

Taigh a'Chridhe Uile Naomh Care Home Service

Daliburgh
Isle of South Uist
HS8 5SS

Telephone: 01878 700970

Type of inspection:
Unannounced

Completed on:
26 October 2020

Service provided by:
Comhairle Nan Eilean Siar

Service provider number:
SP2003002104

Service no:
CS2003009712

About the service

Taigh a'Chridhe Uile Naomh is a care home registered for 18 older people. The provider is Comhairle Nan Eilean Siar.

The care home is located in Daliburgh, a township in rural South Uist. It was purpose-built and opened in 2008.

The 18 bedrooms have ensuite shower rooms and 10 of the bedrooms also have a small kitchenette area. There is one large, light and bright lounge area with smaller lounges available for residents and their visitors. There is a main dining room, with another smaller dining area so that people have a range of choices regarding where they wish to spend their time.

The aims and objectives of the service include: "To provide a high standard of personal and social care to older people in a residential setting so that each person is enabled to live as fulfilling and independent a life as possible."

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate and Healthcare Improvement Scotland.

What people told us

We spoke with six relatives over the telephone and by email. Their feedback was generally positive. Relatives and carers spoke highly of the care and support that staff provided.

Some families raised concerns about communication from the care home, that they were not always kept up to date and that important information was not passed on to staff. Families felt that communication had improved during the recent COVID-19 outbreak.

Families also raised concerns about the levels of staffing and felt at times that staff were overstretched and that staff would benefit from further training, particularly in specific health issues.

People said:

"While she has been up in the home, from our perspective she has received excellent care. We also understand how hard things have been for the employees during this time and wish to pass on our gratitude for their hard work and dedication."

"My family and I were very impressed at the level of care and the above and beyond attitude."

"She tells me constantly how lucky she is and how loving the carers are towards her. This is all I want for her."

"The communication wasn't very good and incidents were not reported timeously to the family - although were reported to senior management."

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

We found the service was performing at an adequate level. There were some strengths but these just outweighed weaknesses. While the strengths had a positive impact, key areas of performance need to improve.

It is important that people and their relatives have regular communication that keeps them up to date on the impact of COVID-19. Relatives spoke highly of the care and support provided and were very complimentary about the way people were supported during the recent COVID-19 outbreak. Families felt that communication at other times could be improved as there was often a delay in the service contacting them about important issues.

While staff had a good knowledge about how to support people to maintain contact with people who were important to them, this was not detailed in their care plans.

Mealtimes were quiet and unhurried, with good physical distancing between people and tables. Meals, snacks and drinks were nutritious, and readily available.

People should be able to choose to lead an active life and participate in a range of activities both indoors and outdoors. We found care staff took the time to sit and chat with people and some people were engaged in meaningful activities. People would benefit more from activities if they were planned and offered regularly. People should be offered more opportunities to give their views and preferences to help plan activities. (see area for improvement 1).

Person-centred and outcome focused care plans are important to ensure that people's health and wellbeing needs are met. We found that people's care plans contained a good personal history and were written in a person-centred way, however, important information was missing. This included information about how to support people who experienced stress and distress, people living with diabetes and people's end of life decisions and choices. Care plans and risk assessments must be improved so that they provide clear guidance on how to safely meet people's health and wellbeing needs and wishes. (see requirement 1).

We found some reviews had taken place, however care plans had not been updated to include any changes agreed at the review. The service must ensure that any actions arising from reviews are addressed in a timely way and that people's care and support meets their needs and expectations. (see requirement 1).

People could be confident that staff were aware of how to identify and respond to changes in their health and wellbeing, including identifying possible typical and atypical symptoms of COVID-19. The service obtained clinical advice and support where required.

It is important that people's medical needs are considered and that they have the correct medication at the right time to support them with any healthcare needs. We found medication administration and recording practices required improvement. Regular medication audits to identify any errors or concerns were not taking place. Staff were not recording the outcome from the use of 'as and when required' medication. This is necessary to help assess whether the medication is effective and so that further advice, care and support

can be provided if required. Staff were not aware of the most up to date medication guidance. (see requirement 2).

The home had a quality assurance system in place, which required further development. This meant that areas for improvement had not been identified or put in place. This limited the extent to which people could benefit from a culture of continuous improvement. (see requirement 3).

