

Nordalea (Care Home) Care Home Service

Nordalea Care Centre
Baltasound
Unst
Shetland
ZE2 9DX

Telephone: 01595 745 870

Type of inspection:
Unannounced

Completed on:
17 October 2022

Service provided by:
Shetland Islands Council

Service provider number:
SP2003002063

Service no:
CS2005097993

About the service

Nordalea is a care home for older people that is registered to provide a residential care and respite service to up to seven people including older people. The provider is Shetland Islands Council. It is situated in a rural community in the Baltasound area on the island of Unst, and is accessible from the Shetland mainland by two ferries and a bus service.

It is a purpose built service, providing accommodation in single rooms with en suite facilities over one floor. There are various communal areas including the dining and sitting room, as well as a reminiscence area. There is a well tended garden and the service enjoys lovely views of the local area.

There were seven people living in the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 27 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 three people using the service and three of their family members.
- Spoke with six staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

- People were happy with their care and support.
- Staff were compassionate and enthusiastic about their work.
- There was a positive staff culture.
- Visitors felt very welcome in the service.
- Staff knew people well and provided care according to their individual needs and preferences.
- The service worked collaboratively with external professionals to ensure people's health and wellbeing needs were met.
- The service was clean with a pleasant and welcoming atmosphere.

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?	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

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

There were seven people living in the service at the time of the inspection and staff knew them very well. There was a stable staff team, and this enabled positive and consistent relationships to be formed between people in Nordalea and their families.

We observed kind and compassionate interactions between staff and people. Visiting relatives and professionals also commented that staff were warm and friendly. One person said "the staff here are very good, I have a good team around me. I'm getting time to breathe." People told us they could speak to the staff about any worries, and we saw that staff interactions were unhurried with time taken to speak to people. This made people feel comfortable and support and reassurance was provided at a pace that suited them.

People benefitted from care plans that were detailed and based on people's individual needs, wishes and choices. They were easy to follow and regularly updated which meant they were relevant to people's current circumstances. Relatives' experiences of communication with the service were variable, with some people finding it better than others. We therefore asked the service to consider ways to communicate with families consistently.

We discussed with the management team the importance of keeping up to date copies in individual files of any relevant legal documentation, particularly where the person lacks capacity to make decisions for welfare or finances. This will ensure that any decisions are made by the appropriate person with the relevant legal authority to do so.

We could see good liaison and collaboration with health professionals. Best practice tools were being used to monitor changes in people's condition, and when risks had been identified, appropriate referrals had been made to the community nurses, dieticians or mental health team. Professional advice was recorded in care plans and staff were clear about any changes. This meant that people's health outcomes were supported by receiving the right care from the right person at the right time.

People told us they enjoyed the food, and the meals looked appetising. Choices and individual preferences were supported, and people could choose where and when they wanted to have their meals. Staff had encouraged residents to be involved in cooking, and people were able to make themselves meals and snacks. This enabled people to maintain their independence and skills.

Where possible, people were encouraged to have control over their medication, which worked well to support people who were planning to move on to more independent settings. Audits of medication and staff practice were being undertaken regularly in line with the organisation's policy. As required medication was not always recorded in line with best practice, however. The service should continue to work towards improvements to ensure that people are being supported to take their medication safely (see area for improvement 1).

The service was fully open to visiting which meant that people were able to maintain contact with friends and families. People were also encouraged to spend time with family away from the service. Important

events were celebrated, and we saw people taking part in planned activities that were linked to a theme. People were encouraged to participate in various aspects of this, such as arts and crafts. One person was also able to go out to the local shops, and they felt that this gave their day a focus and sense of purpose. It was positive to see that activities provided considered people's individual abilities. Work had also been started on a "this is my life" folder for each resident, which will afford further opportunity to consider how to support activities and relationships that are meaningful to people. This demonstrated that the service understood the importance of supporting people to maintain relationships, particularly when some families lived far away.

Staff had completed online training in infection prevention and control and appeared confident in the basic principles of hand hygiene and using personal protective equipment (PPE) correctly. This minimised the risk of spread of infection and kept people living in the service safe.

Staff were carrying out enhanced cleaning, and standard operating procedures for maintaining a safe environment were in place. There were some discrepancies in the use of correct cleaning products for the different areas. We therefore recommended revisiting the cleaning specification within the Care Home National Infection Prevention and Control Manual, to ensure that practice within the service reflects the most up to date guidance (see area for improvement 2).

PPE was in good supply and close to the point of use, and clinical waste bins were located throughout the service, so that PPE could be safely disposed of. New guidance reducing the need to wear masks at all times was being followed, and staff were able to describe when they would wear them. This demonstrated that staff had considered how to keep people safe if increased risks were identified, such as during any outbreak of infectious illness.

Formal quality assurance processes to support good oversight and governance of infection control had started, but were limited. We discussed with the management team embedding formal processes so that they are able to identify and address any practice or environmental issues that arise (see area for improvement 2).

Areas for improvement

1. To improve the provision for the health, welfare and safety of residents, the management team should ensure that effective medication management systems are in place and being adhered to by all staff involved in the administration of medications.

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 practice and follow their professional and organisational codes' (HSCS 3.14); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. The service should ensure a high standard of infection prevention and control by strengthening leadership and governance and 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.

c) a regular environmental walkaround and evaluation of staff practice is fully embedded.

The guidance should be based on "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

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

'My environment is safe and secure' (HSCS 5.17); and

'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?

4 - Good

We made an evaluation of good for this key question, as several important strengths clearly outweighed areas for improvement.

Systems were in place to support quality assurance. This included audits of medications and staff competence. Leaders in the service had started work to regularly evaluate the environment and staff practice in relation to infection control. However this work had not yet been fully embedded into the service's quality assurance processes. The manager recognised that further work is required to maintain sufficient oversight and vigilance around areas such as infection prevention and control. This will ensure that a clean living environment is maintained, and that people are kept safe (see 'How well do we support people's wellbeing?').

There was a stable staff team with a number of experienced staff working in care roles. This meant that newer staff were mentored and supported appropriately. Modern apprentices employed within the service were provided with a robust induction process. Staff told us they felt supported by managers and peers, and they had regular supervision sessions. This gave them the opportunity to reflect on their practice and consider areas of learning to support their competence. This ensured that staff felt valued as well as ensuring feedback on practice was used to drive good quality care to people.

Leaders had developed in house training sessions on working with people with dementia and also the Health and Social Care Standards. This training had supported staff practice in key areas and we discussed the benefits of rolling out these sessions again. Leaders retained an overview of staff training by maintaining accurate records. Staff told us about training they had completed, such as infection prevention and control, and how this had impacted on their practice. This meant that leaders were committed to staff development and people could therefore be reassured that staff had completed training that enabled them to be confident and skilled in their roles.

There was a robust system in place to enable the collation of information of areas of risk, such as falls, accidents and incidents, and wound care. This meant that the manager and senior team were able to access accurate and relevant information that informed any areas that required additional focus or improvement work.

A service improvement plan was in place, however it needs to be updated and informed by feedback from people's experiences in order to drive improvements (see area for improvement 1).

Areas for improvement

1. To support people's involvement and participation in how the service is developed, the provider should ensure processes are in place to regularly ask people their views and use this to inform the service development plan.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.6); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.