

Cooriedoon Care Home Care Home Service

Cooriedoon Care Home
Shore Road
Whiting Bay
Isle of Arran
KA27 8QH

Telephone: 01770 700 247

Type of inspection:
Announced (short notice)

Completed on:
14 January 2022

Service provided by:
Cooriedoon Ltd

Service provider number:
SP2011011713

Service no:
CS2011303288

About the service

Cooriedoon Care Home is a care home for up to 25 older people. The home is situated in Whiting Bay, a small village on the Isle of Arran. Nurses are on shift during the day with an on-call arrangement at night.

The traditional style building has a driveway with parking spaces. There are three floors accessed by a lift or stairs. There are 25 bedrooms, some with en-suite toilet, washbasin, or bath facilities. Communal facilities include an accessible bath and shower on the ground floor. The upper floor has an accessible shower room only. A small quiet room is located on the upper floor and used primarily for meetings.

The sharing of a larger bedroom should only be agreed if the persons consent, have a prior relationship and the arrangement is suitable in terms of meeting their needs with dignity. At the time of this inspection, no bedrooms were shared.

The ground floor has a large dining room, lounge, and sunroom with patio. Some rooms have views of the Firth of Clyde. The service has an accessible garden area at the front of the building.

At the time of inspection there were 16 people using the service.

What people told us

We spoke to several residents during this inspection who were generally happy and had good relationships with the staff.

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 care and support during the COVID-19 pandemic?	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 care and support during the COVID-19 pandemic?

3 - Adequate

At this follow-up inspection we re-evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Please see section 'What the service has done to meet any requirements we made at or since the last inspection' for details of our findings.

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

Requirements

Requirement 1

By 6 December 2021, extended to 11 January 2022, the provider must support people's safety, health and wellbeing during nightshift hours.

To do this the provider must, at a minimum, ensure that there are three staff members on duty during nightshift hours. These staff must not be on call or asleep.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) and 15 (a) (Staffing) 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 that: 'My needs are met by the right number of people' (HSCS 3.15) and 'My environment is secure and safe' (HSCS 5.17).

This requirement was made on 19 November 2021.

Action taken on previous requirement

The provider had increased staffing levels at night, and this had a positive impact on people's care. At the time of our inspection three staff members were on duty most nights. The provider tried to book agency staff for any nightshifts that could not be covered by three of their own staff members. The provider's own staffing assessment clearly stated that three staff were required at night to meet the assessed needs of residents and to ensure their safety. Staff who regularly worked nightshift told us that this made a very positive difference to how they worked. This included examples of having more time for care tasks, providing more and better choices and providing a safe environment for people.

Met - outwith timescales

Requirement 2

By 17 December 2021, extended to 11 January 2022, the provider must ensure that the right number of staff with the right skills are working in the service at all times to meet people's needs.

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

a) Four weekly assessments are kept for every resident of physical, social, psychological and recreational needs and choices and how they will be met. This must be recorded in each care plan as this will inform the direct care hours for the individual.

b) A record is kept of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This must take into account aggregated information of the physical, social, psychological and recreational needs and choices of the residents.

c) The staffing assessment also considers the physical layout of the building, quality assurance data, feedback from residents, families and staff, indirect care tasks and additional tasks during the Covid 19 pandemic.

d) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) and 15 (a) (Staffing) 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 that: 'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 19 November 2021.

Action taken on previous requirement

The provider had made clear improvements that had a positive impact. However, further improvement and consolidation of key areas were required.

People benefitted from generally increased staffing levels on day and nightshift. This meant that staff felt less pressured and were able to focus better on people's needs.

The provider had started to review how safe and effective staffing levels were regularly assessed. Their assessment centred on a monthly assessment of people's dependency. However, the manager had a clear understanding that this data needed to be supplemented by other meaningful measurements. A positive example of this was to actively seek feedback from staff that informed decision making about staffing numbers. Staff told us that they felt listened to and that the changes made a positive difference to how they could support people.

A further positive improvement was to pro-actively plan for extra staff to be on duty when needed for outside activities or to accompany people to appointments.

