

# Eilean Dubh Care Home Service

Ness Road  
Fortrose  
Fortrose  
IV10 8SD

Telephone: 01479 788000

**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Parklands Highland Ltd

**Service provider number:**  
SP2012011901

**Service no:**  
CS2021000001

## About the service

Eilean Dubh is registered as a care home for up to 40 older people. The provider is Parklands Highland Ltd and this is the first inspection of the service since registering with us on 30 March 2021.

Eilean Dubh is a purpose built care home situated within its own grounds in the seaside village of Fortrose on the Black Isle. The home has three units, all with spacious en-suite bedrooms. There are communal lounges and dining areas in all of the units. At the time of our inspection, 38 people called Eilean Dubh their home.

The aims for the service set out:

We aim to support people to:

- remain as independent as possible and participate as active citizens within their local community in different ways.
- achieve their own personal aspirations.
- promote independence through a person centred care planning approach.
- support people to get the most out of life with options to maintain and develop their interests, activities and what matters to them.
- actively involve people in shaping their service, how it will be delivered and reviewed.
- develop active partnerships with families and other agencies.

## About the inspection

This was an unannounced inspection which took place between 16 and 17 November between the hours of 09:30 and 22:15. 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 13 people using the service and five of their family/legally appointed guardians;
- spoke with 12 staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

## Key messages

- There had been changes in the management of the service and a permanent manager had recently commenced employment.
- Recruitment of staff had continued to be challenging for the service and agency staff were being used.
- People got on well with the staff who supported them.
- Activities were in place for most people.

## 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
How good is our staff team?	3 - Adequate
How good is our setting?	5 - Very 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

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

People were supported by staff who treated them with respect, dignity and compassion. The manager had made us aware of an isolated incident which was contrary to this. We were reassured by the steps they had taken following on from this incident and were assured this had been an isolated incident.

People spoke positively about the staff who supported them. Observations showed that staff were being respectful and compassionate within their day to day interactions with people living there. People told us:

- 'Staff are very helpful'
- 'People are very good to me'
- 'Staff come with a smile'.

People's health and well-being benefited from their support. There were times when staffing levels were lower than the service planned, often due to last minute absence from staff, which included planned agency care. This had at times affected people's experiences, but we were reassured it had not placed anyone at risk of harm. People we spoke to talked about how lower staffing levels had affected them at times, saying:

- 'They often have to get a carer from another wing to support. I was told there is supposed to be two on here'
- 'At nights, I have heard staffing levels drop to three, when there should be four on'.

The provider had tried different ways to support staffing, which had helped to improve staffing levels. We recognised staffing recruitment was difficult for the service and were reassured the provider would continually assess and review the measures they could take to help the situation.

Activities staff offered a range of central activities, with additional options to support people to connect in and around their communities. This worked well for a lot of people, but there were some improvements which could be made for others. People who tended to spend more time in their bedrooms would benefit from an individual activity plan, which helped to meet their needs around meaningful activity. Some people told us:

- 'The staff don't know me very well, if they asked me more they would'
- 'I don't get asked to do very much, it's quite boring'
- 'I prefer to spend time in my room, but it would be nice to chat more'.

We spoke with activities staff, who outlined their plans to look at activity plans for people. At times when staffing levels were lower, we felt activities staff could contribute more to people's experiences, which would support the wider staffing team more. We will pick up on this more under key question 3.

People told us they were happy with the food offered to them. The cooks often spent part of their day going to see some people, to check everything was ok. We found lots of options were available to people when we were in the service.

The care home had embraced a return to open visiting, and there were many opportunities happening for people which was meeting their needs. There had been connections again supporting a community feel within the care home. For instance, there had been faith based services weekly; intergenerational visits from the younger people from local communities through to a community afternoon social in the care home. All of these opportunities helped to meet people's needs in these areas.

### How good is our leadership?

**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Since our last inspection, an interim manager had been in post until very recently when a new manager was appointed. The interim arrangements put in place by the provider had seen a skilled and experienced regional manager cover the care home manager post until successful recruitment was in place.

These arrangements had benefited the service, as the interim manager (supported by the provider) had implemented improved, quality assurance processes. This was evidenced in the improvement and development plan. We found any requirements or areas for improvement asked of the service from our last inspection had been met at this inspection, which further evidenced an improved quality of work within the care home. For example, the provider and manager had continued to develop upon their complaints processes which had been working better. This should continue to develop further to help support sustained improvements in this area.

The manager had set up various ways to collect people's views and we considered the evidence in support of this. We found there had been positive improvements here. An example of this, had been family meetings/resident meetings, and these were outcome focussed on improvements/suggestions made at these meetings.

