

Caladh Sona Care Home Service

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Type of inspection:
Unannounced

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Service provided by:
NHS Highland

Service provider number:
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About the service

Caladh Sona is a small community based care home registered to provide a care home service for up to six older people, including the provision of respite care. The provider is NHS-Highland, a health and social care partnership. At the time of this inspection there were six people using the service.

The care home is a single storey building located in the north west of Sutherland close to the village of Tongue. The accommodation provides six single bedrooms. Shared space included a lounge and kitchen/dining room. There was a shared shower room with toilet and a separate toilet which was for the exclusive use of residents.

Outside space was limited. The garden area was not enclosed and was shared with their near neighbours.

The stated aims of the service included:

- to offer a high standard of care based upon the Health and Social Care Standards "My Support, my life".
- for residents to be treated with dignity and respect and
- to have the right to be involved in any decision making relating to their care.

About the inspection

This was an unannounced inspection which took place over three days on 21, 27 and 28 April. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and three of their family members
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- We saw staff provide kind and respectful care.
- Staff were good at developing warm, meaningful relationships with people.
- People were starting to re-connect with family and friends through visiting arrangements.
- Further work was needed in relation to managing and recording medication, including an annual medication competency assessment for staff.
- The management team should implement quality assurance systems to regularly monitor standards of care provided, including regular staff supervision and easy access to training.
- Action was needed to declutter and clean the annex and ensure a safe environment.
- Staffing levels needed to be reviewed to ensure that people could be supported to participate in activities meaningful to them.

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 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 evaluated this key question overall as adequate. This applies where there are some strengths, but these just outweigh weaknesses.

Staff consistently treated people with compassion, dignity and respect. Positive relationships between staff, residents and their relatives were evident. Throughout our visit we saw staff supporting people with genuine warmth and sensitivity. This means that people experiencing care feel valued.

Personal plans included detailed information about family and other important relationships including contact details and times when they were likely to visit or to phone. People were supported to maintain contact through phone, Facetime and letter writing. There was no restrictions on visiting. Visits usually took place in people's bedrooms which afforded a degree of privacy. However, communal areas were also available.

People were encouraged to get out and about with their family if this was what they wanted. This means that people's emotional and physical wellbeing is supported, and their rights to a private and family life respected and protected. Staff were starting to think about community activities that people could participate in which should further support people to stay connected, feel engaged and part of the local community.

Staff worked well with the local community nursing team and benefitted from the sharing of information and good practice. This supported appropriate referrals to specialist health services when needed.

Food was nutritious, looked appetising and smelled delicious. People were offered choices and portion size was right for them. There was a relaxed atmosphere throughout mealtimes. Staff chatted with people about local news and offered gentle encouragement and discreet prompting to eat. People were able to enjoy their meal in an unhurried way and to eat and drink at their own pace.

Assessments were in place for a number of health and wellbeing issues. However, these needed to be reviewed and updated to include greater detail to ensure people get the right support at the right time and in the right way. For example: support with continence should specify what support is needed and when; if continence products are used, it should specify type and quantity; and how it links to hydration needs, and when it should be reviewed. Some health assessments we sampled had not been reviewed in some considerable time.

(See area for improvement 1).

Staff were sensitive to people's needs and wishes and medication was delivered in such a manner to protect people's privacy. However, the system for managing medication needed to be reviewed including the ordering and receipt of medication. For example, there were frequent discrepancies between the medication ordered and medication received. Although staff picked up on these when the medication had been delivered, errors were not recorded. This meant that the service did not have an accurate audit trail for medication in the home.

The service used pre-printed Medication Administration Records (MARs charts) but these did not accurately reflect the instructions as prescribed. Staff did not always record when 'as required' medication had been declined or when medications had been disposed of and method of disposal. **(See area for improvement 2).**

Staff supported several people who lacked capacity at some level, but we did not see any assessments of capacity or Adults with Incapacity (AWI) Certificates for those that needed them. We were aware that the home were in discussion with the local GP practice to have these assessments completed. It is imperative that AWI certificates are in place for those who require them as without them, this could potentially delay care and treatment for people and significantly impact on their health. **(See area for improvement 3).**

The home was visibly clean and we saw that housekeeping staff were available daily, including weekends. Personal Protective Equipment (PPE) was readily available and staff observed to be wearing this appropriately. Staff were aware of and knew how to access the latest Infection Prevention and Control (IPC) guidance. Good practice with handwashing was observed including staff supporting people to wash their hands before their meals.

