

Drumdarroch House Nursing Home Care Home Service

Mill Road
Insch
AB52 6JA

Telephone: 01464 820 808

Type of inspection:
Unannounced

Completed on:
23 February 2022

Service provided by:
Priority Care Group Limited

Service provider number:
SP2003000048

Service no:
CS2003010387

About the service

Drumdarroch House Nursing Home is registered to provide a care service to a "maximum of 41 older people, of whom no more than three may be adults with physical and sensory impairment." It is owned and managed by the Priority Care Group Limited.

The care home was purpose-built and it is a detached, single-storey building in a quiet residential part of the village of Inch, which is in rural Aberdeenshire. There are two communal sitting rooms, one large dining area and shared bathrooms. All of the bedrooms are single with en-suite facilities.

The service says it aims to "acknowledge and value the uniqueness of the individual by enabling clients and staff alike to achieve, maintain and where possible, develop their maximum potential."

The service has been registered since April 2002.

About the inspection

This was an unannounced inspection, carried out by two inspectors from the Care Inspectorate, and it took place on 21 February 2022. To prepare for this inspection we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- Spoke informally with people living in the service as well as some family members.
- Spoke with staff and management.
- Spoke with external professionals who support the service.
- Observed practice and daily life.
- Reviewed documents.

Key Messages

- We saw staff working hard to provide kind and compassionate care.
- Ongoing recruitment challenges which are prevalent across the care home sector are having an impact on the service's ability to promote meaningful activity.
- Further work was required to improve record keeping.
- Infection control practice was of an adequate standard.

What people told us

We spoke with people living in the service and their families. People we spoke to were generally happy with the care and support in Drumdarroch.

One family member told us that they felt that communication could be improved.

People told us that the staff were kind but were often very busy and that it could sometimes be a long day.

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

Overall, we evaluated this key question as adequate. We found important strengths that were having a positive impact on the experiences of people living in Drumdarroch. There were however areas that the service needs to continue to improve, particularly in relation to record keeping, communication and supporting meaningful activity.

There was a pleasant and homely atmosphere during the inspection, and we saw staff speaking to people and carrying out tasks in a warm and compassionate manner, despite being extremely busy. For example, a staff member attended quickly and provided support and reassurance to someone who was upset. The staff who had worked in the service for some time knew people well and were taking a genuine interest in their lives when they were chatting to them. This meant that people felt valued. People were supported to look their best and their rooms were tidy and personalised, which supported their individual sense of identity. People told us that they enjoyed the food, and there was a choice of appetising meals and snacks.

People told us that they liked the staff and that they were kind to them, however residents and relatives also said that the staff were very busy. One person told us that he sometimes felt that staff were in a rush when they were supporting him.

We recognise the impact of the pandemic in terms of staffing, and fully acknowledge that the service needs to prioritise the provision of basic care and support, based on the number of staff available. Staff were kind and caring but were focused on moving from one task to another, which meant that they sometimes did not have sufficient time to support people to engage in meaningful activity.

People have the right to lead active and meaningful lives to help support wellness and health. We expect services to support people to get the most out of life, with social interactions and activities. However, we do accept that when staff absences happen this can be very challenging, and the post of activities co-ordinator has been vacant for some time. This meant that the range of choice and options in terms of how people spend their time was limited. The recent recruitment to the post of activities co-ordinator, and also the ongoing work to the garden area, will enhance and support the range of activities on offer.

People living in Drumdarroch clearly benefit from the input of a volunteer who visits the service every week and people told us how much they enjoy the one to one and group activities he leads. We observed the positive impact these interactions had and saw the warm and well established relationships he has with the residents. People also told us that it could be a long day at times and that sometimes they did not have a lot to do.

People were able to visit their loved ones, and families told us they were kept up to date about changes to guidance by both phone calls and emails. Some staff were not always aware of the most up to date position

regarding visiting, and although the manager had addressed this, it had resulted in some confusion. Visitors were being tested on arrival at the home, which meant that they had to wait up to 30 minutes before being allowed entry. We discussed with the management team both the process for testing visitors as well as the requirement for wearing a mask only, rather than mask, apron and gloves, so that visiting is as accessible as it can be.

People should experience high quality care and support based on relevant evidence, guidance and best practice. We found care plans in Drumdarroch to be comprehensive and they contained a range of holistic assessments regarding people's physical, emotional and social needs. This information directed staff to provide support based on the person's individual needs, preferences, and outcomes.

People's health needs were being effectively monitored and the care plans demonstrated regular discussions with the GP. Professional advice and guidance was clearly documented and followed through which meant there was appropriate action taken by staff when a health care need had been identified.

Care plans were regularly reviewed which ensured that, for example, when one person had lost weight, food intake charts were introduced to appropriately monitor and enhance the person's diet. We found however that these tools were completed inconsistently which meant that staff may not always be aware when people have not eaten or drunk enough. Monitoring tools need to be completed appropriately to enable effective ongoing evaluation and to identify if further actions are required (**see area for improvement 1**). We also found that there were some inconsistencies in the recording of the application of topical medicines, as well as some gaps in the recording of administration of oral medicines. It was positive to note that the manager had already identified this as an area for development and was supporting staff to improve practice (**see area for improvement 2**).

Areas for improvement

1. To ensure the prompt recognition of changes in people's health or level of risk, the provider should improve recording in people's personal records and care plans, with specific focus on the need to ensure:
 - a) All records related to nutrition and hydration should contain the most up to date information;
 - b) Nutritional intake and fluid balance charts are accurately and consistently maintained.

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

'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).