7.2 Infection control practices support a safe environment for both people experiencing care and staff

We found the performance of the service in relation to infection control practices to support a safe and clean environment to be good. There were a number of important strengths which clearly outweighed areas for improvement.

People benefited from a home that was bright, spacious and well presented. The home was easy to get around and well signposted for people.

The service had good supplies of personal protective equipment (PPE) which were readily available. Staff and visitors wore correctly fitted masks to reduce the risk of transmission of air borne infections.

Staff performed hand washing at the key points of providing care and when entering or exiting different areas of the home. Staff were seen to perform hand washing before and after providing care to individuals, before tasks such as serving meals and after touching frequently touched surfaces.

People should experience an environment which is well looked after with a clean, tidy and well-maintained premises, furnishings and equipment. There was a good supply of cleaning equipment, products and solutions which were suitable for a range of cleaning purposes and used according to guidelines. Equipment used to care for people was clean and free from dirt or contamination. Additional cleaning duties were scheduled and completed by care staff. We saw that laundry and waste including clinical waste was managed appropriately.

We saw many surfaces, including windowsills, handrails, and some wooden chair arms where the varnish was worn away due to enhanced cleaning; this can prevent effective cleaning. A few ensuite shower rooms' tiles were missing, and some painted walls had minor breaks in the surface. Fixtures and furniture need to be in a good state of repair to allow for easy and effective cleaning. (see area for improvement 2).

A large number of chairs had been removed to storage and could not be inspected. Before the chairs are used again, they should be checked to ensure they are clean, in a good state of repair and can be effectively deep cleaned.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

Staffing arrangements were of a good standard. There were a number of important strengths which clearly outweighed areas for improvement.

On the day of inspection there were sufficient staff to respond to the needs of individuals. People were supported with warmth and kindness and appeared relaxed and contented. Staff supported people to safely socially distance and isolate in their bedroom when required, whilst ensuring individual needs were met.

A contingency plan was in place to support the service in the event of staff absences due to illness or self-isolation following a positive COVID-19 test. The provider should develop a detailed risk assessment within the plan to demonstrate safeguards when employing agency staff or staff from other Comhairle nan Eilean Siar services. (see area for improvement 3).

Training had been provided in all key areas of infection prevention and control. Observations of staff practice were regularly undertaken to assess staff competence in their infection control practices. As a result, people could be confident that staff were skilled and competent.

Staff members benefited from supportive leadership and felt able to raise suggestions or concerns as they arose. Regular informal discussions were welcomed and valued by staff.

The provider had implemented weekly staff testing for COVID-19, in line with guidance. This followed best practice and assisted with the continued protection of people and staff from harm.

Requirements

1. The provider must by 31 January 2021 ensure that effective arrangements are in place to improve the quality of the care service, making sure that people get the care and support that they need and that is right for them. The provider must:

- a) ensure that people are recognised as experts in their own experiences, needs and wishes and their views and those of their relatives or representatives are sought when assessing, planning and evaluating their care;
- b) ensure that each person using the service has a full, written, accurate personal plan in place, which fully reflects the person's health, welfare and safety needs and takes into account their choices and preferences;
- c) ensure that care plans and risk assessments are reviewed with people and their relatives or representatives in accordance with CNES's policy and at least once in every six-month period; and
- d) all care related documentation is regularly reviewed and audited.

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

'I experience care and support where all people are respected and valued.' (HSCS 4.3); and
In order to comply with Regulations 4(1)(a) and 5(a)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. The provider must by 31 January 2021 ensure that medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this, the service must:

- a) ensure that there is a full assessment of service users' needs undertaken with regard to what support they require with medication, including oral and topical medication;
- b) following this, a medication plan should be put in place with appropriate medication risk assessments, medication recording charts and appropriate storage of medication; and
- c) ensure that medication assessments, plans, risk assessments and administration charts are regularly audited to monitor compliance.

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

In order to comply with Regulations 3, 4(1)(a) and 5 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

3. The provider must by 31 January 2021 put into place a quality assurance system which they can use to effectively assess that the quality of care they provide meets the Health and Social Care Standards. The service needs to follow-up on findings and action plans to bring about improvements and these should be included in a service development plan.