With everything considered, the service is performing to a good standard here and should continue to make improvements and developments as part of the course.

### How good is our staff team?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Nationally the care sector has been finding recruitment to be challenging and the provider was finding the same challenges. The provider continued to consider and assess any measures they could take to help improve the situation.

Overall, staffing levels at times were lower than the provider had assessed as needed and this was often due to last minute cancellations, which included agency staff cancelling and some isolations due to Covid-19 or other illnesses. These last-minute cancellations were a significant challenge to the service. We found that overall, these variances in staffing levels had not placed people at risk of harm. At times, people's overall experiences had been affected. Staff told us they worked as well together as they could do. People experiencing support did outline some areas where the variances had affected their experience. For instance, we were told:

- 'Sometimes it takes them longer to offer the support I need, but they usually tell me'
- 'They are quick sometimes and have very little time to talk to me'.

Having considered several different factors around how staffing is arranged and planned, we felt there could be some changes made. For instance:

- activities staff could support more within specific areas of the care home, particularly if staffing levels were low;
- clearer structure around roles and when it was appropriate to take time away from direct care, for instance around medication, writing up notes etc.; and
- reviewing of staff responsibilities to consider if any of the remit could be reduced to free up some more direct care.

We make an area for improvement on these areas (see area for improvement 1).

## Areas for improvement

1. To improve people's experiences, the manager should consider the allocation and planning of staff to allow as much time as possible to be available to support people in meeting their care and support needs.

To do this, the manager should consider:

- a) how activity staff are using their time, particularly when staffing levels are lower than anticipated;
- b) how the various roles within the care home work together; to ensure as much time as possible is available to meet people's care and support needs; and
- c) review of staff remits to identify if changes can be made to free up some time.

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

## How good is our setting?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Eilean Dubh is a purpose-built care home, finished to a high standard with many strengths. Taking these strengths together, the environment provides a setting which supports people's independence. For instance, access to the garden areas is safe for people and is well lit. Areas within the care home are furnished well and there are ample places to sit and relax. People's bedrooms are large and en-suite enabling them to be comfortable in their surroundings.

People can stay in touch with their loved ones using phones, or devices to make video calls because there is effective internet available to them. The building is maintained to a high standard, including when unplanned maintenance is needed, for instance in the event of a lift failure.

People had chosen options within their bedrooms which suited them, and the service had been flexible in how this was accommodated. For example, a married couple had chosen to have a bedroom and then a sitting room, and another married couple had opted to have separate bedrooms.

## How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

Care and support planning had improved with significant progress made since our last inspection. People's care and support was being planned better, supported by the right level of health-based assessments, which were reviewed regularly. Where things could improve would be where the day to day information was being recorded. An example of this would be fluid or food intake charts. We found that neither the paper, nor the electronic care plan had a full record. The regional manager updated at feedback that this had been resolved, with information being inputted on the electronic care plan system.

There was evidence of where some people had been involved, including their family members who were legal guardians for their loved one. Reviews were taking place regularly, and the service was involving appropriate people in those reviews. A family member spoke about the service's approach to the care of their loved one. They said the staff had tried a number of different ways to get the best for their parent and this was a positive thing in the care and support being offered.

Those legal arrangements were listed within people's plan, to help guide staff on who they need to involve. Furthermore, the service had introduced a small number of keyworkers for some people who lived in the care home. The manager outlined the benefits to communication and people's care and support and it was planned to roll named keyworkers out to everyone living in the service.

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

### Requirements

#### Requirement 1

By the 30 May 2022, the provider must ensure that leaders and staff use care plans to deliver care and support effectively. To do this, the provider must, at a minimum:

- a) ensure that all personal plans are reviewed and updated regularly and immediately as people's health needs or risk level changes;
- b) ensure people who are at risk from choking, falls or developing skin damage have an appropriate risk assessment completed and appropriate action is taken to reduce the risk of choking, falls or skin damage;
- c) ensure assessments are undertaken by a trained and competent professional; and
- d) ensure that where people's independence, choice and control are restricted, the legal arrangements and consents are in place, for example, the use of equipment such as sensor mats.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

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) and;

'My rights are protected by ensuring any surveillance or monitoring device that I or the organisation use is necessary and proportionate and I am involved in deciding how it is used' (HSCS 2.7).

**This requirement was made on 25 March 2022.**

### Action taken on previous requirement

People's plans had been updated more regularly and their plans were supported by appropriate health-based assessments.

Additionally, where these were identified, risks had been detailed with appropriate control measures.