Staff had a separate changing area in the annexe, however, this space was very cluttered and difficult to clean and to keep clean. The annexe was also used to store numerous bags of old documents which required to be archived. This presented a risk of fire and needed to be cleared as soon as possible. **(See requirement 1).**

The layout of the home was challenging with limited storage space and a very small laundry area. This makes it very difficult to keep clean, tidy and ensure a safe flow for soiled clothing and linen. An assurance visit led by the Senior Infection Prevention & Control Nurse completed on 8 April highlighted a number of recommendations for improvement in practice and management. We noted this included suggestions for limiting risk of cross contamination in the laundry and storage of contaminated mops. **(See area for improvement 4).**

Requirements

1. People receiving care and staff must experience an environment that is safe, clean and hygienic. The provider must by 31 October 2022:

a. De-clutter further the environment, ensure that the environment is safe for residents and staff, clean and well maintained. In order to achieve this the provider must:

- a) declutter the annexe to help facilitate effective cleaning.
- b) remove bags of old documents, paper and cardboard for destruction or archive.
- c) ensure all areas within the annexe are deep cleaned and remove old, broken or unused items.
- d) add the annexe to the cleaning schedule for the home so this space can be kept clean.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The 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 that:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

Areas for improvement

1. The manager should ensure that assessments for people living in the care home are up to date and relevant to the needs for the people they support. In order to achieve this assessments should detail:

- The current needs of the person
- Any aids used such as mobility aids, sensory aids or continence aids
- What support the staff will provide
- How frequently this will be reviewed
- Who will be involved and/or consulted in the assessments and review.

Assessments and review documents should be dated and signed by the person carrying out the assessment/review.

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

I am assessed by a qualified person, who involves other people and professionals as required’ (HSCS 1.13)

2. The service should review the system for managing and administration of medication to ensure it is robust. In order to achieve this, the service needed to keep an accurate and up to date record of the medicines people who live in the home take, and for which the service are responsible for including:

- medicines like flu vaccines or injections stored in the home for medical professionals to administer.
- all medicines that have been ordered, taken, not taken or disposed of; including homely remedies and ‘over the counter’ medicines.
- keep records detailing any incidences when medication was administered to a resident without their consent or that of someone authorised to consent on their behalf.
- details of any incident where a resident has not had prescribed medication available to them when the home is responsible for the medication being administered.
- staff practice in managing and administering medication should be subject to routine audits and practice observation. The outcomes from these should inform staff training and development and feed into the homes quality assurance system.

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

**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
‘I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities’ (HSCS 3.20)**

3. The provider/manager should ensure that Adults with Incapacity certificates are completed and included in the personal plans for all those that need them and that these are regularly reviewed and updated within the expiry date if one is indicated on the certificate.

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

I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.’ (HSCS 3.18) and

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21)

4. The provider and manager should review the laundry space with a view to eliminate risk of cross contamination as far as possible. In order to achieve this they should:

- Undertake a risk assessment of the laundry and develop procedures for managing soiled linen.
- Source additional storage solutions for cleaning products.
- Ensure that dirty mop heads and cleaning cloths are stored in lidded containers to prevent risk of cross contamination.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

How good is our leadership?

3 - Adequate

We evaluated this Key Question as adequate. While we recognised some strengths in this area these just outweighed the weaknesses. The service had faced significant challenges over the last two years, including several changes in management and staffing difficulties. The interim manager had recently stepped up from the substantive post as deputy into the manager's role covering maternity leave.

The interim manager had a clear vision for the development of the service and demonstrated a strong commitment to Caladh Sona, its residents and staff, and to the local community. However, the lack of effective systems, overly bureaucratic processes, staffing issues and the recent Covid-19 outbreaks have hampered progress. We found there was potential for effective and sustained improvements in this service but support from the wider organisation was needed to enable this to be delivered.

Audits were completed for the latter part of 2021, however, these were difficult to follow up and assess. Quality audits completed in the previous two months were clearer and more focused, but the service needed time to demonstrate if they were effective in achieving improvements. The service development plan dated April 2022 highlighted a number of issues that need to be addressed and a tight timeframe for actions to be implemented.

