

## North Haven (Care Home) Care Home Service

North Haven Care Centre  
Brae  
Shetland  
ZE2 9TY

Telephone: 01595 743 850

**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Shetland Islands Council

**Service provider number:**  
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CS2005097981

## About the service

North Haven Care Home is situated in the village of Brae on mainland Shetland and overlooks Busta Voe and Brae area. The service provides long term and respite care to a maximum of 15 adults or older people.

The building is split into two sections, with the residential service on the top floor and a day care service on the ground floor. The rooms are all homely with communal lounge and dining areas and the bedrooms have en suite facilities.

The outside garden area is landscaped with areas for sitting out and there is a central patio area for further outdoor pleasure.

## About the inspection

This was an unannounced inspection which took place on 27 September 2022 to 3 October 2022. 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 four people using the service and three of their family
- Spoke with four staff and management
- Observed practice and daily life
- Reviewed documents.

## Key messages

- The home was largely clean and tidy with two areas noted that need to be improved.
- Family were very happy with the care that their relatives received.
- People looked clean and well dressed.
- People told us they liked living there.
- There were staff shortages and a relatively new manager.

## 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 good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	4 - 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

People's wellbeing was supported to a good level, with strong areas of practice and small areas for improvement.

People and relatives told us they were happy with the home. The support and the organisation were directed by individuals wishes and we were told that "dinner is always tasty" and "we're happy living here."

We heard that families were appreciative of the support towards overall wellbeing. For example, we were told of one woman who "was not so happy in her original room and the home were happy to move her and she is much happier now." We were also told that people's meals would be 'tailored to her needs' and one person gets the same tea that they always had at home. We noticed, and families confirmed, that "everyone is really caring, Mum is always clean and neatly dressed and comfy." These aspects help people to feel like themselves and to maintain a pride in themselves.

People told us that the support workers had "things for them to do." There were activities going on for people to join in with, for example making flower collages, and commemoration for the Queen's death. One man said he doesn't join in but likes to watch stuff. It was good to see that individual activities were also important, for example it was recorded that someone enjoyed "lunch at table with others," "enjoyed a yarn with carers," "doing her wordsearch." People were supported to celebrate their birthdays, and to send cards or gifts to their family on special occasions. This meant they kept in touch with family and with milestones in life.

There was a good medication system, with correct storage and medication administration recording sheets. One area which could be improved was recording of "as and when required" medication. There was no note of the effect that the medication had, so it was difficult to track and work out whether it needed to become regular or could be discontinued, or altered. This was discussed with the manager, who said that they will consider this and how to ensure this information can be recorded and used to good effect.

The home was clean looking, smelt fresh and was warm. Following discussion it became apparent that not all staff were consistently using the correct cleaning fluids for each part of the home. This increased the possibility of cross infection. The manager understood this, and said they would ensure all staff received training and that guidance was available to ensure they could check they were doing things correctly (area for improvement 1).

### Areas for improvement

1. The service should maintain a high standard of infection prevention and control by ensuring that:

- a) Up to date guidance is available for all staff
- b) All staff receive training in how to follow this guidance, and which products to use in different areas of the home.

This is to ensure infection control practices are consistent with "NHS Scotland, Antimicrobial Resistance Healthcare Associated Infections, Scottish Health Facilities Note 01-05 Safe Management of the Care Environment Cleaning Specification for Older People and Adult Care Homes," (which links in with the Care Home Infection Prevention and Control manual); and

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

'My environment is secure and safe' (HSCS 5.19); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

## How good is our leadership?

## 3 - Adequate

Quality assurance and ongoing improvement was at an adequate level. The shortage of staff had led to some tasks and records not being completed and this needed to improve. There were good systems and processes available but areas such as daily care notes, supervision, audits, and maintenance were not all up to date. This could impact on people's experience of living in the home with potential for things not working as well as they should, or something being forgotten.

A manager had recently come in to post and they seemed to be making a positive difference. Meetings had been reintroduced with all staff including the administration and domestic teams which meant one person (the manager) had an overview of everything that was happening in the home and would be able to direct improvements. Having one clear leader was helpful for daily working, for example the handover sheet had not been used effectively. The manager was now encouraging this which provided an easy access for all new information that was important for people each day. The handover sheets enabled discussion at handover and clarity throughout the day/week of what was done and what remained to be completed. The monthly stats folder for areas such as weights, bowels, showering, pressure areas, falls was being used again and providing a useful overview of people's health each month, leading to identification of areas where improvement was needed to promote good outcomes for people.

Staff told us that they were looking forward to having a full leadership team in place, to guide them and ensure everything could be kept up to date.

Through discussion with the manager it was apparent that, although the accidents and incidents were correctly detailed, and outcomes and learning considered, on the council system, they were not being notified to the Care Inspectorate. It is important that all notifiable events are submitted timeously so that everything is recorded and able to be tracked and audited. This recording system lessens the likelihood of similar things happening again, so improving future outcomes for people (area for improvement 1).

