

Walter & Joan Gray (Care Home) Care Home Service

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Unannounced

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Service provided by:
Church of Scotland Trading as
Crossreach

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About the service

Walter & Joan Gray is a care home for older people situated in the small fishing village of Scalloway, on the Shetland mainland. The service provides residential care for up to 16 people, with three of these places being available for respite breaks.

The service provides accommodation over two floors in single bedrooms, each with an en-suite toilet and wash hand basin. There is a shared lounge and dining area on the ground floor, and other sitting rooms on the other floors. There is a shared garden with current plans for this to be upgraded to improve people's access to the outside.

About the inspection

This was an unannounced inspection which took place on 07 June 2022. The inspection was carried out by two inspectors 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 eight of their families
- Spoke with six members of staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- People were happy with their care and support and had warm relationships with the people who worked in the service.
- People had been supported to look their best.
- The environment was clean and well maintained.
- People were able to access a range of activities.
- Staff worked well together and felt supported by the leadership team.
- Leaders and staff were committed to continuous improvement.
- There was a culture that supported professional development.

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?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated support for people's wellbeing as good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were supported by a respectful and caring staff team. We observed warm and caring interactions between staff and people. Staff knew people well and spoke about them with compassion and respect. Staff took time to talk with people and ensure they were comfortable. Relatives were confident that the staff team genuinely wanted people to get the care and support that was right for them. As a result, people were relaxed and content with the staff.

Care and attention had been taken to help support people look their best. People's clothing was clean and in a good state of repair. People were supported to maintain their individuality. For example, with their jewellery, nails painted, makeup, and handbags. This contributed towards people's confidence and pride in their appearance.

The food selection was varied and looked appetising. Portion sizes were small, but people were asked if they would like more. People commented that the chef was "amazing, you should taste his cakes!" This meant that people experienced enjoyable mealtimes and dietary needs were being met.

People had formed meaningful friendships within their home. Communal areas were laid out to accommodate people's wishes. For example, the seating had been arranged to enable a group of friends to sit together to watch television. As a result, people were chatting and enjoying each other's company. This resulted in positive experiences for people.

Meaningful activities had taken place, such as a farm animal visit and plant potting. People's spiritual beliefs were upheld, and people were able to attend the local church service. These activities had been enjoyed by people, however there was no evidence of people being included in the activity planning for the home. We discussed with the management team the need for the service to further their work on activities to ensure that people are involved in the planning of their day and are aware of any upcoming activities (see what has the service done to meet any areas for improvement we made at or since the last inspection).

When a person's health changed, input from allied professionals was sought. Any changes to how the person was cared for were acted on promptly. This was seen throughout individual care plans and medical records. This meant that people got the care and support that was right for them.

Care plans and supporting assessments reflected people's needs and the levels of support they required. This helped inform staff how best to meet people's needs whilst supporting the person to do as much for themselves as they could. Legal documentation was in place which clearly identified legal power in line with current legislation. We could see where people were encouraged to make day-to-day decisions for themselves, such as what to wear and what to eat. This contributed to people retaining important skills and people were being treated as individuals.

People were supported to maintain contact with families and friends, however there were visiting restrictions in place that were not in line with current guidance. This was discussed with management and action was taken to remedy this. We spoke with relatives who said they were looking forward to the

restrictions being lifted. This means that people will be able to enjoy relaxed, meaningful visits from their friends and families.

People had been involved in local community events including a jubilee party and regular visits to the tea shop. People are also involved in local church events, and this is supported and encouraged by people in the local community. One person said, "It's good to get out so much even when it's cold, staff wrap me up warm." This gives people meaningful, purposeful lives.

The home was clean and free from odours. Care had been taken to create an environment that was homely and well decorated. This meant that people were living in a comfortable, clean home.

There were sufficient personal protective equipment (PPE) stations and notices at each station to help remind staff of the correct way to put on and take off PPE. Hand hygiene and staff competence checks were being undertaken by management. This meant that vigilance around the importance of hand hygiene and the correct use of PPE was being maintained, which in turn supported good infection control.

There was an identified infection control champion within the staff team. This ensured that staff training around infection control was completed, correct cleaning schedules were used, and laundry processes were in line with guidance. Not all current best practice procedures were being followed, such as the use of spray bottle. We discussed these with the management and action was taken to remedy this. This meant that people were confident that they were in a clean and safe environment.

