedures.

The management team should continue with high level of oversight of medication management and practices.

This requirement has been met.

Met - within timescales

Requirement 3

By the 1 September 2021, 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 (HSCS) 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.

This requirement was made on 19 July 2021.

Action taken on previous requirement

The oversight of falls had improved. Analysis of the falls had taken place and this helped identify if there were any trends. This information could then be used to inform changes in practice.

The improved lighting has made it easier for people to mobilise around the home. We felt that the changes to the lighting may contribute to the reducing falls in the home.

Moving and handling and falls care documents and risk assessments were detailed and clear in their content. This information was readily available and would help to inform staff practice.

There was increased visibility of staff in the home, in particular the shared areas. This meant that there was a reduction in risks associated with people being left unattended.

The changes brought into the dining room meant that there was increased visibility and availability of staff at mealtimes. This meant that there was reduced risk of people being left unsupported with hot liquids and foods.

Staff had completed relevant refresher training in moving and handling. Reflective accounts were completed to highlight how the training would change practices in the home. A record of conversation took place when poor staff practice had been observed. This meant that staff were aware of the areas of their practice that may be unsafe.

Staff were aware of the importance of their actions in safeguarding people, in particular their role in reporting any suspected harm.

From our observations we felt that staff are aware of their roles and responsibility in ensuring safe practices, and that the management team have implemented systems to provide oversight.

This requirement has been met.

Met - within timescales**Requirement 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 (HSCS) 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.

This requirement was made on 19 July 2021.

Action taken on previous requirement

Improvements to the environment had taken place. People told us they were pleased with these changes. People appeared more content and settled in the upgraded shared areas. Some people were engaged in meaningful pastimes and others were engaged in chatting with a friend. There was more space for people and there was choice as to where to have a seat. We felt the home was calmer and more peaceful.

Some people had chosen to remain in their bedrooms and staff had been mindful to ensure that buzzers were accessible, televisions were on and that chairs were positioned to have a view out of the window. This helped reduce the anxiety of some of these people and helped support them with meaningful occupation.

Some care plans were very detailed and clearly identified how someone may present if distressed and how best the staff can support that person to reduce the distress. However, this was inconsistent. Some plans were basic and their content was generic. Improvements are continuing to ensure that there is a consistent standard of information in care plans informing staff of the care and support needs of someone who experiences distress.

Further improvement is required in the completion of monitoring charts. These did not indicate in detail any triggers to episodes of distress and how the person presents.

Staff had completed the promoting excellence framework (module 4). This had helped inform their practice. Staff used distraction to reduce one person's anxiety and assisted one person with a walk when they became unsettled. The outcomes for both these people were positive. The increased staff visibility meant that staff were on hand to offer the support that was needed at that time. This helped reduce people's frustration and upset at having to wait.

Reviews of people's mental health had taken place and recommendations had been put into place. We found that staff insight had improved and how what they did impacted on the distress of people. The service should continue to have an oversight of the episodes of distressed behaviour and support learning from these episodes to reduce the risks of re-occurrence.

This requirement has been met.

Met - within timescales

Requirement 5

By the 1 September 2021, 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 (HSCS) which state that:

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

'I benefit from a culture of continuous improvement, with organisation having robust and transparent quality assurance processes.' (HSCS 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.

This requirement was made on 19 July 2021.

Action taken on previous requirement

Senior management had undertaken a robust audit which indicated improved compliance across a number of key areas. We reviewed audits in relation to skin care, mattresses, and the environment. Areas of deficit identified were then used to inform the service improvement plan.

We saw records of conversations with residents who had been asked to provide their opinions regarding proposed environmental changes. This meant that residents were able to meaningfully influence how improvements were made to their home. People told us that they were very happy with the changes, and they appeared content.

Appropriate actions had been taken where areas of poor practice had been identified. For example, an audit of the mealtime experience highlighted how the service had supportively ensured that staff understood the reasons for required changes in order to improve people's outcomes.

We reviewed records of direct observations of staff practice, as well as reflective accounts written by staff, and this demonstrated that significant work had been undertaken to ensure that appropriate quality assurance processes are in place. Documentation provided clear evidence that actions had been taken to support improvement where this was required.

This requirement has been met.

Met - within timescales

Requirement 6

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 (HSCS) 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).

This requirement was made on 19 July 2021.

Action taken on previous requirement

The home was clean and tidy throughout, and the service had increased the number of domestic staff which meant that a good standard of hygiene and cleanliness was maintained.

Feedback from staff demonstrated that they understood and could accurately describe the process for testing if Covid-19 is suspected for either a resident or staff member.

The number of hand hygiene stations and PPE bins had been increased, which meant that staff could easily wash their hands, access PPE at the point of use, and dispose of it correctly.

We reviewed comprehensive records of management team observations of staff practice in relation to hand hygiene and use of PPE, and this included reflective conversations if any breaches in infection prevention and control were observed. This meant that staff practice and management oversight had improved, as had staff understanding of the importance of robust infection prevention and control practices.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The 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 (HSCS) which state that:

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

'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 19 July 2021.

Action taken since then

Some improvement had been made to the activity provision. There was an increase in one to one activities and less larger group events. This meant that there was more opportunity for people to pass their time meaningfully.

More thought had been taken with the comfort of people who chose to remain in their bedrooms. People we spoke with, told us they were content.

The service has plans to progress and further develop the social aspect of the care and support available to people. We will assess this progress at our next inspection.

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

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| 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 |

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|---|--------------|
| How good is our leadership? | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |

| | |
|---|--------------|
| How good is our care and support during the COVID-19 pandemic? | 3 - Adequate |
| 7.2 Infection control practices support a safe environment for people experiencing care and staff | 3 - Adequate |

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