We found that further work was required to ensure that key measurements like quality assurance data and care plan reviews is included in the assessment of staffing. We therefore extended the timeline for this requirement to 11 February 2022.

Not met

Requirement 3

By 17 December 2021, extended to 11 January 2022, the provider must ensure that people experience well organised mealtimes and can choose from a variety of suitably presented and healthy meals.

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

a) food is kept at a safe temperature of at least 63 degrees Celsius until it is served.

- b) food that is taken to lounges or people's own room is covered appropriately during transport.
- c) people are assisted to eat at a place of their choosing whilst enabling people to move to the dining room for their meals if they wish.
- d) people are supported to use their individual abilities to choose from an appropriate variety of food on offer.
- e) mealtimes are enjoyable, relaxed and unhurried to promote the enjoyment of food and social stimulation.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) and 14 (a) (Facilities in care homes) 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 that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33) and 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

This requirement was made on 19 November 2021.

Action taken on previous requirement

The provider had made several key improvements that had a positive impact on people's mealtime experience.

The provider had worked with the whole staff team on improving mealtimes. It was positive to see that staff at all levels had been actively involved. Manager and staff used structured mealtime observations to assess what went well and to develop ideas for improvements. This meant that staff felt positive about the changes and were very motivated to create good mealtime experiences for people.

We observed two mealtimes during our inspection and were able to see significant improvements. The introduction of one staff member taking the lead at every mealtime meant that the mealtimes were well organised, and every team member knew what to do. This reduced unnecessary communication between staff and enabled staff to focus on the residents. We observed an unhurried, relaxed atmosphere, as well as warm and kind interactions between staff and residents.

The improved organisation of mealtimes also meant that food was served shortly after it had been plated. Plate covers were used to ensure that food was kept warm if it had to be taken to a resident's room.

Met - outwith timescales

Requirement 4

By 24 January 2022, the provider must improve how everybody living and working in the service is kept safe from infection.

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

- a) the domestic services room (DSR) on the first floor has sufficient space and facilities to allow non-disposable cleaning equipment to be thoroughly cleaned after use.

b) the same DSR has enough space for segregation and storage of mops, buckets and other cleaning equipment.

c) the same DSR has a sink with draining board and slop hopper as well as a hand wash basin. If possible, the hand wash basin should be situated well away from the washing sink and slop hopper.

This is to comply with Regulation 4(1) (d) (Welfare of users) and 14 (d) (Facilities in care homes) 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 that: 'My environment is secure and safe' (HSCS 5.17).

This requirement was made on 19 November 2021.

Action taken on previous requirement

The provider had made several improvements that had a positive impact on infection prevention and control.

A new hand wash basin and a new low sink had been installed in the domestic services room. These were located on opposite walls, which created a safe distance between them to prevent contamination of the clean sink.

The new low sink created a safe facility to dispose of dirty water and to clean dirty equipment.

The refurbishment of the room also created more storage space for the housekeeping trolley and cleaning materials.

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 support residents' wellbeing and safety the provider should improve the cleaning of frequently touched areas during the Covid 19 pandemic.

This should include, but not be limited to, full implementation of the mandatory guidance for safe management of the care environment, as laid out in the Infection Prevention and Control Manual for older people and adult care homes and the Scottish COVID-19 Care Home Infection Prevention and Control Addendum.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe' (HSCS 5.17), and '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 19 November 2021.

Action taken since then

The provider had reviewed the processes for the regular cleaning of frequently touched points, such as handrails or door handles. We saw that up-to-date sign-off sheets were kept as evidence for a minimum of twice daily cleaning. The manager was aware of current infection prevention and control guidance. Cleaning schedules were in place for normal times and Covid 19 outbreak situations. This helped to keep people safe from infection.

This area for improvement was met.

Previous area for improvement 2

To support people's mental and physical wellbeing, the provider should improve how people are supported to be meaningfully active.

This should include, but not be limited to, effective care planning and documentation, regular evaluation of planned outcomes, quality assurance and staff training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 19 November 2021.

Action taken since then

We found that the provider had started to work on improvements, such as raising staff awareness for the importance of physical activity. However, more work was required to meet this area for improvement.

This area for improvement was not 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded 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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