An area for improvement was made at the last inspection on 11 February 2020, that the service put into place a quality assurance system. This has not yet been met and there will be a revised AFI to reflect the current situation. **(See area for improvement 1).**

Staff support and supervision had also just resumed. A supervision contract was now in place with a commitment to three monthly 1:1 meetings with staff. Practice observations have also started focusing on IPC and medication and have included action points. These are to continue and include different areas of practice. The practice observations will feed into the supervision agenda and inform individual training plans for staff. However, it will take time to embed this in the service. Staff appraisal was not evident in the service. This was subject to an area for improvement made on 31 October 2018. This has not been met and there will be a revised area for improvement to reflect current progress. **(See area for improvement 2).**

Staff training records did not reflect the training recently completed. The training matrix indicated much of

the staff training was out of date, but training certificates downloaded from the Turas system showed some essential core training had been completed within the last year. The interim manager had recognised that training was not up-to-date and records were inaccurate. This was highlighted on the improvement plan but again it will take time to implement fully and to ensure that training becomes an integral part of caring and supporting people who experience care.

The service needed to develop an integrated system that encompassed practice observations, supervision and team meetings that will support a well-trained and skilled workforce.

(See area for improvement 3.

Staffing levels were assessed using the adapted Indicator of Relative Need (IoRN). Using only this tool, staffing levels looked to be sufficient. However, these assessments focus entirely on physical and nursing needs, but did not capture how the service met psychological, social, emotional and recreational needs. We could see this when looking at the activities people were offered. Activities when they happen tend to be offered to the whole group with little in the way of individual 1:1 activity. Individual outings tended to be left to relatives to facilitate. We could see information in people's personal plans about their past life, hobbies and interests but this had not been used to develop an individualised activity plan that would support people's social, recreational, psychological and emotional needs. This issue was subject to an area for improvement on 31 October 2018 and has not been met. **(See area for improvement 4).**

Areas for improvement

1. The service should ensure there are effective quality assurance systems in place so they can regularly assess and monitor the quality of care they provide and offer assurance that this meets the Health and Social Care Standards. In order to achieve this they should:

- establish a pattern of regular quality audits which includes but is not limited to the environment, staff practice and training, recording systems and records, care planning and reviews
- regularly seek feedback on the services performance in key areas from people who experience care and their families, staff and professional partners
- Ensure the development or improvement plan for the service is accessible to staff, people living in the service and families so they can comment on the actions planned and what has been implemented.

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)

2. Staff should have good quality support and opportunities for practice development. In order to achieve this, the manager needed to:

- ensure staff have access to protected time on a 1:1 basis for support and supervision at planned, regular intervals.
- supervision meeting should be recorded and include a summary of decisions and agreed actions to be taken by each person and a timeframe when it should be completed.
- discussions should always include training and development needs and gaps in people's knowledge.

- Regular supervision should provide an overview of staff performance which provides the basis of annual staff appraisals.

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

'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)

3. People should have confidence that staff are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational goals.

In order to achieve this:

- the provider should ensure that training records are accurate and up to date.
- take action to ensure that essential core training has been completed by all staff and training that requires to be updated regularly has been delivered within the required timeframes.
- Use information from staff observations, supervisions and staff meetings to inform the training needs analysis for the service and annual training plan.

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

'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)

4. The provider should ensure there are sufficient number of staff to support people with all aspects of their care and support including participation in activity inside and outside the home. In order to achieve this the provider needed to:

- assess the social, recreational, emotional and psychological needs for each person.
- demonstrate how they have taken account of and plan to meet these needs.
- develop an activity profile for each person that includes a range of activities meaningful to them.
- use this information with the IoRN to inform the day to day staffing levels for the service.

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

'My needs are met by the right number of people' (HSCS 3.15)

How well is our care and support planned?

3 - Adequate

We evaluated the services performance under this key question as adequate. While there were key strengths, these just outweighed weaknesses and the likelihood of achieving consistently positive experiences and outcomes for people was reduced because key areas of performance needed to improve.

We found that personal support plans were generally well written and contained sufficient information to enable support to be delivered to people in an individualised and person centred way. However, the information was disorganised and took some time to get to relevant information. This would be challenging

for new staff or for staff that did not routinely work in the service. Some documents we saw were several years out of date and should have been removed for archive.

