

Invernevis House (Care Home) Care Home Service

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Fort William
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Unannounced

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NHS Highland

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About the service

Invernevis House (Care Home) is a care home registered for 32 older people. The service registered with the Care Inspectorate on 30 March 2012. The provider is National Health Service (NHS) Highland.

The home is situated in Fort William. Invernevis House is a two storey building. The accommodation is provided over two floors which can be accessed via the stairs or passenger lift. There is a large dining room on the ground floor and communal lounges and seating areas on both floors. Six rooms have en-suite facilities, the remainder have wash hand basin facilities. There are shared toilet, bath and shower facilities on each floor.

'The main aim of Invernevis is to provide a service which will assist older people to enjoy an enhanced quality of life while continuing to live with links to the community. It provides a safe supportive and stimulating environment in which people are encouraged to maximise their physical, intellectual and emotional potential.'

What people told us

We spoke by telephone with seven relatives and informally with people living in the care home. People were very satisfied with the care at Invernevis House. They had good relationships with staff and felt safe. Relatives told us staff were competent and were good at letting them know if there had been changes to their loved one's health. They felt staff had managed and kept people safe during the Covid-19 pandemic. We have included comments throughout the 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?	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

People's wellbeing was supported to an adequate level. An evaluation of adequate applies, where the strengths just outweigh the weaknesses for supporting positive outcomes for people. Continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

We observed staff supporting people with compassion, dignity and respect. Staff were attentive to individuals' needs and we saw that people looked well. People were being cared for by staff who knew them well and were knowledgeable about their needs and preferences. When we spoke with staff, it was apparent

they genuinely knew and wanted the best for the people they supported. Relatives were highly satisfied with the care their loved ones received. Some of the comments from people we spoke with included:

"The care my relative gets is excellent. My relative is responsive, happy and relaxed with staff."

"Staff have a good rapport with residents."

"Staff are very nice to my relative, they have a laugh and treat her well."

"My relative is always dressed nice, clean and tidy and the staff are very attentive to her."

There had been limited and restrictive visiting taking place within the care home since the start of the pandemic. This had meant some people had not seen family members and grandchildren for a number of months. Staff had described the negative impact this had on some people they supported. Some people's emotional health had deteriorated during these times and people living with dementia and poor health had lost valuable time with their loved ones.

To keep people safe it was necessary for limited and restrictive visiting at times. However, opportunities had been missed outside these times to re-connect people face to face with their families and the local community, as expected by the Scottish Government Guidance "Open with Care".

More open visiting had begun the day we started the inspection. To ensure people's emotional health continues to benefit from spending times with loved ones and being connected to their community, we will make this an area of improvement (see area for improvement 1). We have also made a requirement under quality indicator 7.3 relating to the provider having the right number of staff on at the right times.

The provider had a full-time activities co-ordinator to promote people's wellbeing. Unfortunately, when there had been staff shortages, the activities co-ordinator had to assist with the day-to-day care of people living in the care home. This meant people were sitting for prolonged periods at times and had limited opportunities to take part in things they enjoyed during the day and evenings.

To ensure people have good opportunities to be involved in activities of their choice we will make this an area of improvement (see area for improvement 2). We have also made a requirement under quality indicator 7.3 relating to the provider having the right number of staff on at the right times.

To promote people's health and wellbeing, referrals had been made to health care professionals, for example dietician, psychiatrist. Staff were proactive when promoting people's health needs. There were systems in place to monitor people's well-being. Changes in people's health were identified promptly and advice sought accordingly.

Care plans detailed wishes and choices of people and guided staff on how people wished to be supported. The majority of people had had a 6 monthly review led by NHS Highland in which they and their families had been involved.

Families were confident that staff had the skills to identify changes in their loved ones' physical and mental health and sought health advice and guidance appropriately and promptly. They felt their loved ones were well cared for and staff were good at keeping them up to date with their loved ones' well-being. Some of the comments from people we spoke with included:

"My relative gets exactly the care she needs from staff. Staff have adapted their care to meet her mother's

changing care needs".

'My relative has improved greatly in the last 6 months, she can now walk again and looks a lot happier".

"Communication is really good, we "can phone anytime, always have time for you". Staff update re what my relative has been doing and how she has been'.

The provider's quality assurance systems had identified some areas of improvement were required to ensure staff took a consistent approach when administering medications. To assist them with this they had made contact with the community pharmacist team. To ensure this remains a focus we will make an area of improvement (see area for improvement 3).

