

An Acarsaid (Care Home) Care Home Service

Liveras Park
Broadford
Isle of Skye
IV49 9AW

Telephone: 01471 822 670

Type of inspection:
Unannounced

Completed on:
25 October 2022

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2012307181

About the service

An Acarsaid is registered to provide a care service for up to 10 older people. This includes respite and step up/step down care. The service is located in Broadford, and is close to a range of local amenities.

The care home offers en-suite facilities in all bedrooms. As well as an open plan dining room and lounge, there are some smaller seating areas located throughout the home. There is a spacious conservatory which has very pleasant views to the garden. Accommodation is provided over two floors, with a lift available for access to the upper floor. There is also a small kitchen area which people could use to make tea and coffee as they wanted.

There were ten people resident in the home during the inspection.

About the inspection

This was an unannounced inspection which took place on 18 and 19 September 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 6 of family/representatives of people using the service.
- spoke with 13 staff and management.
- reviewed online surveys submitted by 9 relatives, 3 staff and 3 visiting professionals.
- observed practice and daily life.
- reviewed documents.
- spoke with 3 visiting professionals.

Key messages

- Staff were kind and caring, and interacted meaningfully and respectfully with people.
- People benefitted from being supported by staff whom they got to know, and who understood their preferences well.
- Staffing presents challenges within the service, and staff were very busy, but remained focussed on ensuring people's comfort.
- People benefitted from regular opportunities to participate in activities.
- The care home was clean and homely.
- Feedback from relatives was very good.
- People benefitted from a proactive approach to accessing health and specialist care.
- People's care plans should be formally reviewed on a more regular basis.
- Quality assurance could be used more effectively to support service improvement.
- Staff training and formal professional development opportunities should be extended.

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| How good is our leadership? | 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?

5 - Very Good

We evaluated the service's performance under this key question as very good. This applies where we see major strengths in supporting positive outcomes for people and where there are very few areas for improvement.

There were positive relationships between staff and people living in An Acarsaid. People living in the home were supported with kindness, dignity, compassion, and respect. It was clear that staff knew residents well and there was evidence of warm caring relationships between them.

Relatives we spoke with told us that they were confident that their family member was experiencing very good care..

Their comments included:

"My relative could not be better looked after. The staff are exceptional in all areas of care".

"My relative has dementia. She is always treated with respect and kindness. Her humour is enjoyed by the staff.. she is content and feels safe".

People's nutrition and hydration needs were met well. Drinks and snacks were offered regularly throughout the day. We were confident that staff were monitoring people's nutritional intake. During the days we were visiting the home the number of people using the dining room were smaller than usual. However, we observed good team work and an organised approach towards ensuring that people's meals were served timeously, and that those needing assistance in their rooms were given this assistance. The provider uses a chilled meals catering company to provide meals to the home, although this is supplemented with home made soup and freshly cooked vegetables. Relatives told us that that their relative ate well and enjoyed the food. Staff told us they continued to monitor what people were enjoying, and accordingly adjust what was ordered .

It was evident that the service had good links with local health and social care professionals. This helped to ensure people's health and wellbeing was supported. For example, where staff noted changes in people's health, presentation or wellbeing, advice and guidance was sought from the appropriate health professional and any recommended interventions were put in place quickly. Referrals for more specialised health consultations were acted on in a timely manner.

Comments from relatives or professionals regarding healthcare included:

"I have seen many residents flourish in the months following their admission to An Acarsaid . There is genuine care for each individual".

"The support my relative receives is absolutely fantastic. Her health has improved since becoming a resident of An Acarsaid. I feel she is very safe and well looked after".

We also heard about a team who worked sensitively and professionally to provide a high standard of palliative or end of life care.

The medication management system was satisfactory. Regular audits were being completed to ensure that the system was running as it should, and the management team were looking at how they could add value to these audits to ensure that they captured any areas where improvements were required.

Care plans, health and risk assessments were well written and generally up to date. This enabled staff to support people in keeping with their known wishes. Various assessment tools and charts were in place to monitor people's health, for example, skin breakdown, nutrition etc. We concluded, however, that the service could develop how they use the information in these charts to inform and evaluate support planning.

