

Whim Hall Care Home Care Home Service

Lamanca
West Linton
EH46 7BD

Telephone: 01968 678 434

Type of inspection:
Unannounced

Completed on:
22 December 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 as residential care to provide accommodation to a maximum of 44 older people, of which six can be under 65 years of age. At the time of the visit 20 people were living at Whim Hall.

The home is divided into two units known as Whim and Tweed. There is a separate access to each of these units.

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."

We made an unannounced visit to the service on 8 December. This was a second focussed follow up inspection to evaluate on requirements and areas for improvement made at the inspections on 10 June 2021 and 9 September 2021. These reports should be read alongside this report.

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>

What people told us

We met with 12 people throughout the visit. Most people were unable to tell us about their experience of living in the home, but we continued to observe respectful interactions with staff who knew people well.

Whim Hall continued to follow Scottish Government Open with Care guidance

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 good is our staff team?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

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
- moving and assisting guidance within care plans.

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

A new manager had been employed since the follow up inspection in September 2021. Their presence had brought a calmer atmosphere to the home, which had helped rebuild staff confidence.

Many staff had worked in the home for a number of years and were familiar with people's needs, choices and preferences.

Further progress had been made to ensure staff were up to date with essential training. This reassured us there were suitably qualified and competent staff working at all times. The manager had worked closely with the local Health and Social Care Partnership to review people's needs.

To ensure people being assisted to move were safe, staff competency checks had been developed. These allow the manager to monitor practice and for staff to reflect on their skills and build confidence. We were assured the manager would continue to evaluate moving and handling practices to ensure it is right for people experiencing care.

Staff knew people well and were able to identify which equipment should be used and when. However, care plans did not consistently detail the most current equipment people needed to support them. Correct written guidance is important to ensure people being supported are safe. We have continued this Area for Improvement (see the section of this report entitled 'What the service has done to meet any requirements and areas for improvement we made at or since the last inspection').

The provider used a dependency tool to determine the number of staff required throughout the day and night. As there are a number of vacant rooms, the staffing levels appeared to be sufficient throughout the day. However, due to the layout of the building and the reduction of staff overnight, we were concerned there was not effective deployment of staff in the evening to ensure responsive care to people's needs.

Good progress had been made to meet the requirement in relation to staffing levels. There remained a short period of time we felt still needed reviewed and we made a new requirement more specific to the deployment of staff during the overnight shift. (Requirement 1)

A new activity coordinator had spent time getting to know people well. People were involved in a range of activities that reflected their likes and past experiences. However, the activity coordinator spent more time with people in Whim to the detriment of people living in Tweed. Having additional activity resources would be beneficial to the wellbeing and experiences of all people, particularly where people are living with dementia.

Requirements

1.
By 24 January 2022, the provider must ensure that people experiencing care are safe from harm.

To do this, the provider must, at a minimum, ensure:

Taking the layout of the building into account, an appropriate number of staff are effectively deployed throughout the evening and night to ensure responsive care to people's health and safety.

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).

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

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

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.'

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 and extended on 9 September 2021.

This requirement was made on 10 June 2021.

Action taken on previous requirement

Improvements had been made in this area – see 'how good is our staff team' for more detail.

Met - within timescales

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 requirement was made on 10 June 2021 and extended on 9 September 2021.

This requirement was made on 10 June 2021.

Action taken on previous requirement

We were reassured the additional training and resilience enabled by the new manager meant there were suitable and competent staff at all times. However, the deployment of staff overnight was a concern.

This requirement is recorded as met and the outstanding element has been incorporated into a new requirement. See 'How Good is our staff team' for more detail.

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

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 and extended on 9 September 2021.

This area for improvement was made on 10 June 2021.

Action taken since then

Improvements had been made to meet this area for improvement.

Previous area for improvement 2

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

This area for improvement was made on 9 September 2021.

This area for improvement was made on 9 September 2021.

Action taken since then

See 'how good is our staff team' for more detail. This area for improvement has been extended to 28 February 2022.

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 good is our staff team?	3 - Adequate
3.3 Staffing levels are right and staff work well together	3 - Adequate

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