

Southside Care Home Care Home Service

40 Southside Road
Inverness
IV2 4XA

Telephone: 01463 226 227

Type of inspection:
Unannounced

Completed on:
2 September 2021

Service provided by:
Southside Nursing Home Ltd

Service provider number:
SP2003002407

Service no:
CS2003010544

About the service

Southside Care Home is registered to provide a care service to a maximum of 33 older people. There were 26 people living in the service at the time of the inspection.

The service has been registered since 2002.

The provider is Southside Nursing Home Ltd.

The home is a two-storey converted Victorian town house situated within a quiet residential area of Inverness. All bedrooms were single occupancy with en-suite facilities, three of which included an en-suite shower.

Southside Care Home was situated within pleasant, well maintained gardens. The rear garden was enclosed and included a decked patio area which could be accessed from a lower level lounge.

The provider's aims and philosophy of care state:

- "We aim to provide the highest quality of care, so that each resident achieves the best possible quality of life. We provide a secure and caring environment which supports all aspects of our residents' lives, while leaving them free to make their own choices about activities and lifestyle so far as possible."
- "We promote a relaxed, friendly atmosphere, in a lovely old house which is home to each of our residents, whose families and friends are welcome to visit whenever they wish. Our aim is to ensure each resident feels safe, loved and happy, and finds fulfilment and satisfaction in daily life."
- "Our care always respects the rights to dignity, privacy, choice, safety, individuality and confidentiality of our residents and their families."
- "We achieve our aims through the hard work and dedication of our well qualified, highly trained staff, and we view their continuing professional development as crucial in continuing to provide the highest quality of service."

This was a focused inspection to evaluate how well people were being supported during the Covid-19 pandemic. 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 three inspectors from the Care Inspectorate.

What people told us

We spoke informally with people living in the service and spent time with people who were unable to communicate their feedback. Our observations of their experiences are used throughout our report.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

The quality of care had improved since the last inspection. We evaluated the service to be performing at a weak level. There were some strengths but these were outweighed or compromised by significant weaknesses. The provider had a plan in place to address the weaknesses.

Following the last inspection we issued an improvement notice. It required the provider to ensure that people's health, safety and wellbeing needs were met when there were signs of deterioration in their health and wellbeing, they were unhappy, or are at risk of harm. This part of the improvement notice had been met (see the enforcement section for this service on our website).

Staff numbers had temporarily increased. The home was relaxed and welcoming.

Staff were less hurried and had more time to provide people's care during the day. This had improved the quality of people's lives, and it meant they were able to make more choices in their daily life. Staff were also available to provide more company and support for people when they spent time in the lounges.

The service had focused on getting to know the people they support better, particularly those who experienced stress and distress. They asked for advice and support from health and social work professionals to plan improvements to people's care and support. As a result people were experiencing less stress and distress. The risk of being upset or hurt had reduced. This is an important improvement that has made life safer and happier for people.

Two people sat at the dining table for an hour and a half after breakfast with minimal staff support. The temporary manager had reviewed how people were supported at this time of day and a new quiet seating area will be created in that area of the home to enable people to have a comfortable and relaxed place to spend time in after breakfast.

The improvement notice we issued also required the provider to ensure that people's health, safety and wellbeing needs were accurately documented, assessed, met and effectively communicated between all

relevant staff. The provider had to put the supported person at the centre, identify what was important to them, and ensure that everyone worked together to maximise their health, safety and wellbeing. Some improvements had been made. The timescale for making this improvement was extended to 28 October 2021 (see the enforcement section for this service on our website).

People benefited from the temporary manager's person-centred approach to care. The temporary manager had valuable discussions with people and their families that led to improvements in people's quality of life. Further work is required to support other staff who are responsible for care planning to become skilled in assessing people's needs in this person-centred and inclusive way.

The service was becoming more responsive to people's changing needs. When people required advice from a health professional, referrals were made and people's support changed in response to their advice.

Care plans were being developed, and there were some improvements, particularly in plans that related to people's physical health and stress and distress.

People's plans were not person-centred and mainly focused on tasks. There was not enough information about people's earlier lives and what mattered to them. People's wellbeing needs, and the support they require to make the most of life, must be considered. This will support people to enjoy a good quality life. This should include supporting people to spend time outside and going out to enjoy the local community.

Some people had legal arrangements in place to allow guardians or power of attorneys to make decisions about their care and everyday life. The right information was not included in people's care plans about these arrangements. For example, when someone had a welfare guardian, the service did not have written information about the guardian's powers, and any responsibilities the guardian wished the service to undertake on their behalf.

Care plans were not formatted or written in a way that made it easy for people, their families and care staff to read them. This could be a barrier to people getting involved in care planning.

While senior staff had started to write more useful information in care plans, other important information was missing. This included discussions with families that led to changes in people's care. Care staff were not given time to read plans so what was written in them was not influencing people's care in the way that it should.

