

Seaton Grove Care Home Service

Seaton Road
Arbroath
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Type of inspection:
Unannounced

Completed on:
20 October 2022

Service provided by:
Angus Council

Service provider number:
SP2003000043

Service no:
CS2003000362

About the service

Seaton Grove is a care home for adults situated in a residential area of Arbroath, close to local transport links, shops and community services. The service provides residential and respite care for up to 48 people.

The service provides accommodation on one level across five units. At the time of this inspection, only three units were occupied. All rooms are single occupancy and each has an ensuite toilet and wash hand basin. Each unit has its own sitting room and a dining kitchen area. A café area is set up across from reception, for use by residents and visitors. There is a large function room with bar area which is currently used for special events. There are gardens surrounding the property which people can access, if they wish.

About the inspection

This was an unannounced inspection which took place on 17 and 18 October 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 nine people using the service and five of their family;
- Spoke with eight staff and management;
- Observed practice and daily life;
- Reviewed documents.

Key messages

- People were connected with family and friends.
- Staff and residents had positive relationships.
- The leadership team should make improvements in quality assurance processes.
- Personal plans should be improved to ensure people safely receive the care and support they require.
- The provider should make improvements to the environment to ensure that the facilities meet infection control standards.
- The provider should make improvements in responding to people's views around food and drink.

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?	3 - Adequate
How well is our care and support planned?	2 - Weak

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 this key question as good as there were a number of important strengths, however, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People experienced kindness and compassion in how they were being cared for and supported. Interactions were encouraging and we saw fun and friendly exchanges between residents and staff. We received very positive feedback about the staff team, one person said: "the staff are just brilliant".

Some health needs were met through well established links with other organisations. The service had developed good partnership working with the local GP surgeries and community nursing team. Staff knew people well and were alert to any changes, which meant that people were more likely to receive medical intervention at an early stage.

People appeared clean and well presented. We could see from records that they were being supported regularly with personal care, however, we could not establish from the evidence if people were bathing as regularly as they needed to or would have wanted to. (Please see Key question 5, quality indicator 5.1).

Meals were prepared at another home and transported in insulated food transportation boxes. We were told that sometimes the food was in transit for thirty minutes depending on traffic.

Most people told us that the quality of the food varied. One person told us that the food was "Not so good since it had changed to being made somewhere else". Another said, "The food is fine enough". Choices were limited and sometimes what arrived in the box was different to what people had ordered. When people didn't like what was on offer, sometimes the only alternative was a sandwich. We saw one person struggle to eat a sandwich. People who needed soft diets often didn't know what the meal was. We saw through records of meetings that people had frequently raised issues around the meals, but no satisfactory outcome was evident. **(See area for improvement 1.)**

We saw that people were regularly offered fluids, but the service did not have a facility for people to access fluids independently. It was reported that this had been removed due to Covid-19 restrictions and never reinstated.

Visitors told us that they were made to feel welcome at the service. They said that staff always greeted them in a friendly manner and provided an update about their loved ones. One family told us that there was a "real family feel" to the service.

At the time of the inspection there were still some limitations to visiting and the service was not fully following 'Open with Care' guidance. However, the provider realised the importance of visiting and remaining restrictions were relaxed immediately.

Improvement is needed in ensuring that people are involved in meaningful activities throughout the day. Some people sat for long periods of time without interaction or encouragement to move. **(See area for improvement 2.)**

There were some organised activities taking place and the provider was working hard to re-establish links with the local community following the restrictions from the Covid-19 pandemic. Some people told us that they had enjoyed an ice cream on a recent bus trip to Edzell.

Overall, the home was clean, tidy, and free from odour. However, improvement is needed in the quality of environment, particularly in people's bedrooms, bathrooms and toilets. This is to ensure that furniture and fixtures are of a standard that would meet the requirements for effective disinfection and cleaning to take place. **(See area for improvement 3.)**

There were systems and resources in place to prevent the spread of infection, and staff had received training in infection prevention and control. However, some staff were not using personal protective equipment appropriately, and there were some concerns in relation to management of waste. Some improvement is needed in ensuring staff comply with training and guidance. (See Key question 2, quality indicator 2).

Areas for improvement

1. To help ensure a healthy balanced diet and positive mealtime experience, the provider should review meal provision, menu planning and meal choices.

This should include but is not limited to:

- a) Consultation with people experiencing care to ascertain preferences and requests;
- b) Monitor the frequency of incidents where people do not receive the meals they have ordered from the planned menu;
- c) Have alternative choices at the point of serving, including the evening meal;
- d) Ensure that there is a choice available for those requiring modified diets.

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 healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33); and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS1.37).

2. To support people's mental and physical wellbeing, the provider should ensure that people are supported and encouraged to move regularly throughout the day, are supported to take part in activities that have meaning for them as individuals, and are able to participate in their local community in a way that they want.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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); and 'I am supported to participate fully as a citizen in my local community in a way that I want' (HSCS 1.10).