Routine maintenance of the home was also a little difficult because of shortage of staff. Key areas for safety were up to date, for example there were no major areas of concern from the latest fire service report and the extinguishers had been serviced. The water temperature checks were completed but the dates needed to be confirmed for some of them. The manager recognised the importance of all maintenance being up to date to ensure safety in many different aspects of people's lives. They had taken steps towards this by liaising with a handyman from another home and drawing up a maintenance plan to get everything up to date within the next six months. We discussed some specific areas for remediation, and they were addressed within two days.

## Areas for improvement

1. To maintain transparent reporting procedures, the provider should ensure all notifiable events are submitted to the Care Inspectorate timeously.

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); and

is in line with guidance - 'Records that all registered care services (except childminding) must keep guidance on notification reporting.'

## How good is our staff team?

## 3 - Adequate

Staff's knowledge, competence and development was at an adequate level with areas of strength and also some areas that needed to improve.

The staff seemed happy at work and they mentioned the good teamwork and support that they appreciated. Some care plans, notes and practice showed that staff understood what was required for good care, and people were getting good outcomes from their support.

The training spreadsheet was out of date and the manager was aware that staff needed to be brought up to date in some areas. One example was moving and handling, where the trainer was off for a prolonged period. The manager explained that this training was now planned with a different trainer, so people were getting their refreshers once more. It is important that staff training is up to date across all basic areas, to ensure a depth of knowledge and an openness to new ideas for improved support (area for improvement 1).

It was difficult for the leadership team to maintain regular supervisions with carers because the home had been short staffed for many weeks. The senior staff had supervision with the new manager recently and they said this was helpful to make sure they were keeping up with the most important things. A reminder had been sent to everyone to approach a senior any time they needed to chat, and staff told us they were comfortable to approach anyone if they needed help. This ensured some support was available and the manager hoped to reinstate regular supervisions soon.

All the staff we spoke to mentioned being short staffed and that they found this difficult in terms of working extra shifts and not having as much time as they would like to chat with people. All mentioned they were pleased that the new manager was now in post and felt this would help to keep things organised and have someone to 'run' everything. The manager assured us that recruitment was ongoing which will help with consistency once people are in post.

## Areas for improvement

1. To maintain an informed staff team, able to provide high quality support the provider should ensure all staff are, at a minimum, up to date with initial training and refresher courses covering all basic areas of support.

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).

**How good is our setting?****4 - Good**

The setting promoted people's independence and support to a good level. The building was purpose built so was spacious enough in all areas to enable movement and individuality. This was enhanced by the way the building was used, for example by putting a settee in the dining area as well as the table, so that people had an additional seating area to choose for relaxing. There were wee side tables for people to use in the lounge, making it homely and easy to enjoy a cup of tea throughout the day. People's rooms were big enough for some personal items of furniture and they were individualised with pictures, ornaments, cushions and rugs, so people could feel at home in their own personal area.

Some areas were not enhancing the setting, such as the patio area which was bare and neglected looking. This would not encourage people to enjoy using it. There were two menu boards in the dining room, one of which was unused. This could be confusing if people were looking to see what then next meal was. These areas were discussed with the manager who agreed they should be improved and will add them to the plan.

Generally the safety aspects of the setting were good with some areas for improvement, which have been discussed under Quality Assurance elsewhere in this report.

**How well is our care and support planned?****4 - Good**

Assessment and personal planning reflected people's outcomes and wishes to a good standard, and people and relatives said they were happy.

The support plans were individualised, and written respectfully. There were good descriptions about how people liked their care to be delivered. People's wishes were respected, for example it was noted that someone chose no showers for a few days but the daily notes said that they had been accepting a body wash, and this was maintaining their good hygiene.

Documentation for people who had made advance decisions, or who no longer had full capacity to make their own decisions, was in place and up to date. This is important so all staff can make sure that people's wishes are respected. One relative told us that there was good involvement for themselves as Power Of Attorney, which ensured the person's wishes would be uppermost at all times.

Reviews were being held regularly and involved the person, their family and various staff members, so that there were a range of views to help get the best support planned.

People were encouraged to keep up with healthcare assessments with professionals from the multi disciplinary team being involved. People's plans showed regular appointments with audiology and the dentist, meaning they had continual checks for their health. Also, someone had a nutritional risk assessment and then continued contact with the dietitian and the community nurse to make sure they received enough nutrition. The staff used food and fluid charts to monitor their reasonable intake and although they had variable nutrition their weight was staying steady (as shown by regular weighing).

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

### Requirements

#### Requirement 1

The provider must ensure that all those using the service have a personal plan which sets out how a person's health and wellbeing needs will be met. Account must be taken of pre-admission assessments and steps be taken to mitigate potential risks immediately on admission to the service. Plans must be completed within 28 days of admission to the service. This must be achieved by 28 July 2019.

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.' It is also necessary to comply with Regulation 5(1) (Personal Plans) of the Social Care and Social Work Improvement Scotland Regulations 2011.

**This requirement was made on 28 June 2019.**

#### Action taken on previous requirement

This requirement was put in place prior to covid, so has now been in place for 3 years. The plans we saw were at a good standard.

**Met - outwith timescales**

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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