Daily records were made on different documents and in different places which was confusing for staff. This means that there was a risk that important information could be missed. The manager had recognised the difficulties for staff and had started to introduce a summary of needs for each person. This outlined the essential care tasks to be completed and would support new and agency staff to ensure people's needs were being met. However, this needed further development to cross reference the care plan for easy access to the details of their needs and preferences. **(See area for improvement 1).**

It was clear that reviews had not been happening in the service for some time. Several personal plans we sampled had not been reviewed since 2019. However, we saw that reviews were planned or had very recently taken place. The new review documents we saw showed a detailed account of people's current needs, and reflected involvement from residents and relatives. The decisions arising from reviews now needed to be recorded and the personal plan updated to reflect changes. **(See requirement 1).**

Requirements

1. By 31 August 2022, the provider must ensure people's personal plan was reviewed with them and their family or representative whenever there was a significant change in their needs or health, and at least once every six months. Following the review the personal plan must be updated to reflect changes to the care and support needed.

This is in order to comply with Regulation 5(2)(b) &(c) (Personal plans) of The 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 that:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23)

Areas for improvement

1. Personal plans should contain detailed information on their current needs and how these will be met in the service. The service should screen personal plans and remove old, out of date documents and records. This should ensure that only current information is held and records no longer relevant would be archived. They needed to develop a system of regular archiving to prevent outdated information gathering that could potentially cause confusion especially for staff who do not routinely work in the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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 1.18) and ' I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

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/manager should ensure that there are sufficient levels of staff within the home to support those people who wish to take part in meaningful activities, both inside and outside the home. People should have access to fresh air when they wish and should be supported to maintain links with their local community.

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

'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 1.24)

This area for improvement was made on 31 October 2018.

Action taken since then

We saw that the service was using the Indicator of Relative Need to assess the level of dependency for each person living in the care home, however, this did not take account of people's social, recreational emotional or psychological needs. We did not see evidence of individualised activity plans for people and we could not evidence that the service had sufficient staffing in place to support people to take part in activity that was meaningful to them. The area for improvement has not been met. We have updated the area for improvement which can be found under **Key Question 2 – How good is our leadership?**

Previous area for improvement 2

The provider must ensure that medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this, the service must:

- Ensure that there is a full assessment of people's needs undertaken with regards to what support they require with medication including topical and oral medication.
- Following this a medication plan should be put in place with appropriate medication risk assessment, medication recording charts, appropriate storage of medication and health recording charts.
- Ensure that medication assessments, plans, risk assessments and administration charts are regularly audited to monitor compliance.

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

'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 11 February 2020.

Action taken since then

Some progress in meeting this area for improvement had been made. An assessment had been completed for each person with regards to the support they required with medication and a body map was in place for people who required support with creams and other topical medication. However, we did not see a risk assessment linked to the medication plan. Although medication audits had been completed, they did not pick up any of the issues identified through the inspection. This area for improvement has not yet been met. We have revised the area for improvement to reflect the current situation under **Key Question 1 - How good is our care and support?**

Previous area for improvement 3

The service puts into place a quality assurance system which they can use to effectively assess that the quality of care they provide meets the Health and Social Care Standards. The service needs to follow-up on findings and action plans to bring about improvements and these should be included in a service development plan

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 11 February 2022.

Action taken since then

We saw that some quality audits had been completed in the previous two months. Prior to this there was no evidence of quality audits having been undertaken. This was a good start but needs to be extended to include more areas of service provision and time to show if these are effective in driving improvements. This area for improvement has not been met. A revised area for improvement has been made to reflect the finding from this inspection under **Key Question 2 - How good is our leadership?**

Previous area for improvement 4

The manager should continue to develop and implement a structured system of supervision and appraisal to support staff's learning and development.

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

'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)

This area for improvement was made on 11 February 2020.

Action taken since then

We did not find evidence of a structured system to provide staff with regular supervision and support since the last inspection. The interim manager had started to introduce supervision contracts with a commitment to three monthly 1:1 meetings for staff. We did not see evidence of staff appraisals in the service. This area for improvement has not been met. We have updated the area for improvement under **Key Question 2 - How good is our leadership?**

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	5 - Very 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
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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