Areas for improvement

1. The manager should continue reviewing individuals' "my visiting plan" in line with Scottish Government Guidance "Open with Care". Opportunities for people to re-connect with friends, family and their local community should be promoted.

This is in order to ensure that care and support is consistent with the 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); and

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

2. People who experience care should have the opportunity to participate in activities as per their choice of interests and activity plan. This should be both indoors and outdoors and links with the local community promoted. The provider should provide opportunities for people to engage in activities and evaluate and review them on regular basis to ensure they remain relevant for each person.

This is in order to ensure that care and support is consistent with the 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); and

'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.' (HSCS 1.6).

3. So as medication systems promote consistent and safe practices and reflect current and up to date guidance the provider should progress their plan to work in partnership with the community pharmacy team.

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 practice and follow their professional and organisational codes.' (HSCS 3.6); and

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

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

3 - Adequate

Infection control practices were supported to an adequate level. An evaluation of adequate applies, where the strengths just outweigh the weaknesses for supporting positive outcomes for people. Continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

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

Invernevis House is a large care home spread across three wings. There are a number of communal areas on both floors. The home's management of infection prevention and control was of an adequate standard.

To promote a safe environment where the risk of spread of infection is reduced, the environment should be clean and well maintained. The commonly used areas such as toilets, floors and the shared communal areas were visibly clean, generally tidy and odour free. There were some less accessible areas that required further attention to detail when cleaning. For example, window shelves and blinds needed dusting and a number of chairs and under tables were unclean and visibly dirty. The frequently used kitchen area upstairs required a deep clean including the fridge, drawers and cupboards. The home had many storage areas that were difficult to clean due to being cluttered and items being stored on the floor.

There was a risk of spread of infection from used and possibly contaminated PPE. There were very few clinical waste bins in the home and a number were damaged or not working properly. We found it difficult to safely dispose of our PPE in certain areas of the home. Additional bins were put in place during our visit, however serious consideration needs to be given to where clinical waste bins are placed, so as to reduce the risk of spread of infection from used and potentially contaminated PPE (see requirement 1).

It is essential that there are robust systems in place to ensure expected cleaning is taking place to reduce the risk of spread of infection. Whilst cleaning schedules were in place to inform staff of the cleaning tasks, completion of schedules were inconsistent. Daily laminated signing sheets in rooms were not being used or had dates from some time ago. This meant it was difficult to know if expected cleaning had taken place (see requirement 1).

Most, but not all of the essential care equipment was clean. There was a system in place to show that equipment was clean but the use of this was very inconsistent, which placed people at risk of cross infection (see requirement 1).

General maintenance was poor. We saw damage to door frames and walls and chipped paintwork, all of which could not be cleaned effectively. This again increased the risk of spread of infection (see area of improvement 1).

There was a good supply of personal protective equipment (PPE) that staff used appropriately. Everyone had ready access to hand sanitiser and good hand washing was promoted. Posters and guidance throughout the home promoted best practice in these areas. To keep people safe from infection, staff uniforms were

laundered on the premises in line with guidance. Staff were participating in local testing arrangements and were clear about when they should not be coming to work.

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

Overall, the staff group were confident and competent when supporting people during the Covid-19 pandemic. Staff had been trained and were knowledgeable about Covid-19 and infection prevention and control. Staff knew what signs to look for if someone was developing Covid-19 and knew how to reduce the risk of spread of infection should there be an outbreak of Covid-19. Staff testing for Covid-19 was being undertaken in line with guidance. This all promoted a safer environment for individuals and staff during the pandemic.

Having the right staff at the right times had been difficult for the service. There were ongoing recruitment challenges across the area. A number of staff have been off work due to having to self-isolate which had placed further pressures on the service.

It was difficult to ascertain if staff were deployed effectively across the care home. The size and layout of the home meant staff were spread thinly throughout the home. A consequence of this was that, at times, people were left on their own either in their rooms or in the more distant communal areas for prolonged periods of time.

There were no domestic staff after 3pm each day and only two domestic staff on shift each day. The size of the home is considerable for two staff to clean each day and we saw evidence that deep cleaning of the home was not taking place. The provider needs to consider the domestic staffing arrangements for the home (see requirement 2).

There needs to be clearer direction and planning as to how the whole staff team is best utilised across the home to ensure that people experience high quality care and support (see requirement 2).