(See key question 2 , area for improvement 1).

While we saw that some individual reviews had taken place, some were overdue. They should implement a plan to hold a review for each person at six monthly intervals. These meetings should be an inclusive opportunity to check that the care plan is right for the person. A record should be held of each meeting, and any action points should be identified.

(See area for improvement 1).

People benefitted from regular opportunities to participate in a range of activities that were planned with people's interests and preferences in mind. There was a part time activity worker available over three days each week. As well as group activities, there was a focus on spending time with people on a one to one basis. This offered stimulation and companionship to people who spend their time in their rooms, or for those whose group activities were either not suitable or their preference. While staff were very busy we observed that when possible they did make good use of any opportunity that arose to sit alongside people and make conversation. As the activity worker is present over three days, there could be benefit in the team having some focussed discussion to look at how people's need for meaningful activity could be enhanced outwith those times.

The service was operating in line with the Scottish Government guidance regarding visiting arrangements. People were able to visit at times that best suited them and the person they were visiting. We were told: "We are always welcome to visit at any time of day, for however long. They have been accommodating over the last year".

During the inspection, due to an outbreak, the service were operating on the basis of people having visits from designated visitors. This had been communicated to relatives and appeared to be working well. Staff also enabled people to maintain contact with their loved ones, supporting telephone or video calls in accordance with the person's preferences. While in the main people we spoke with described proactive communication, we heard about a number of occasions where someone had not been proactively informed of some important events. Staff and management should work to ensure that the potential for this is avoided, so that relatives can continue to remain active in their loved ones' care and support.

Housekeeping and care staff worked well to keep the environment clean and tidy whilst maintaining a homely atmosphere. Staff were confident and knowledgeable about the actions they needed to take to reduce the risk of spread of infection. There were plentiful supplies of personal protective equipment (PPE) and hand hygiene stations located conveniently throughout the home. During the inspection we discussed some areas where practice could be strengthened. For example, we saw that some wheelchairs and other equipment should be stowed elsewhere to prevent a cluttered area, and some inappropriate storage in the sluice room. These were remedied, but we thought audit practice could be developed so that environmental checks, storage, and cleaning records would be incorporated into regular quality assurance systems. **(See key question 2 , area for improvement 2).**

Areas for improvement

1. To ensure people's health and wellbeing benefits from regular review and evaluation the provider and manager should ensure that review meetings, are held at six monthly intervals. These meetings should be documented. This should include:

- a) a summary of the discussion held;
- b) details of any decisions and actions to be taken.

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

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement.

The service was well led, and benefited from committed leaders who were visible in the service and involved in all aspects of service provision. This meant that they had a good understanding of what was happening for people.

There were experienced staff in the home who were attentive to the range of people's needs and wishes. They were able to assess how someone was, and if some actions to improve a health or wellbeing matter was needed then this was followed up on. Staff were confident that concerns regarding residents' health or wellbeing would be dealt with appropriately, and where necessary, escalated.

There was also good contact with external professionals and, again, the management and team were able to take on board advice, and engage in open communication. Relatives described an approachable management team whom they felt confident that they could approach with any difficulty in expectation that every effort would be made to resolve a problem. This helped to ensure that people received care and support to a standard they should expect.

The provider had well established systems to support governance of the care and support they provided. For example, there were effective systems in place to check on accidents and incidents, adult support and protection (ASP) concerns, and adverse events. Within the service there was good evidence to support effective monitoring of people who had experienced a fall, or who had a wound. However, we identified examples where, although records were being maintained, they were not necessarily being used effectively to guide or evaluate care. Examples we identified included topical medication records, oral health care charts, food and fluid records and weights. We concluded that people's care would benefit from a regular review of such records, to ensure these were being accurately completed, and used to plan care. **(See area of improvement 1).**

The provider has a quality audit system in place, which was to some extent being used to check that expected standard was being implemented. For example, audits were being conducted about medication and standard infection control precautions. The service should implement clear audit timetable thus ensuring a more consistent approach towards using quality assurance to inform where improvements could be made. **(See area of improvement 2).**

