

Tigh-a-Rudha Residential Home Care Home Service

Scarinish
Isle of Tiree
PA77 6UH

Telephone: 01879 220 407

Type of inspection:
Unannounced

Completed on:
13 October 2021

Service provided by:
Argyll and Bute Council

Service provider number:
SP2003003373

Service no:
CS2003000462

About the service

This inspection was carried out by one inspector from the Care Inspectorate.

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.

Tigh-a-Rudha Residential Home is owned and managed by Argyll and Bute Council. It is located in the village of Scarinish on Tiree and has very attractive views of the sea towards Mull.

The home is located close to the local shop and the island has a 'dial-a-bus' service for anyone wishing to travel.

The home provides a care service to 12 older people, including respite accommodation. All accommodation is on the ground level and all bedrooms are for single occupancy. Residents have easy access to a well designed and dementia friendly sensory garden for recreation and activity.

The philosophy of the service is: "To provide a caring, comfortable and homely environment where older residents are encouraged, through appropriate support and stimulation to maximise their physical, intellectual, emotional and social potential."

At the time of the inspection the service was supporting 6 people.

What people told us

As part of our inspection we spoke to several relatives and residents as well as external health professionals.

The feedback we received for the service was very good. They told us about care that was kind and compassionate. People were particularly happy with the good relationships between residents and staff, and families, and felt generally confident about the standard of care.

Comments included:

"When Covid hit I was incredibly pleased that mum was in a small home with staff who care for her."

"There is an air of optimism about the place."

"The staff are completely amazing. I have total faith in them. They stepped up during Covid self-isolating from their own families to protect the residents."

"There are staff shortages and quite a lot of agency staff but Argyll and Bute are managing to keep it to a small core of people which is good."

"The staff are very good to me, they are really nice here."

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

We observed staff supporting residents with dignity and respect. All of the relatives we spoke to praised the staff for the care and support their loved ones received. We saw that people living with dementia who displayed stress and distress were supported in a manner that provided comfort and reassurance.

The ambition of the Scottish Government's guidance 'Open with Care' is to maximise meaningful contact between people living in care homes and those important to them. Relatives told us visits were unrestricted and they could visit as often as they wanted. The use of technology to keep in touch with loved ones was also offered with some people utilising this due to not living on the island for face to face visits. They found this a very good way to keep in touch with their relative. This meant people living in the service benefitted from regular contact with family and friends.

During our visit it was clear that staffing levels meant meaningful activities could not take place regularly. We were informed staff worked to create meaningful activities where possible although, this did not happen every day. The management team informed us of their plans to utilise the local community to provide meaningful activities to people living in the home. We discussed ways to improve activities for those who would be unable to access the local community. People benefit from an active life that includes but is not limited to a range of recreational, creative, social and physical activities. (See area for improvement 1).

We spoke to various health professionals who stated staff regularly contacted the relevant agency for advice and information. They described a good multi agency relationship that informed and upskilled staffs working practices. Peoples health and wellbeing benefits from a multi professional approach to the care and support of people living in the service.

We noted that care plans were in place and contained the relevant assessments needed to inform a persons care and support. However, there were inconsistencies within the care plans and the assessments which could lead to people being at risk of harm. We discussed ways in which this could be improved with the management team (See area for improvement 2).

Due to the vacancy of a unit manager in the service we found that the overall quality assurance needed to help improve practice was unable to be completed. This included the formal monitoring, evaluating and

auditing of care plans and reviews. Quality assurance is an important tool for evaluating the outcomes of the people living in the service. (See area for improvement 2).

Areas for improvement

1. The provider should create individual care plans for meaningful activity. This should include but not be limited:

- Activities within the local community
- The use of volunteers
- Meaningful activity within the home

This is to ensure that care and support is consistent with the health and social care standards that state "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 can maintain and develop my interests, activities and what matters to me in a way that I like." (HSCS 2.22)

2. The provider should improve the quality assurance systems for care and support plans and other resident related documentation. This should include, but not be limited to:

- The development of effective and responsive audit and measuring tools for all areas in a persons support, assessment and care planning.
- The appropriate involvement and engagement of all staff groups and levels with the auditing and measuring processes, outcomes and action plans including but not limited to supervisions, training and care and support planning for people living in the service.
- The appropriate participation of residents, families and external professionals in the quality assurance processes of the service including but not limited to the review process.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

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

3 - Adequate

We found the home to be clean and fresh in all areas. A robust system was in place for visitors and visiting professionals regarding testing, PPE and other procedures in line with Scottish Government guidance. This provided assurance that people were protected and kept safe.