How good is our leadership? 5 - Very Good

We found the service to be well led, with robust assurance and governance systems in place, which were working well to support positive outcomes for people. We have therefore evaluated this key question as very good.

The management team had implemented a comprehensive quality assurance system, which involved staff in various key roles assuming responsibility for audits across areas of clinical risk, such as falls, skin care, nutrition, and medication management. The management team analysed the data gathered from the audits to identify trends or areas for concern. The monthly audit of accidents and incidents provided detailed information about the incident itself, as well as identifying follow up actions to mitigate the risk of future recurrence of incidents. This meant that, for example, when someone fell, the service analysed the detail of the incident, and used appropriate tools, such as the multifactorial falls risk assessment to consider actions to be taken to reduce the risk of further falls. The processes in place supported sound management oversight of important aspects of people's care, as well as the robust management of risk. This helped to keep people safe, and people told us they felt safe and happy.

Leaders were clear about what was working well and were passionate about continuous improvement. The management team were effectively supporting improvement by using an action plan, which was a live document under regular review. It was clearly displayed in the office, using a red, amber, green system to prioritise areas of focus. This meant that it was accessible and clear. When adverse events had occurred, a specific action plan had been implemented to improve the quality of care and support. A "Successful Admissions Improvement Plan" had been introduced, for example. People and staff had been involved in making a video to improve the admissions process to help people moving into the service feel more oriented and welcomed. This approach enhanced the culture of learning and continuous improvement, by using feedback to make meaningful change happen.

How good is our staff team?

5 - Very Good

We found significant strengths in the staff team that supported positive outcomes for people, therefore we evaluated this key question as very good.

We saw staff throughout the inspection chatting and interacting warmly with people they supported. Staff clearly knew people well and were able to talk to them about things that were important to them. Buzzers were responded to promptly, and people told us the staff treated them with kindness and compassion.

Staff told us that despite the challenges of the pandemic, morale was better than it had been previously. There was a sense of working together as a team, and peer support.

Staff competence was being regularly assessed to ensure that people had relevant skills, knowledge, and expertise to do their jobs well. We reviewed a sample of medication competency assessments. The management team had considered how to use the tool to best support the different learning needs of staff. The tool being used was detailed and included opportunity for reflection. This meant that people could feel confident that staff had been trained appropriately to safely administer medication.

There were a range of opportunities for professional development. Staff told us that they appreciated these opportunities, and that the management team actively encouraged them to participate. Staff were undertaking qualifications and were being trained in leadership roles. The manager was working with the organisation's employee development advisor on an overall training plan, based on the needs of the people living in the service. The service was using for example the Promoting Excellence framework to provide staff with the most up to date knowledge and skills to support people living with dementia. The management team had considered how to release staff from their usual duties to enable them to attend training. These actions supported a focus on staff development, which led people to feel valued.

As well as formal training, staff were able to progress their professional development by undertaking specialist "champion" roles, such as for infection prevention and control, falls, manual handling, and nutrition. People were being provided with regular supervision, which included opportunities to discuss professional development and reflect on practice. This encouraged individual leadership, as well as providing clear expectations and clarity around roles, responsibilities, and the importance of professional development to maintain skills and knowledge.

The manager had considered how to support staff wellbeing, recognising the challenges of working through the pandemic, and had a detailed plan in place for wellness workshops. This highlighted to us that the management team recognised the importance of promoting staff wellbeing and self-care, which in turn promoted resilience and engendered a sense of feeling valued.

How good is our setting?

4 - Good

We evaluated this key question as good. We could identify several important strengths which, when taken together, clearly outweigh areas for improvement.

We found the service to have a comfortable and pleasant atmosphere. People's rooms were homely and personalised with their own belongings. People were able to choose how they would like their bedrooms decorated, as well as curtains and soft furnishings. Staff had also sought feedback from people about how communal areas should be decorated, as well as ideas for the garden project. This supported people to be able to make decisions about their living environment, and made it feel more like home.

Some people felt comfortable and at ease in the communal lounge, where they gathered to chat and spend time with their friends. Other people preferred to spend time in their rooms. People's individual choices were supported.