2. To ensure that people's overall health and medical needs are consistently met, the provider should improve recording in relation to medication management. To do this, the provider should ensure:
 - a) That all relevant staff understand their professional responsibilities in relation to accurate recording of medication administration records;
 - b) That there is continued assessment of staff competence and skills in relation to medication administration; and
 - c) That where there are indications of poor practice, this is recognised, and prompt action is taken to address this.

This is 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); and '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.’ (HSCS 3.14).

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

3 - Adequate

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

To minimise risks, it is important to make sure there is strict application of infection control procedures. The performance of the service in relation to infection control practices to support a safe environment was adequate, there were some strengths, but these just outweighed the weaknesses.

The service had enhanced their cleaning schedules, which had considered best practice guidance in relation to cleaning. The home and equipment were visibly clean and tidy. Staff in general had a basic understanding of infection prevention and control (IPC) practices and the National Cleaning Specification. The service was in the process of changing to a new supplier. This will eliminate the use of reusable spray bottles and reduce any risk of spreading infection. Daily cleaning was undertaken, and the cleaning schedules were being completed. However, this was dependent on the staffing levels on any given day. There were a few items of equipment, such as a toilet frame, bed frame and armchairs, that were stained or dirty. Therefore, there was an increased risk of contamination.

Although staff were working with the best of intentions there were clear breaches in relation to Care of Substances Hazardous to Health (COSHH). As a result, there was a risk to both staff and people using the service that cleaning products were being used ineffectively and therefore there was an increased risk of spreading of infection. The manager immediately addressed these concerns.

Personal protective equipment (PPE) was being used in line with good practice. However, PPE was not being disposed of safely. As a result, there was an increased risk of cross infection. The manager addressed this concern immediately.

There was monitoring and role modelling surrounding infection prevention and control practices. The management team were at times over cautious regarding keeping people safe. For example, the increased use of visors and the requirement for visitors to wear gloves and aprons, as well as masks. These actions, although undertaken with the best intentions, were not risk based. The service had a wide-ranging quality assurance process in relation to infection prevention and control. However, the monthly home wide IPC audit should be reintroduced. These processes will continue to ensure that environmental concerns and practices are identified and addressed which will therefore reduce the risk of harm to people (**see requirement 1**).

Laundry processes require to be improved to ensure they meet best practice requirements, although we noted that the standard to which clothes were washed and ironed was commendable. The correct temperatures were not being used to ensure laundry was appropriately disinfected and there was no clear system in place to keep clean linen separate from used linen. As a result, there was an increased risk of contamination (**see requirement 2**).

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

Staffing arrangements in relation to the changing needs of people experiencing care, were good. There were several important strengths which taken together clearly outweigh the areas for improvement.

There was a dedicated, established core group of staff. Staff said they felt well supported by the manager and enjoyed working at Drumdarroch. The service was actively recruiting for staff, across all disciplines. A new deputy has recently been recruited to support the manager. We acknowledged the widespread difficulties in recruiting staff in the care sector. The lack of experienced, skilled staff has obviously had an impact on the outcomes for people, especially in relation to people getting the most out of life and staff not being readily available or visible when people call for assistance. The management team had reviewed staff roles and how they were deployed within the home. Therefore, there were days when only people's main care needs were being met.

The management team were monitoring and reviewing staff training and competencies. We discussed the need for staff to undertake further training in infection prevention and control to give them a wider understanding. Poor practice was being identified and addressed through the supervision and appraisal processes. Appropriate action had been taken to address individual staff practice. Staff were being supported to develop within their roles. As a result, staff were supported to improve and maintain good practice.

The formal quality assurance processes should be used more effectively to address concerns in relation to people's quality of life and their experiences. This should include formalising the complaints or concerns process. Outcomes for people remain a focus in all that is done, staff know residents very well and there is a culture of continuous improvement which is driven by the manager. The manager was in the process of supporting and involving the whole staff team in the quality assurance system. This included expanding individual roles and responsibilities. There have been several challenges with this change in culture and practice and remains a work in progress. This will contribute to a shared vision, which includes staff and people who live at Drumdarroch, as to how issues are addressed, and improvements are sustained.

Requirements

1. By 23 May 2022 the provider must ensure that people living in the care home experience care in an environment that is safe, well-maintained and minimises the risk of infection. To achieve this the provider must:
 - a) Ensure that the premises, furnishings, and equipment are clean, tidy, and well-maintained at all times;
 - b) Ensure that a full infection prevention and control audit is undertaken routinely and address any practice concerns promptly;
 - c) Ensure that processes such as cleaning schedules and regular quality assurance checks are in place to ensure that the environment is consistently safe and well-maintained;
 - d) All staff are aware of and have ready access to the Infection Prevention and Control Manual for older people and Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum;
 - e) Ensure that safe infection control practices are always adhered to by all staff;
 - f) Staff practices are monitored, and staff assessed as being competent.

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

'I make informed choices and decisions about the risks I take in my daily life, and I am encouraged to take positive risks which enhance my quality of life.' (HSCS 2.24); and 'My environment is safe and secure.' (HSCS 5.17); and in order to comply with Regulations 4 (1) (a) and (d) (welfare of users and procedures for the

prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 23 May 2022 the provider must ensure that that used linen or infected linen is managed in line with guidance. In order to do this you must ensure that:

- a) There is a clear process in place for handling used/clean linen;
- b) Linen is washed to ensure it is effectively decontaminated at the correct temperature in line with guidance <https://www.nipcm.hps.scot.nhs.uk/media/1677/2018-05-linen-guidance-v22.pdf>;
- c) Washing powder to be stored safely and securely.

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

'My environment is safe and secure.' (HSCS 5.17); and in order to comply with Regulations 4 (1) (a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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	4 - Good

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