

## Whim Hall Care Home Care Home Service

Lamancha  
West Linton  
EH46 7BD

Telephone: 01968 678 434

**Type of inspection:**  
Unannounced

**Completed on:**  
9 September 2021

**Service provided by:**  
St Philips Care Limited

**Service provider number:**  
SP2003003516

**Service no:**  
CS2004083864

## About the service

Whim Hall Care Home is owned and managed by St. Philips Care Limited (referred to in the report as the "provider").

The service is registered to provide accommodation and care to a maximum of 44 older people, of which six can be under 65 years of age.

The home is divided into two units known as Whim and Tweed. There is a separate access to each of these units. There are ten full en-suite single rooms and ten single rooms with a sink and toilet. There are also three full en-suite double rooms. Further shared toilet and bathing facilities are throughout the home. Double rooms are registered to support people in relationships to continue to live together if they wish.

The home is situated in a rural area with no access to public transport. The home has its own vehicle to use. Access is via a pleasant, shared driveway, through a country setting. There is a car park and there are large garden areas around the home which people have access to. There are separate kitchen, laundry and staff facilities.

The aims of the service state:

"We want everyone to feel that they are able to retain their independence, privacy, dignity and way of life in an environment that provides them with the safety, security and specialist care that they need to live their lives to the full."

This was a focussed follow up inspection to evaluate on requirements and areas for improvement made at the inspection on 10 June 2021. We made an unannounced visit to the service on 1 September.

During the inspection we used the Health and Social Care Standards to evaluate the care and support people experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at:

<http://www.gov.scot/Publications/2017/06/1327/downloads>

Whim Hall continued to follow Scottish Government Open with Care guidance.

## What people told us

We met with 12 of the 23 people living at Whim Hall. People continued to be positive about the staff and the care and support they received.

Comments included:

"It's quite nice here."

"The food is fine."

One person told us their bed was not very comfy. We shared this with the manager.

Some people were unable to tell us about their experience in the home, however, we were able to observe respectful interactions between staff and the people they supported

We spoke with a relative who was very positive about the care and support from the staff team.  
 "Staff on the floor are great, I cannot fault them."

## 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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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**

During this inspection we focussed on the progress made in meeting the requirements and areas for improvement relating to:

- staff training, skills, and knowledge
- staffing levels are safe and responsive to people's changing needs
- care planning
- administration of prescribed creams.

Progress had been made to ensure staff were receiving and were up to date with training. However, the manager needed to have a system in place to observe that training is effective and making a positive difference to people experiencing care.

There were vacant rooms in the service and staffing levels were sufficient. We discussed maintaining safer staffing levels with the provider as new people move into the home.

A new activity coordinator was in post and there were discussions about developing community links and other areas of interest for people.

Management had a very detailed computerised care planning system. Recording of what was important to people was mixed, with some having much more information than others. To ensure choices are respected, people should be fully involved in their care planning. Where they have reduced capacity, the views of their family should be sought to ensure their plan is right for them

Information held in moving and assisting risk assessments was of poor quality. There was not enough detail to guide staff when supporting people who required to use specific equipment. (see area for improvement 1).

Recording of prescribed creams and ointments had improved. The condition of people's skin was being monitored and other healthcare professionals were involved when required.

We reminded the provider of ensuring notifications are made to regulatory bodies promptly. We will look at this further at next inspection.

We discussed our findings with the provider and agreed to extend the requirements and areas for improvement to allow further progress and to show sustainability. (See the section of this report entitled What the service has done to meet any requirements we made at or since the last inspection).

## Areas for improvement

1. In order for people to be supported safely when being moved, the provider should have clear guidance within moving and assisting risk assessments for staff to follow.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: HSCS 4.11 – 'I experience high quality care & support based on relevant evidence, guidance and best practice.'

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

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

## Requirements

### Requirement 1

In meeting this requirement people will have confidence in staff because they are trained, competent and skilled and follow their professional and organisational codes.

In order to achieve this, by 31 August 21, (extended to 30 November 2021) the provider must undertake but not be limited to the following:

- a) review the training needs of staff and record the findings
- b) ensure that there is a mandatory training programme that addresses the review of training needs.

This should include but need not be limited to training in the following areas:

- i. dementia care
- ii. manual handling
- iii. mental health
- iv. adult support & protection
- v. adults with incapacity
- vi. COVID-19 refresher training.

- c) ensure that records are maintained detailing which training events have been attended and by whom
- d) develop a system to ensure that the learning from the training is implemented in practice (this must include observation of practice)
- e) evaluate the training, which must include seeking feedback from people experiencing care and their carers about how well staff are caring for them.

This is in order to comply with Regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

The Health and Social Care Standards (HSCS) have been taken account of in making this requirement. In particular:

HSCS 3.14 - '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'.

**This requirement was made on 10 June 2021.**

#### Action taken on previous requirement

See key question 1 for more detail about why we extended timescales for this requirement.

#### Not met

### Requirement 2

In meeting this requirement people will have confidence that their care and support needs are met by the right number of staff. Staff will be responsive to their changing needs and have time to support their emotional wellbeing.

By 31 August 21, (extended to 30 November 2021) the provider must ensure that:

- a) at all times, suitably qualified and competent persons are working in the care service
- b) there are sufficient numbers of staff to support people's health, welfare and safety
- c) there are sufficient numbers of staff to support people to remain active and take part in meaningful activities in order to support their physical and mental wellbeing.

This is in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

The Health and Social Care Standards (HSCS) have been taken account of in making this requirement. In particular:

HSCS 1.23 - 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.'

HSCS 1.25 - '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 3.14 - '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 3.15 - 'My needs are met by the right number of people.'

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

HSCS 3.17 - 'I am confident that people respond promptly, including when I ask for help.'

HSCS 3.18 - 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.'

We shared guidance for the manager to help them meet this requirement:

[https://www.careinspectorate.com/images/documents/5988/Guidance for providers on the assessment of staffing.pdf](https://www.careinspectorate.com/images/documents/5988/Guidance%20for%20providers%20on%20the%20assessment%20of%20staffing.pdf)

**This requirement was made on 10 June 2021.**

## Action taken on previous requirement

See key question 1 for more detail about why we extended timescales for this requirement.

Not met

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

## Areas for improvement

### Previous area for improvement 1

To make sure people's assessments and planned care reflects things that are important to them, significant others identified by the person should be involved.

The plans should include, but not be limited to supporting people to:

- i) maintain hobbies and interests which may involve positive risk taking
- ii) be as independent as possible which may involve risk enablement
- iii) highlight what is important to them.

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

HSCS 1.10 – 'I am supported to participate fully as a citizen in my local community in the way that I want'.

HSCS 1.12 – 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change'.

HSCS 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'.

HSCS 2.24 – 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life'.

**This area for improvement was made on 10 June 2021.**

### Action taken since then

See key question 1 for more detail.

This area for improvement has been extended to 30 November 2021.

### Previous area for improvement 2

In order to ensure people are supported to have medicines like creams applied correctly, the provider should clearly evidence that they are receiving this in accordance with the prescriber's instructions.

In addition, all charts in use should be clearly completed in accordance with the directions on these and any new topical medications opened should be dated.

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

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

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

This area for improvement was made on 10 June 2021.

## Action taken since then

See key question 1 for more detail.

This area has been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
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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