Regular Covid-19 testing was in place and staff understood the guidance on accessing tests for Covid19, both for themselves, and those who live in the home. Staff understood the current guidance in relation to isolation periods and when these should be established. Keeping all people at the service protected from the risk of infection.

There was appropriate and sufficient Personal Protective Equipment (PPE) available. Staff were competent in the use of wearing PPE in accordance with guidance which helped to keep everyone safe. An appropriate number of PPE stations were placed at key locations throughout the service. This made PPE, alcohol-based hand rub and waste bins easily available near to the point of use.

During the previous inspection we noted staff routinely wore their own clothes and did not follow the current best practice guidance for laundering these items. During this inspection we observed staff change into uniforms. Staff confidently discussed how to laundry these items in line with current best practice guidance. This kept people using the service safe from infection.

We found the domestic staff team to be very knowledgeable about the tasks that were expected of them, this included enhanced cleaning regimes, and the use of recommended cleaning products. The current records in place regarding cleaning were of a good standard and helped to minimise the risk of cross infection in different areas of the home environment. However, the domestic staff team informed us of their plan to introduce improved cleaning records and audits based on the Infection Prevention and Control Manual (NIPCM).

Staff told us they received regular training for infection prevention and control, the correct use and disposal of PPE and Covid-19. They could also complete other courses relative to their role through the providers eLearning system. We found staff to be competent and motivated to use their knowledge and skills to keep people safe. We did note that some guidance available to staff within the service was out of date. We discussed ways to improve this with the management team.

At the time of the inspection the service had several staffing vacancies. The provider was actively recruiting and planned to create bespoke adverts for the vacancies with the hope of increasing interest in the available roles. We are aware of and acknowledge the current pressures providers are facing around the recruitment and retention of staff.

Due to the vacancies and recruitment issues, the provider utilised agency and bank staff on a daily basis. However, the provider had created consistency by organising the same agency and bank staff to work in the home regularly. People benefitted from a stable staff team that knew them well.

The staffing levels were sufficient to meet the needs of people living in the service. However, the provider acknowledged they were operating a minimum staffing level with no dependency assessment tools in operation. The management team knew this was not best practice and shared their strategy to improve their staffing levels. Using dependency tools to inform service provision benefits people living in the service. (See area for improvement 1).

Areas for improvement

1. The provider should demonstrate how staff resources are calculated to meet the needs of people. Factors such as the environment, social interaction and fluctuating health needs of people should be considered.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My needs are met by the right number of people." (HSCS 3.15)

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 provider should improve the quality assurance systems for care and support plans and other resident related documentation. This should include, but not be limited to:

- The development of effective and responsive audit and measuring tools.
- The regular monitoring and analysis of audit results and measurements, leading to regularly evaluated action plans.
- The appropriate involvement and engagement of all staff groups and levels with the auditing and measuring processes, outcomes and action plans.
- The transparent sharing of key quality assurance data with staff, residents and families.
- The appropriate participation of residents, families and external professionals in the quality assurance processes of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This area for improvement was made on 17 August 2020.

Action taken since then

The provider had made some improvements that corresponded to this area for improvement. However, at the time of the inspection the service did not have a unit manager. We found the quality assurance that had been introduced was no longer being completed.

This area for improvement was not met and will not be repeated. We have addressed our current findings in our report. (See area for improvement 2 in key question 1.3).

Previous area for improvement 2

The provider should implement complete and up to date Anticipatory Care Plans for residents in place that reflects their wishes and where appropriate, those of their representatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am supported to discuss significant changes in my life, including death and dying, and this is handled sensitively.' (HSCS 1.7) and '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 area for improvement was made on 17 August 2020.

Action taken since then

The provider had implemented Anticipatory Care Plans for people using the service. These included the wishes of the supported person and their representatives. We discussed ways in which these plans could be further improved with the management team.

This area for improvement 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.

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?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.