Legal arrangements were clear within people's plans and where appropriate legal guardians had signed their agreement around restrictions, for instance, sensor mats to detect a fall or movement.

### Met - within timescales

## 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

To ensure people's overall health and medical needs are consistently met, the provider should ensure people's medication needs are administered as prescribed and intended. To achieve this, the provider should ensure, but not limited to:

- a) the correct medication is always administered to people at the right time by trained and competent staff;
- b) staff consistently evaluate the efficacy of 'as required' medication to ensure people's pain and other symptoms are well managed;
- c) staff use a pain assessment tool to obtain a clear description of a person's pain and if possible to identify the cause of the pain in order to develop a pain management plan; and
- d) there is a minimum of an annual assessment of staff competence and skills in relation to medication administration and where there are indications of poor practice, this is recognised and prompt action is taken to address this.



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

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

**This area for improvement was made on 25 March 2022.**

#### Action taken since then

We reviewed medication plans and records in relation to people living in Eilean Dubh to determine if there had been an improvement in this area.

We were satisfied that medication records had improved and were accurate and easy to follow. People's as required medication plans were up to date and when medication had been given to someone, staff were following up detailing the effect.

Health-based assessments were in place, supporting pain management plans for people.

This area for improvement has been met.

#### Previous area for improvement 2

To ensure people can build trusting relationships with the staff who support and care for them and support peoples' links with their families, the service should;

- a) identify a key worker for people living in Eilean Dubh and their families, representatives and other health and social care providers as appropriate; and
- b) support the key workers to promote regular and continued contact with people's families or representatives and other health and social care providers as appropriate.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as a carer, independent advocate, formal or informal representative are sought and taken into account' (HSCS 2.12) and;

'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with' (HSCS 3.8)

**This area for improvement was made on 25 March 2022.**

#### Action taken since then

We discussed with staff and the manager about the keyworker system. An introduction had taken place for some people living in the care home and this had been working well.

The manager confirmed their plans to continue rolling this out to other people now they had a process in place which was working.

This area for improvement was met.

## Previous area for improvement 3

People should experience an environment which is kept clean and tidy. The provider should review domestic staffing levels, and should ensure that care staff carry out the necessary enhanced cleaning, to keep the care home environment safe.

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' (HSC 5.22).

**This area for improvement was made on 25 March 2022.**

### Action taken since then

We reviewed records and the visual aspects of the care service and were satisfied with the level of cleaning that was being recorded and had taken place.

This area for improvement had been met.

## Previous area for improvement 4

To support people's well being with peg feeding, the provider should review their management of peg feeding plans. This should include ensuring there is evidence of pharmacy involvement regarding any prescribed medication being administered via this route and that is safe to do so. Appropriate MAR sheets should also record the route of administration. Peg feed plans should be audited on a regular basis to ensure they remain appropriate, and people are receiving the right support in line with best practice.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 8 April 2022.**

### Action taken since then

The provider had taken action and had an updated procedure and guidance document in place around supporting people who were peg fed.

The service had not been supporting anyone who required to be supported in this way at the time of our inspection.

This area for improvement has been met.

## Previous area for improvement 5

To support people's wellbeing with catheter care, the provider should review their management of catheter care in the service to ensure people's identified plans are correct on admission and updated with any changes. This should include, where needed, updates to staff training in this area. Catheter plans should be audited on a regular basis to ensure people are receiving the right support in line with best practice.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 8 April 2022.**

**Action taken since then**

We reviewed documentation in support of catheter care and found that the records evidenced clear records pertaining to the management of people's catheter care.

Catheter plans were comprehensive and up to date within people's plans and these were subject to regular review.

**Previous area for improvement 6**

The service needs to review and improve on how they manage concerns and complaints. The service should ensure complainants are informed about their complaints policy and procedure when they raise concerns. Complainants should be kept informed of how their concerns are being responded to and reasons for this as per the policy and procedures.

When complainants request to make a formal complaint this should be formally acknowledged, and relevant information provided. Audits should be undertaken to monitor compliance and any concerns actioned.

This is to ensure care and support is consistent with Health and Social Care Standard 4.20: I know how, and can be helped, to make a complaint or raise a concern about my care and support.

**This area for improvement was made on 8 April 2022.**

**Action taken since then**

The provider and manager had taken steps to reinforce their policy and guidance on complaints and suggestions.

When considering complaints received by the service; these evidenced aspects of the procedure and steps taken to address the issues raised. The service should continue to develop their approach to complaints to further imbed these processes.

This area for improvement has been met.

**Complaints**

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	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	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	5 - Very Good
4.2 The setting promotes people's independence	5 - Very Good
How well is our care and support planned?	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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