The manager had developed a robust service improvement plan. Unfortunately, this had not been reviewed or evaluated for some time. Some of the guidance it referred to was out of date. There should be an up to date and regularly reviewed improvement plan in place as this will ensure a culture of continuous improvement based on relevant evidence guidance and best practice (see area of improvement 2).

Requirements

1. By 3 December 2021 in order to ensure people receive safe care and support which reduces the risk of spread of infection the provider must:

a) ensure the premises, and equipment used in the provision of care within the care service is well maintained and supports a safe environment for people and staff; and

b) have robust infection prevention and control systems in place which are reviewed regularly to safeguard people taking account of the NIPCM Scottish Covid-19 Community Health and Care Settings Infection Prevention and Control Addendum.

This is in order to comply with Regulations 4(1)(a) and 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and The National Infection Prevention and Control Manual (NIPCM): <https://www.nipcm.hps.scot.nhs.uk/> NIPCM Scottish

Covid-19 Community Health and Care Settings Infection Prevention and Control

Addendum: <https://www.nipcm.scot.nhs.uk/scottish-covid-19-community-health-and-care-settings-infectionprevention-and-control-addendum/> and

In order to ensure that care and support is consistent with the 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); and

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

2. By 3 December 2021 in order to ensure people receive the right care at the right time the provider should have an effective process in place for assessing people's physical and emotional needs. This should evidence people are supported by the right number of staff, skill mix and appropriate deployment of staff.

This should be regularly reviewed, adjusted where needed and recorded. Staff numbers may need to increase following that assessment.

This is in order to comply with the regulation Regulation 4(1)(a) and 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care) and

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

'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).

Areas for improvement

1. People have the right to live in a well maintained and homely environment. In order for this to happen, the provider should undertake a full environmental audit. A clear environmental improvement plan should be established, actioned and regularly reviewed.

This is in order to ensure that care and support is consistent with the 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).

2. The provider should regularly review and evaluate their service improvement plan. It would be good practice to include the requirements and areas of improvement from this inspection in the improvement plan.

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)

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

It is important that people receive the right treatment at the right time.

Staff need to ensure that:

- a) all medication prescribed on an 'as required' is recorded appropriately with the date and time of administration along with how effective the medication had been.
- b) contact the relevant health professional if there are changes or concerns about the medication
- c) accurate administration records are maintained and care plans are updated when changes are made.

This is in order to ensure that care and support is consistent with the 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 5 December 2021.

Action taken since then

The medication records we sampled had been recorded appropriately and care plans updated as expected. The provider had identified through their quality assurance processes that there were still some areas of improvement to be made to ensure the safe administration of medication.

The area of improvement had been met however we will make a new area of improvement linked to the improvements identified by the provider. See key question 1.3 for further information.

Previous area for improvement 2

The management team should have suitable arrangements to monitor and have an up-to-date overview of all accidents and incidents. They should also ensure the quality of information recorded enables prompt preventative action to be taken, where needed to reduce the risk to people experiencing care and to protect them from harm.

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 5 December 2019.

Action taken since then

We sampled two recent incidents and accidents records. It was clear the provider had robust systems in place to promote the safety and wellbeing of people following incidents and accidents. The area of improvement has been met

Previous area for improvement 3

The provider and manager should ensure there is always sufficient staff on duty to meet people's needs and support good outcomes for people using the service. Contingency arrangements should be reviewed to ensure they are sufficiently resourced and suitable to meet the needs of people at all times of the day.

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).

This area for improvement was made on 5 December 2019.

Action taken since then

The area of improvement had not been met. Further information can be found under key question 7.3 of the report.

Previous area for improvement 4

The provider should review the service's toilet facilities to ensure they are suitable and easy for people to access independently or with assistance and that people's privacy and dignity is protected.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I can easily access a toilet for the rooms I use and can use this when I need to.' (HSCS 5.2).

This area for improvement was made on 5 December 2019.

Action taken since then

This area of improvement had been met. The toilet in the main lobby offered privacy and was clean.

Previous area for improvement 5

Staff should regularly review information with the person's, or representative's involvement to ensure the plan is up-to-date and that the person is experiencing the right care and support they need and their wishes and preferences are taken account of. 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 assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12).

This area for improvement was made on 5 December 2019.

Action taken since then

Reviews had taken place involving the person and their families. Care plan had been updated following these to reflect people's care needs, wishes and choices. The area of improvement had 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.

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	4 - Good

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
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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