Despite staffing challenges the leadership and staff team have managed to continue to deliver a very good standard of care, where people are supported to live comfortably, and in a homely environment. While appropriately prioritising care delivery, there has been other areas impacted, for example, staff development opportunities have been more limited. While staff told us about very good informal supports, we concluded that these could be extended through a focus on reviewing individual training needs, consolidating staff supervision and arranging regular staff meetings. **(See area of improvement 3).**

Areas for improvement

1. The provider should continue to develop strong leadership and staff competency by embedding daily quality assurance processes. This should include signing or completing oral health care charts, topical medication charts, skin integrity checks, and reviewing food and fluid monitoring charts. This will ensure that staff meet the legal requirements for recording care, and support accurate assessment and evaluation of care.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

2. . To ensure people benefit from a culture of continuous improvement, the service should ensure that they :

- a) implement a quality assurance framework that they use meaningfully to assess where improvements can be made;
- b) incorporate checks of the environment;
- c) continue to develop their service improvement plan, which takes account of the results of regular audits, feedback from people, and observations of lived experience.

This is to ensure that 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).

'I use a service and organisation that are well led and managed.' (HSCS 4.23).

3. To ensure that staff benefit from a culture of reflective practice and continuous learning the provider should:

- a) review staff training needs;
- b) plan a programme of staff meetings which are used to plan and discuss service development;
- c) plan staff supervision meetings, and use these as an opportunity to develop understanding of individual learning needs;
- d) continue with a programme of planned competency assessments and observational practice to inform individual and service development.

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).

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

1. To promote good care, staff should ensure that when people are prescribed emollients and creams as part of their planned care, that they administer them as prescribed and follow good practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My care and support meets my needs and is right for me". (HSCS 1.19)

This area for improvement was made on 20 March 2020.

Action taken since then

This area of improvement remains partially relevant. The provider has implemented appropriate documentation which records what skin preparations people are prescribed and the circumstances that these should be applied. These were in place for each person we checked. However, we observed that there were frequent gaps in the record of administration, and that some of the direction given could be more robust. An area of improvement has been made under key question 2, that will include reference to this. This area of improvement will not be continued in this report.

Previous area for improvement 2

In order to ensure and sustain good standards of care the provider should ensure that there are the right number of suitably trained staff working in the service to meet people's needs.

In doing so the provider should ensure that the team have training which ensures that they have the necessary skills and knowledge relevant to the complex needs of people experiencing care.

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

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

"People have time to support and care for me and speak with me". (HSCS 3.16)

"I am confident that people respond promptly, including when I ask for help". (HSCS 3.17)

This area for improvement was made on 20 March 2020.

Action taken since then

The care home has made progress with this area although staffing continues to be challenging.

The provider has successfully recruited to vacant posts , and they have managed to recruit some additional bank staff .

As with many services across the sector, staffing remains fragile. There are ongoing challenges which mean that despite their efforts they are often not able to have the number of staff, that they assess as being optimum, on each shift. This relates to care and support staff.

While we were satisfied that the quality of people's care had not been significantly affected, we were aware that this did at times impact on staff morale.

Staff training continued to require a focus to ensure that all staff, including new staff have had the right range of training relevant to their role. A new area of improvement regarding staff development will be made, consequently this area of improvement will not be continued in this report.

Previous area for improvement 3

The manager/provider should develop individual care plans further to ensure that personal outcomes are identified for people experiencing care which link to the person's own needs and preferences. In doing so they should ensure that care planning and daily recording provides an on going evaluation of progress made towards meeting or maintaining outcomes for people using the service

In addition care plans should reflect an up to date assessment of the person's needs. This should take into account any risks, including, but not confined to, client handling needs, and any accidents or incidents that may have occurred.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "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 20 March 2020.

Action taken since then

There has been a good focus on care planning. Support plans are of a good standard, were generally up to date and clearly set out people's support needs, as well as their strengths and preferences. While there continues to be some scope for developing care plans, including around ensuring an outcome focus, and regular evolutions, this can be addressed within their ongoing improvement agenda.

This area of 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

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| How well do we support people's wellbeing? | 5 - Very 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 | 5 - Very Good |
| How good is our leadership? | 4 - Good |
| 2.2 Quality assurance and improvement is led well | 4 - Good |

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