

Dougall Court Care Home Service

12 - 14 Dougall Court
Mayfield
Dalkeith
EH22 5PU

Telephone: 01316 604 557

Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Thera (Scotland)

Service provider number:
SP2007008824

Service no:
CS2017362434

About the service

Dougall Court is a small care home for adults with a learning disability, located in a quiet residential area of Mayfield in Midlothian. The accommodation is leased from Link Living and the care and support is provided by Thera (Scotland).

Each supported person has their own bedroom decorated to reflect their personal tastes and a large garden is to the rear. People are supported on a 24hr basis including one to one allocated hours and engage in a variety of community based activities and groups.

The service is registered to support five people, however at the time of our inspection, four were in residence.

The aims and objectives of the service are: "Thera Scotland aims to support people with a learning disability have a good life that makes sense to each person, including developing personal and informal relationships, financial security, enabling people to use their gifts and abilities."

About the inspection

We inspected the service by visiting onsite, engaging with supported people, staff and relatives. We also sought the views from relatives and health professionals via email and video calls.

Key messages

We met with three people receiving care as part of this inspection. We also received comments from two relatives on their views about the quality of care delivered to their loved ones.

Comments from relatives we spoke with included:

"X is being cared for very well by the care staff. However, the accommodation is in need of improvement and I am keen to see this resolved as it has been outstanding for a while now."

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 leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	2 - Weak
How well is our care and support planned?	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 assessed the performance of the provider in this area as adequate. There were some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

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.

People's health benefits from their care and support

Staff were responsive to people's changing health needs and used external professional services appropriately. Staff were knowledgeable about people's support needs and displayed a strong sense of their duty of care towards people. Relatives spoke positively about the care their family members received.

We found that personal plans were written well and comprehensive, with good information to lead and guide staff how best to support the person. Support plans were of an easy-to-read format, supporting people who may have additional support needs.

People were actively involved in a variety of activities including attending day centres, community groups and having lunch with friends. Staff were motivated to supporting people to achieve their aspirations and wishes.

The staff liaised well with health professionals to offer a range of opportunities and regular healthcare assessments and treatment from competent trained practitioners that promoted people's health and wellbeing needs.

Since our last inspection, staff have completed training to support people who experience stress and distress. Records were maintained when people experienced this. However, the theory learnt had not been utilised to develop person centred stress and distress care plans. The provider must develop meaningful stress and distress support plans which include, but are not limited to the following:

- Using the records in place to identify what the triggers are for any stress and distress experienced.
- Discuss and agree a variety of de-escalation techniques to support the person and achieve positive outcomes.
- To develop a traffic light approach to the plan; Proactive strategies (green), active strategies (Amber) and reactive strategies (Red).
- Continue to seek the input and advice from health professionals including the learning disability community team.

The implementation and regular review of these stress and distress support plans will promote the safety and general wellbeing of everyone in the home. Please see requirement one.

People experience meaningful contact that meets their outcomes, needs and wishes

People benefited from creative and innovative ways to stay connected to family, friends, and local communities, including the use of video calls when visiting was restricted.

As restrictions have eased, people's rights and quality of life were enhanced because staff actively promoted visiting. The staff team had embraced the Open with Care visiting guidance from the Scottish Government; recognising visits were essential for the wellbeing needs of people.

People were encouraged and supported to get out and about with their family and friends and overnight stays were facilitated.

People's health and wellbeing benefits from safe infection prevention and control practices and procedures

Staff were able to recognise and respond to people in the event of suspected or confirmed cases of COVID-19 including following local reporting procedures and contacting local Health Protection Teams. Regular Lateral Flow Testing by staff was taking place.

There was sufficient supply of Personal Protective Equipment and staff were wearing PPE correctly. Guidance was shared with staff and relatives on a regular basis and appropriate risk assessments were completed to ensure these measures continued to keep people safe.

Social stories were also written with people about COVID-19 and the steps they could take (with the support from staff) to keep themselves safe as possible from infection, including washing their hands before mealtimes.

Although cleaning schedules were in place and staff worked hard to keep the home clean, we had concerns as to how well this could be achieved. The décor of the home (as reported in more detail under Key Question 4 - How good is our setting?) was in a relatively unkept condition. Therefore, cleaning the home to support effective infection prevention and control measures would be a challenge. The location of the laundry in the conservatory area was also not ideal, as residents and visitors had regular access to this area. This requirement for improvement has been considered when evaluating this Quality indicator.

Requirements

1. By 12 June 2022, the provider must:

Ensure people who experience stress and distress are fully supported.

To do this, the provider must as a minimum:

- All supported people have an individual care plan in place that identifies known triggers and tried and tested techniques to reduce their levels of stress and distress.
- Supporting documents, including 'ABC' charts must be used for any new person or when an existing person's mental health changes.
- Review stress and distress support plans on an ongoing basis.
- To ensure protocols are in place, as agreed with health professionals following assessment which detail under what circumstances as and when medication is administered to people.
- Involve people, their relatives, welfare guardians and other health professionals in discussions and agreements.

This is to comply with Regulation 4 (1) (a) Welfare of users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state: 1.19: My care and support meet my needs and is right for me 1.24: Any treatment or intervention that I experience is safe and effective.

How good is our leadership?

3 - Adequate

The manager had a variety of quality assurance systems and processes in place to monitor the effectiveness of the service in meeting people's care needs. This included an oversight of people's medication and equipment including wheelchairs.

The provider's quality assurance team also took an active role in evaluating the performance of the service. This included liaising with people through video calls and engaging in a meaningful way with information in an easy-to-read format, recognising any support needs they may have.

