

Melvich Community Care Unit (Care Home) Care Home Service

Sinclair Court
Port Skerra
Melvich
Thurso
KW14 7YL

Type of inspection:
Unannounced

Completed on:
3 November 2022

Service provided by:
NHS Highland

Service provider number:
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Service no:
CS2012307250

About the service

Melvich Community Care Unit (Care Home) is a care home registered to provide a service to a maximum of six older people. The provider is NHS Highland. The service was registered with the Care Inspectorate on 30 March 2012.

The home is located in the hamlet of Port Skerra near to the village of Melvich on the west coast of Sutherland. The home is a single storey building. The care home accommodation comprises of 6 single bedrooms with full en-suite facilities. Each bedroom has a small kitchenette where people who used the service or their visitors could make tea, coffee and snacks. There are on-site laundry and kitchen facilities; most meals are freshly prepared on-site and dining is provided in a homely lounge/dining area.

At the time of the inspection there were five people living in the home.

About the inspection

This was an unannounced inspection which took place on 11 and 12 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 five people using the service;
- spoke with five staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- People were cared for in a kind and respectful way.
- Staff were good at developing warm, meaningful relationships with people.
- The service could offer more opportunities to enjoy a range of planned activities.
- Management arrangements needed to be settled and stable to ensure consistency and continuity.
- Quality assurance processes needed to improve.

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

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 quality indicator as adequate. This is consistent with a service where there are some strengths that just outweigh weaknesses. The recognised strengths have a positive impact, but the likelihood of achieving consistently positive experiences and outcomes for people is reduced because key areas of performance need to improve.

People living in the care home, and their relatives, spoke highly with regards to the staff. Comments from people living in the home and their relatives' included the following:

- "They are all good to me here".
- "I enjoy it (living in the home) very much".
- "They are all busy but they make time".

There were positive relationships between staff and people living in Melvich Community Care Unit. We saw that people were supported with dignity, compassion, and respect. People trusted the staff which means that they could be open and discuss any issues that might concern them and be confident that these would be dealt with and resolved quickly.

Staff supported people with discretion and sensitivity, for example, with mobilising safely, and engaging people in activity. It was clear that staff valued residents, recognised their needs and respected their choices.

Staff worked with local healthcare services including the community nursing team, GPs, speech and language therapists, dentistry, opticians and dieticians. Staff made referrals appropriately if there were changes in people's health, presentation or wellbeing. This helped to ensure people's general health and wellbeing was monitored and supported.

People's nutrition and hydration needs were met well. Drinks and snacks were offered regularly throughout the day. Meals were mostly cooked fresh daily, but there was a selection of pre-prepared meals on days when there was no cook available. Meals looked appetising and smelled delicious. This helped stimulate appetites and encouraged good nutritional intake. The cook was aware of people's food preferences and any dietary needs they had.

There were some social activities happening for people living in the care service, however, this depended very much on staff to arrange, plan and lead on the activity. Staff had limited time to organise and set up a regular programme of activities that reflected people's interests and wishes. This was an issue highlighted through the feedback received from staff. Having opportunities to participate in and enjoy different planned activities on a regular basis has a positive impact on people's emotional and physical wellbeing. It enables people to be more socially included and provides enriched life experiences. **(See area for improvement 1).**

Information in people's care plans needed to have more detailed information to guide and direct staff. For example; the prompts and physical support people needed and what they are able to manage for themselves. Health and risk assessments were in place, however, there were significant inconsistencies noted in the assessments sampled in one person's care plan. These were not dated so it was difficult to see which assessment was the most current and therefore what support was required. **(See area for improvement 2).**

It was not clear from the documents that staff were consistently following care plans. For example, one person was at high risk of developing pressure sores. Staff were to support with repositioning at regular intervals. However, there were no records to support when the last change of position had taken place. This meant that there was an increased risk of developing pressure areas. **(See area for improvement 3).**

The administration of topical medication was inconsistent. For example, one person was prescribed a topical cream for pain to be applied three times daily. However, the medication records showed this was administered only once daily. This was an area for improvement highlighted at the inspection in December 2019 and repeated at the last inspection in January 2020. There has been no progress in meeting this area for improvement and the medication records gave no assurances that people were getting their prescribed medication at the right time and in the right way. **(See requirement 1).**

The recording of occasional or 'as required' medication in general was of a poor standard and the rationale for giving 'as required' medication was not clear. For example, a prescribed medication may be given for one person up to four times daily, but records show this was routinely administered four times every day. We could not find a record to confirm that a medication review for this person had taken place. **(See area for improvement 4).**

At the last inspection, an area for improvement was made about using assessment tools to check that pain was present before administering 'as required' pain relief and to record the outcome to ensure it was effective in reducing signs of distress. At this inspection visit, we found no evidence of pain assessment tools being used. Some information on the impact of pain relief medication was noted on the back of the medication administration record, however, this was inconsistent. **(See requirement 2).**

Staff interaction with people was positive, it was clear staff know their residents really well and can talk about their lives and interests; what their current needs are and how to support them well. Staff were heard speaking to all residents in a warm genuine and respectful way. Several residents have little contact with their families so the relationships they have with staff are very important

Contact details for next of kin and wider family are included in people's personal plans and the circumstances in which they would wish to be contacted. Residents are supported to keep in touch with relatives and friends through telephone calls and FaceTime. However, internet connectivity is very patchy here and not reliable as a means for communication with friends and family.