The service was developing a more organised approach to reviewing people's care. This is a positive step that should help support staff to review people's care in a meaningful way that leads to better experiences and outcomes.

How good is our leadership?

2 - Weak

The home's leadership had improved since the last inspection. We evaluated the service to be performing at a weak level. There were some strengths but these were outweighed or compromised by significant weaknesses. The provider had a plan in place to address the weaknesses.

Following the last inspection we issued an improvement notice. It required the provider to ensure that the service was well led and managed, with a culture of continuous improvement that resulted in better outcomes for people. A significant improvement had been made and this part of the improvement notice was met (see the enforcement section for this service on our website).

People living and working in the home benefited from the visible and compassionate leadership provided by the skilled and experienced temporary manager. The temporary manager was getting to know the people living and working in the home. There was a clear focus on understanding people's needs and how best to support them. As a result the quality of care had started to improve. Staff were feeling more valued, and increasingly confident that they could safely care for people.

The temporary manager was realistic about the service's strengths and areas for improvement. An action plan was in place, and used well to plan and track progress.

The temporary manager had carried out some good self-evaluation and improvement work that was helping to improve the quality of people's care. This included support for people to eat and drink well, to maintain healthy skin and to reduce the risk of falling.

A quality assurance system had been reintroduced. Further work is required to support everyone in the senior staff team to effectively assess quality and then work with the whole staff team to make improvements.

The temporary manager had improved notifications to the Care Inspectorate. As a result we were able to assess and if necessary respond to situations when people have been involved in accidents or incidents.

Many staff expressed concern that improvements may not be sustained when the temporary manager leaves. The provider must ensure that the transition to a new permanent manager is well planned, and that the service receives all the support required to sustain the improvements that are currently being made.

The improvements that have been made have been led by the temporary manager. Other members of the senior staff team require significant and ongoing support to develop their leadership skills. Support is also required to build a sense of shared purpose and trust between the senior care team and the wider staff team. This will help the service sustain and build on the improvements that have already been made.

How good is our staff team?

2 - Weak

Staffing arrangements had improved since the last inspection. We evaluated the service to be performing at a weak level. There were some strengths but these were outweighed or compromised by significant weaknesses.

Following the last inspection we issued an improvement notice. The provider had to ensure there were enough staff with the right knowledge and skills on duty to safely meet people's needs and enable them to make choices in their daily life. Some improvement had been made. The timescale for making this improvement was extended to 28 October 2021 (see the enforcement section for this service on our website).

The provider had temporarily increased staff numbers, and there were enough staff to meet people's needs. Staff skill mix had been improved at the weekend and early evening. The benefits for people were clear. People were safer and their quality of life had started to improve. People were experiencing significantly lower levels of stress and distress. When people called for assistance staff were able to respond more quickly. There was time for basic but important care, like support to choose what to wear and time to talk. People wore clean clothes and looked well dressed, their hair and nails looked well cared for.

Whilst staff numbers had been increased temporarily, the provider had not made a commitment to maintain increased numbers longer term. The provider still had to decide how they will effectively plan staff numbers and skill mix in the future.

The provider must develop a robust method to plan staff numbers and skill mix. The service must be staffed to provide people with consistent high quality care that meets the health and social care standards. People's individual needs, as well as any needs arising from living together in a care home must be considered, along with the building layout. In addition, if care staff are regularly expected to carry out cleaning, laundry and kitchen work there must be enough staff on duty so that the quality of people's care is not compromised.

It is important that senior staff are effectively deployed, so that they can spend more time with people living and working in the home. This will help the senior staff understand and be more responsive to care and staffing issues.

Staff still need to develop their knowledge, skills and confidence so they can provide safe, high quality care. Work was ongoing to identify development needs and plan suitable training. A plan to provide one-to-one and group opportunities to discuss care issues and professional development was about to be implemented. The provider should give staff time to attend training that is required to meet people's health, safety and wellbeing needs.

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 must ensure that people's plan of care clearly identifies their physical, social, emotional and psychological needs. The care plan must be person-centred and outcome focused. The manager must ensure the plan of care is regularly evaluated and staff have sufficient detail to meet people's holistic health and care needs. In order to do this, the manager must ensure:

- a) each person has a written plan which sets out how their holistic needs should be met;
- b) each written plan must be person-centred and outcome focused to reflect people's preferences and wishes;
- c) that health and risk assessments are completed and inform the plan of care;
- d) relevant staff must be familiar with the content of the plan and have the necessary knowledge, skills and confidence to provide the care and support; and
- e) there must be effective arrangements in place to ensure the plan is regularly reviewed, updated and staff are responsive to the person's changing or unmet needs.

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

'My care and support meets my needs and is right for me' (HSCS 2.23).

This area for improvement was made on 20 August 2020.

Action taken since then

This area for improvement has been replaced by the improvement notice that was issued on 21 July 2021. Please see the enforcement section for this service on our website.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

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

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

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing levels are right and staff work well together	2 - Weak

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