During the pandemic, the frequency of staff receiving support and supervision meetings with their manager had dropped, prioritising on the primary care to people. However, as restrictions have eased, leaders have recommenced these meetings, held either in person or via video call.

This was a similar finding to staff meetings, with the frequency of these being held increasing. However, information on COVID-19 and other relevant guidance was shared with staff well and they felt supported. A new staff appraisal tool had been recently launched which focused on the personal development of staff, including the completion of re-fresher and e-learning training.

How good is our staff team?

4 - Good

Staffing arrangements allowed for more than basic care needs to be met and supported people to get the most out of life. Motivated staff, effective deployment and good team working meant that staff spent as much time as possible with people. Staff were confident in building positive interactions and working relationships.

Some people's support hours have been increased during the pandemic, recognising the periods of isolation can have on people's mental health. The staff deployment allowed for people to have their one-to-one time protected.

The provider had a staff contingency plan should staffing levels reduce because of an outbreak, utilising internal resources including bank staff and staff from other services within the organisation.

How good is our setting?

2 - Weak

Over the past few years, we have become increasingly concerned about how tired the décor was looking and how the layout of the home would continue to meet peoples' needs as they become older and frailer.

We concluded at this inspection that as people have become older and their mobility needs are slowly increasing, the design and layout of the building has a negative impact on the quality of life for the people who live there.

Living space was functional rather than creating a warm, homely environment to meet people's needs and preferences. There was a lack of attention to standards such as homely touches, decoration, and the quality of furniture.

The provider has been aware of this and has liaised with external partners including the Health and Social Care Partnership, exploring different options. However, we are concerned that any action plans are not incorporating timescales, and therefore improvements are required in two key areas:

1. Ensure people experience high quality facilities that are well maintained, furnished, and decorated to a good standard. Setting realistic timescales for the areas of work required. Where areas can be addressed quickly these should be prioritised. The provider must consult with people and explore alternative accommodation arrangements should the works impact negatively on people.

2. Produce an action plan which has specific, measurable, achievable, relative and time-bound (SMART) objectives to ensure the accommodation is fit for purpose to meet people's care needs in the medium to long term. Engaging in meaningful discussions with people, their relatives, welfare guardians and other relevant agencies and professionals.

Should it be concluded from the action plan that the accommodation was not fit for purpose, then alternative accommodation options must be explored.

The provider must address these areas of improvement to safeguard people's health and wellbeing needs. Please see requirements one and two.

Requirements

1. By 12 August 2022 the provider must:

Ensure people experience high quality facilities that are well maintained, furnished and decorated to a good standard.

This should include but not be limited to:

1. Laying new carpets in areas identified for improvement.
2. Improvements to the décor to create a warm and friendly living environment for people.
3. Ensure the décor is of an appropriate standard that supports effective cleaning to support the management of infection prevention and control measures.
4. Any essential repairs and redecoration are logged and carried out within timescales ensuring there is no compromise to people's safety.

This is to comply with Regulation 10 fitness of premises. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.22).

2. By 12 June 2022, the provider must:

Ensure the environment is suitable to fully meet peoples' assessed care and support needs and potential future care needs including people's mobility being a key focus area.

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

1. Develop and implement an action plan which has specific, measurable, achievable, relative and time-bound (SMART) objectives to ensure the accommodation is fit for purpose to meet people's care needs in the medium to long term. This includes adaptations to the current registered building.
2. To share this action plan with the Care Inspectorate by the 12 June 2022.
3. Engaging in meaningful discussions with people, their relatives, welfare guardians and other relevant agencies and professionals.
4. If from the above action plan, it was identified that the current environment would not meet people's care needs in the medium to long term, then alternative accommodation opportunities that can meet people's outcomes should be explored.

This is to comply with Regulation 10 fitness of premises. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: "The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16).

How well is our care and support planned?

3 - Adequate

Our findings on people's care plans as detailed in Quality indicator 1.3 - "People's health benefits from their care and support" has been considered when evaluating this Key Question.

Other than the improvements needed on how people were supported with stress and distress, they benefited from personal plans which were regularly reviewed, evaluated, and updated, involving relevant professionals where appropriate.

Where people were not able to fully express their wishes and preferences, individuals who were important to them, or had legal authority, were involved in shaping, and directing the care and support plans. Supporting legal documentation was in place to ensure this was being done in a way which protects and upholds people's rights

Risk assessments and safety plans were used to enable people rather than restrict people's actions or activities.

Links with health professionals were responsive to people's changing health care needs so that they received medical attention and treatment when they needed it. However, there was a need for the provider to further develop the approach to Anticipatory Care Planning (ACP). The lack of ACP detail meant that people could not be assured of care would reflect their needs and wishes at the end of their life. Please see area for improvement one.

Areas for improvement

1. In order to reassure people that staff know how to care and support them should they become unwell, anticipatory care planning should be further developed for each person. The plans should detail the potential needs of the people at the end of their life and includes people's wishes should their health deteriorate.

This is also to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty'. (HSCS 3.18)

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

Requirements

Requirement 1

In order to ensure peoples, care and support needs are delivered to meet their needs, the service provider must ensure its workforce are appropriately skilled, experienced, trained and knowledgeable by 31st March 2019.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "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) and in order to comply with regulation 15 (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 7 January 2019.

Action taken on previous requirement

Progress has been slow in meeting this requirement, due to the restrictions in place as a result from the COVID-19 pandemic. However we have assessed that this requirement has been met.

Met - within timescales

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
2.4 Staff are led well	3 - Adequate

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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