The home was visibly clean. Housekeeping staffing arrangements meant that some shifts were contracted to a private provider. These arrangements meant that housekeeping services were available every day, including weekends. Staff were aware of what products to use for different cleaning tasks. Staff were aware of and knew how to access the latest Infection Prevention and Control (IPC) guidance. They were observed to be wearing PPE appropriately and had completed training in handwashing PPE and IPC.

Cleaning records were not being completed consistently. For example, records showed that frequently touched surfaces were not being done as frequently as they should be and daily, weekly, monthly, cleaning records were not always completed. This means that we cannot be assured that there was a robust cleaning routine or that cleaning tasks were rigorously completed in line with standard IPC guidance. **(See area for improvement 5).**

Requirements

1. By 30 December 2022, the provider must ensure that people are supported with their medication, including topical medication as prescribed. In order to achieve this the provider must:
 - a) ensure there is written record, each time medication is administered including date, time, dose and the name, signature or initials of the staff who administered the medication.
 - b) ensure there is a current body map for each topical medication, showing where the medication is to be applied.
 - c) ensure that all staff responsible for administering people's medication have completed training on medication management and this is updated regularly.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 4(1)(a) - Welfare of users

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

'My care and support meets my needs and is right for me' (HSCS 1.19) and

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

2. By 31 January 2023, the provider must ensure that people who are prescribed pain relief medication 'as required' this is managed safely and effectively. In order to achieve this they must:
 - a) ensure staff are familiar with and document the signs and symptoms of pain for people unable to articulate this using a pain assessment tool.
 - b) ensure the medication administration records included the date, time, and dose for each medication administered and state the reason the medication has been given.
 - c) record whether the medication has been effective in reducing signs and symptoms of pain or discomfort.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 4(1)(a) - Welfare of users

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

"Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

Areas for improvement

1. To support people's wellbeing and social inclusion, the service should consider using an activities co-ordinator to lead on and implement a planned programme of activities, trips, outings and in house events. Activities should be made available daily, including evenings and weekends and include time for 1:1 activities for those people who benefit from this interaction.

This is to ensure that 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 1.25); and;

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)

2. In order for people to get the right support at the right time, the information in their care plans and assessments needed to be detailed, accurate and up to date. In order to achieve this, the service needed to ensure that:

- a) all risk assessments, care plans and review documentation are signed and dated.
- b) changes in people's needs or treatment are documented in their plans of care and include the date when the change took place.
- c) the manager should ensure good oversight of care documentation through regular audits.

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

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.'
(HSCS 4.15)

3. In order to be confident that people were getting the right medication at the right time, the manager should arrange a medication review for people who are taking prescribed 'as required' medications.

This is to ensure that 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)

4. To support the services systems for effective infection prevention and control processes they needed to ensure a clear audit trail for cleaning of the environment and equipment in line with national guidance. In order to achieve this they should maintain consistent records of the cleaning tasks completed including:

- a) details of the frequency for different cleaning tasks ie daily, weekly, monthly etc.
- b) the date the task was completed.
- c) the person responsible for completing the cleaning task.
- d) ensure the cleaning records were audited regularly so that any gaps in the cleaning records can be accounted for and action taken to ensure important cleaning tasks are not left undone.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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); and;

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

How good is our leadership?

3 - Adequate

We evaluated this quality indicator as adequate. While we recognised some strengths in this area, these only just outweighed the weaknesses. We found that quality assurance processes were not robust and

lacked the required consistency for the service to effectively assess their own performance in delivering a high quality service.

The service had faced significant challenges over the last three years, including several changes in management. The interim manager had recently stepped up from their substantive post as deputy into the manager's role. This situation was unsettling for staff and residents and it impedes the ability to establish effective oversight and governance. Staffing challenges have further impacted on this situation. **(See area for improvement 1).**

The manager was open about the lack of auditing processes in place, including supervision of staff, direct observations of practice and staff training and development. Management time was, out of necessity, curtailed somewhat, due to having to cover shifts in times of staff illness. Support for the manager from the wider organisation was also limited.

Staff told us that the manager was supportive, approachable and open with both staff and families. This approach supported the development of a cohesive staff team. However, the lack of effective systems, staffing challenges 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.

The service's improvement plan was updated in September 2022. The plan highlighted a range of actions to be taken to enhance the quality of life for residents, support to staff and to support robust quality assurance of the service. Many of the issues had been outstanding for some time previously. However, progress in implementing these action points was very limited.