This ensures that care and support is consistent with the Health and Social Care Standards which states that:

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

In order to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Areas for improvement

1. People should have the opportunity to access individual and group activities. A daily activity planner should be introduced to ensure that a wide range of activities are offered both indoors and outdoors, meeting the needs and wishes of people using the service.

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)

2. The service should ensure that minor repairs to some areas of flooring, woodwork and handrails is addressed in order that people experience a safe and well-maintained environment.

This is in order to ensure that effective cleaning can take place and is consistent with the Health and Social Care Standards which state that:

'My environment is secure and safe.' (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).

3. The provider should develop clear protocols and risk assessments for the use of agency staff or staff from other Comhairle nan Eilean Siar services. This should include key information about other services where staff have worked and testing arrangements to prevent possible transmission of COVID-19.

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

'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24)

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

Requirements

Requirement 1

The provider must by 14 January 2020 ensure that medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this, the service must:

- Ensure that there is a full assessment of service users' needs undertaken with regard to what support they require with medication, including oral and topical medication.
- Following this, a medication plan should be put in place with appropriate medication risk assessments, medication recording charts and appropriate storage of medication.
- Ensure that medication assessments, plans, risk assessments and administration charts are regularly audited to monitor compliance.

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 in order to comply with Regulations 3, 4(1)(a) and 5 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 28 October 2019.

Action taken on previous requirement

We found poor medication administration and recording practices. Regular medication audits to identify any errors or concerns were not taking place. Staff were not recording the outcome from the use of 'as and when required' medication. Staff were not aware of the most up to date medication guidance.

Not met

Requirement 2

The provider must by 14 January 2020 put into place a quality assurance system which they can use to effectively assess that the quality of care they provide meets the Health and Social Care Standards. The service needs to follow-up on findings and action plans to bring about improvements and these should be included in a service development plan.

This ensures that care and support is consistent with the Health and Social Care Standards which states: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and in order to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 28 October 2019.

Action taken on previous requirement

The home had a quality assurance system in place, which required further development. The service was not completing all of the available audits and there was no service improvement plan.

Not met

Requirement 3

The provider must by 6 April 2020 ensure that there are sufficient staff throughout the home at all times and that they are deployed to ensure that people received the right care at the right times.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14) and in order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 28 October 2019.

Action taken on previous requirement

We found that there were sufficient staff to respond to the needs of individuals and that a COVID-19 staffing contingency plan was in place.

Met - within timescales

Requirement 4

The provider must by 14 January 2020 ensure that effective arrangements are in place to improve the quality of the care service, making sure that people get the care and support that they need and that is right for them. The provider must:

- Ensure that people are recognised as experts in their own experiences, needs and wishes and their views and those of their relatives or representatives are sought when assessing, planning and evaluating their care.
- Ensure that each person using the service has a full, written, accurate personal plan in place; which fully reflects the person's health, welfare and safety needs and takes into account their choices and preferences.
- Ensure that care plans and risk assessments are reviewed with people and their relatives or representatives in accordance with CNES's policy and at least once in every six month period.
- All care related documentation is regularly reviewed and audited.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I experience care and support where all people are respected and valued" (HSCS 4.3) and in order to comply with Regulations 4(1)(a) and 5(a)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 28 October 2019.

Action taken on previous requirement

We found that the majority of care plans were not up to date and did not include sufficient information on how to support people. We found some reviews had taken place, however care plans had not been updated to include any changes agreed at the review.

Not met

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

People should have the opportunity to access individual and group activities. A daily activity planner should be introduced to ensure that a wide range of activities are offered both indoors and outdoors, meeting the needs and wishes of people using the service.

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)

This area for improvement was made on 4 September 2019.

Action taken since then

The service offers a limited range of activities and does not have an activity planner. This area for improvement has not been met.

Previous area for improvement 2

The provider should implement staff support and development tools such as supervision and team meetings in accordance with best practice and their own organisational policy and procedure.

This ensures that care and support is consistent with the Health and Social Care Standards which states: "I use a service and organisation that are well led and managed." (HSCS 4.23)

This area for improvement was made on 4 September 2019.

Action taken since then

We found that staff had regularly recorded supervision meetings and that informal staff meetings were taking place regularly. Staff told us that they felt well supported. This area for improvement has been met.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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