3. To support people to live in an environment that is comfortable, safe, and minimises the risk of the spread of infection, the provider should review the environmental improvement plan and set out dates for commencing and completion of works.

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 where there were some strengths, these just outweighed the weaknesses. As these weaknesses concerned the welfare and safety of people, we made one requirement for improvement.

People should benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes. There were some quality assurance systems and tools available to support leaders to identify and prioritise improvements. However, these were not being used to good effect and were not consistently completed. This meant some issues were either not highlighted, prioritised, or acted upon. For example, conflicting information in personal plans had not been identified. As a result, there was limited evidence that the processes undertaken had informed service improvement.

We could not be confident that quality audits were always being carried out effectively. There was some confusion and a lack of clarity regarding leaders' roles and responsibilities. Some leaders were completing audits, however, there appeared to be a lack of understanding and training on quality assurance and improvement processes.

Observations of staff practice were not being regularly undertaken to assess or address their learning and competence. Whilst some observation of practice was happening, it required to be further developed to support staff to understand how their training and development impacts on practice, and helps to improve outcomes for people who use the service.

People should feel safe and protected by avoidable harm. Accident and incident forms had been completed, however, there was a lack of analysis of these resulting in missed opportunities to learn from incidents. **(See requirement 1.)**

A new manager has been recently appointed, who understands their role in monitoring practice and identifying and supporting improvement. Whilst the manager has made a positive impact since joining the team, they have not been in post long enough to see sustained improvement.

Requirements

1. By 16 April 2023, you, the provider, must ensure that the service is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

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

- a) Ensure the service's performance is assessed through effective audit and other quality assurance processes;

- b) Ensure staff in leadership roles are trained in quality management, supported in their role, and are allocated sufficient time to implement the service's quality assurance processes;
- c) Ensure action plans are put in place and implemented to support improvement when required; and
- d) Ensure the impact of improvement work is subject to ongoing review and assessment to determine the extent to which the improvements have positively impacted on the health, safety, and wellbeing of service users, and staff knowledge, skills, and confidence.

This is to comply with Regulation 4(1)(a) (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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How well is our care and support planned?

2 - Weak

We evaluated this key question as weak. While strengths could be identified, they were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare and safety of people may be compromised.

Everyone had a personal plan in place with some guidance around the care and support they required. When we spoke with people, some were not aware of their personal plan, and no-one had access to their plan as they were kept in a cupboard inaccessible to them. Staff told us that people were involved in decision making for their care and support, but this was not supported from inspection of the files.

Some plans contained only very basic information, and there was a lack of consistency in the quality of plans across the service. Some plans had not been updated, and one contained conflicting information in relation to the individual's end of life wishes. We found legal documentation for one person in another person's file. These issues were resolved when inspectors highlighted this to the provider.

Plans did not accurately reflect the care and support being experienced by people. It was difficult to establish from the records if people were being supported to bathe regularly, and in line with their preferences. Records of how people spent their day were minimal and there were gaps in records.

Risk assessment and management plans, especially in relation to the management of falls were insufficient. For example, where a person had experienced a fall, insufficient analysis of the event had taken place and no measures were put in place to reduce the risk of further falls. Some assessments for bed rails showed that the equipment was not needed but the rails were put in place anyway. This could potentially increase the risk for an individual and could additionally act as a form of restraint.

There was limited information about people's physical and mental health needs, therefore, opportunities may be missed to care for and support people appropriately, and in a way that they wished.

Personal plans did not reflect up-to-date good practice guidance, and care reviews were not being carried out in line with legislation. A lack of effective quality assurance meant that failures were not picked up or addressed. **(See requirement 1.)**

Requirements

1. By 1 December 2022, you, the provider, must in consultation with the service user or their representative, have in place a written plan which sets out in detail how their health, welfare and safety needs will be met.

This is to comply with Regulation 5(1) and (2) (Care plans) 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 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).

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

In order to help people move around with reduced need for assistance, and to enable them to access outdoor space more easily, the service provider should review the design of the premises. This should include the use of colour schemes and signage, to help people living with dementia and other cognitive impairments find their way to communal facilities and their bedrooms.

Reference to The King's Fund Environmental Assessment Tool would be useful in providing ideas for design changes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can use a mix of private and communal areas, including accessible outdoor space, because premises have been designed or adapted for high quality care and support' (HSCS 5.1); and 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 18 April 2019.

Action taken since then

This area for improvement has not been met. Insufficient progress has been made, therefore, this area for improvement will be extended and followed up at next inspection.

Previous area for improvement 2

In order to ensure that people receive their medicines in line with prescribed instructions, the service provider should:

- Complete the review of medicines administration practice; and
- Implement any changes necessary to improve processes and practice.

This will be followed up at the next inspection of the service.

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, are 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 1 April 2021.

Action taken since then

The provider had reviewed administration of medication practices and completed changes required. Staff had received training as necessary and medication was reviewed with people's GP as necessary. This area for improvement has been 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 well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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	4 - Good
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?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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