Issues identified included:

- - Medication audits and reviews;
- - Staff training including for medication;
- - Staff supervision support and appraisal;
- - Dependency assessments;
- - IPC processes and audits.

Quality Assurance is a constant feedback loop that begins with the experience of individuals as the driver to improve practice and service provision. It helps identify what works well and what needs to change in order to deliver consistently good experiences and outcomes for people using the service. Without robust quality assurance systems the service risks becoming stagnant with service failings unacknowledged. **(See requirement 1).**

There was an appropriate system in place for recording accidents and adverse events. The records were completed well, but more detail was needed in order to clarify the risks, what actions had been put in place to reduce risk of recurrence and how this would be monitored.

There are a small number of people living in the care home but their health and social care needs are quite significant, particularly for those who remain in bed and those displaying distress. Staff support can be quite intense at times, but staffing levels have not increased to take account of increased need. Dependency assessments have not been completed consistently and it was difficult to assess whether there were sufficient staffing in the service to meet the needs of the people living there. **(See requirement 2).**

Maintenance records were in place. This responsibility for keeping on top of maintenance and keeping accurate records had been allocated to the handyman. Records were completed well and audited regularly.

Requirements

1. By 31 May 2023, the provider must implement an effective and robust quality assurance system. In order to achieve this they must:

- a) set up and implement regular auditing processes to check service performance in all areas of service delivery.
- b) develop improvement plans which identifies priorities; action points and timescales for completion.
- c) share improvement plans with all stakeholders and
- d) set a date for when progress in meeting the improvement plan would be reviewed.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 3 Principles and regulation 4(1)(a) - Welfare of users

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).

2. The provider must by 31 January 2023, demonstrate that there is sufficient staffing within the home to ensure they are able to respond to the changing care and support needs of people who live in the home. In order to achieve this they must:

- a) ensure dependency assessments are completed every four weeks.
- b) ensure that the social, emotional psychological and recreational needs of people are included in the assessment.
- c) demonstrate how the assessment informs staffing levels on duty.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) regulation 4(1)(a) - Welfare of users and regulation 15(a) - Staffing

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

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

Areas for improvement

1. In order to ensure the new manager has opportunities to learn and develop their management skills, the provider should ensure there are appropriate learning opportunities, peer support and resources to support them in their role.

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

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27).

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

Where people receive 'as required' medication to manage their pain staff should record why the medication is being given, the amount and whether the medication has been effective. This will ensure that people's medication remain appropriate and that their levels of pain continue to be well-managed.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

This area for improvement was made on 21 December 2018.

Action taken since then

There were records of 'as required' medication. However, this was recorded on the reverse of the prescribed medication recording sheet. Some records were so frequent that separate sheets were required to cover all instances. This means that the MARS sheets are confusing and out of sync making it difficult to track or ensure there were accurate records of as required medication.

This area for improvement is **NOT MET**.

We have made a requirement about recording medication accurately under Key Question 1.

Previous area for improvement 2

Where medication is prescribed 'as required' staff should be aware of and document the signs or symptoms that the person may display. An example of this would be a pain assessment tool for pain relief. Once the medicine is administered, the effectiveness of the medicine should be documented.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

This area for improvement was made on 22 January 2020.

Action taken since then

There was no evidence to support any change or improvement in the management or administration of 'as required' medication or the use of pain assessment tools.

This area for improvement is **NOT MET**.

We have made a requirement about this under Key Question 1.

Previous area for improvement 3

The manager should ensure that body maps are consistently used to provide staff with sufficient direction to safely apply people's topical medicines.
Topical medicine administration must be recorded to ensure that staff meet their legal requirements to record 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)

This area for improvement was made on 22 January 2020.

Action taken since then

There was no evidence to support any change or improvement in the management or administration of topical medication or the use of body maps to direct staff in the safe application of topical medication.

This area for improvement is **NOT MET**.

We have made a requirement about this under Key Question 1.

Previous area for improvement 4

The manager and staff should ensure health and risk assessments consistently inform the plan of care, to support staff to meet people's health and care needs.

This is in order 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 22 January 2020.

Action taken since then

There was little evidence to support any change or improvement in this area.

This area for improvement is **NOT MET**.

We have updated the area for improvement under Key Question 1.

Previous area for improvement 5

Where people's skin is at risk, the manager and staff should ensure that an appropriate healthcare professional provides clear and specific information within the care plan to direct staff to manage the risk and deliver care.

The manager and staff should ensure staff consistently record and evaluate preventative care to demonstrate the plan of care is keeping people safe from harm.

This is in order 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 set out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

This area for improvement was made on 22 January 2020.

Action taken since then

There was no evidence to support any change or improvement in the management of tissue viability. Care and support plans did not contain specific information to guide and direct staff in the safe management of people's skin where the risk to skin integrity was high.

This area for improvement is **NOT MET**.

We have updated and revised the area for improvement under Key Question 1.

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	4 - 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

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