The Kings Fund audit tool had been used and reviewed. As a result, there was good signage to support people living with dementia to be more orientated to their environment, which supported their independence.

The service was clean and free from odour, and windows were open where possible to promote good ventilation. Cleaning schedules were in place which meant that good standards of hygiene were being maintained. We discussed the need to reconsider standard operating procedures to ensure that cleaning processes are specific to the service and fully in line with the National Infection Prevention and Control Manual for Care Homes.

How well is our care and support planned?

5 - Very Good

We found significant strengths in care and support planning processes and documentation that supported positive outcomes for people. We therefore made an evaluation of very good for this key question.

Comprehensive care plans were in place, which comprised a range of tools to capture people's outcomes and wishes. This included a plan to make every moment count, getting to know me documents, and "understanding me" information. Detailed daily support need files were kept in people's bedrooms. This meant that information that was important to the person was easily accessible to staff and enabled them to direct care and support in line with people's individual needs. Very clear prompt sheets were included in the daily support need files, which directed staff to consider all aspects of the person's care and support when recording daily observations. This helped to keep the focus on individual outcomes rather than solely on tasks.

Regular updating of care plans when people's needs changed, and at the point of review, meant that information was relevant and current. In advance of formal reviews, views were sought from the person and their relatives. As a result, people's voices were heard through the care planning and review process, and staff were able to access the most up to date information to provide appropriate care and support.

Where people were unable to make decisions regarding their welfare, relevant legal documentation was available in the daily support needs file and the main care plan. Documentation was also in place to enable staff to make day to day decisions for people who were subject to welfare guardianship. We found people who lacked capacity for complex decision making were encouraged to make simple choices. This demonstrated that the service understood the importance of maximising people's choice wherever possible, in line with the principles of the relevant legislation.

The service is working towards further embedding a resident of the day system which will support more regular audit of care plans.

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

Requirements

Requirement 1

In order to ensure the health, wellbeing and safety of service users, the provider must ensure that the Care Inspectorate are notified timeously of specific events as per publication 'Records that all registered care services (except child minding) must keep and guidance on notification reporting.' This relates (but is not limited to):

- deaths in the home
- incidents
- allegations of abuse

and to ensure that requests for updates on events from the Care Inspectorate are responded to promptly by 14 July 2019.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23); and to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 210 / Regulation 4(1)(a) and SSI 28 4 (1) Notifications and Returns.

This requirement was made on 19 June 2019.

Action taken on previous requirement

Regular notifications are submitted to the Care Inspectorate, and the current management team are fully aware of events that require to be notified. Senior care staff are also trained on notifiable events and were aware of what would be reportable.

Met - outwith 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

The provider should continue to build on the range and availability of meaningful activities offered in the home by the activity and wider staff team considering the abilities, preferences and choices for everyone living in the home.

This is to ensure that care and support is consistent with the Health and Social Care Standard 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 1.25).

This area for improvement was made on 23 May 2019.

Action taken since then

The activity co-ordinator post has been vacant for a year, however staff in a range of roles were clear that supporting people with meaningful activity is the responsibility of everyone.

People have 'making every moment' care plans in place, which supports the focus on meaningful activity.

Wellbeing activity sheets have been introduced and are kept in people's bedrooms and were being completed regularly.

People told us about the range of activities they had been involved in, which included activities within the home as well as outside in the community.

We discussed the importance of ensuring that people are involved in the planning for activities, and are aware of any upcoming social events.

Previous area for improvement 2

The provider should further develop opportunities for meaningful supervision and support for staff to allow them to reflect on their practice.

This is to ensure that 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 23 May 2019.

Action taken since then

A supervision matrix has been implemented which supports oversight and compliance with the organisation's policy of providing supervision four times a year. Staff were satisfied with supervision arrangements, and they advised that supervision meetings included the opportunity for reflection of practice. Reflection on practice was also included in competence evaluations and training courses.

Previous area for improvement 3

The provider should review and update personal plans as part of their quality assurance processes ensuring that they assess and compile specific plans as needed.

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).

This area for improvement was made on 23 May 2019.

Action taken since then

Personal plans sampled were found to be up to date and included regular reviews of care and support. Risk assessments were also being updated further to any identified concern or change in condition. Audits were being undertaken, but the introduction of a resident of the day system will enable more regular auditing of the care plans.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
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	4 - Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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