

Eilean Dubh Care Home Service

Ness Road Fortrose Fortrose IV10 8SD

Telephone: 01479 788000

Type of inspection: Unannounced

Completed on: 25 March 2022

Service provided by: Parklands Highland Ltd

Service no: CS2021000001 Service provider number: SP2012011901



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, 31 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.

What people told us

During our inspection, we gathered the views of people in various ways.

People we spoke to who lived at Eileen Dubh said overall that they were happy.

Relatives were largely happy with the care home, although some told us about some concerns they had.

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 well is our care and support planned?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	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.

People were consistently treated with compassion, dignity, and respect. We saw positive relationships between staff and people living in Eilean Dubh. Relatives and people living there agreed with this 'I like the staff, very friendly, helpful and obliging'. Staff were seen to be busy, but they took the time to support people sensitively and in a way which was right for them.

People were able to freely move throughout the home and spend some time in the main garden if they wished too. This was supported by staff throughout the day, allowing people to enjoy the outside.

People were supported to take part in activities, which were planned through the week and the activities team were spending time getting to know people's preferences. The activities staff wanted to bring a personal experience for people, and we saw meaningful opportunities for people to socialise over an activity during our visit. One person told us 'They do offer me things to do, but I often don't feel like it'.

We saw information about people's life histories and their interests on a laminated poster on their door. This offered staff some guidance on useful talking points with people.

Staff could use their time more to ensure they were talking to people more routinely, for instance, when waiting for the hot food trollies to come from the kitchen. We observed staff talking amongst themselves, when these were opportunities to engage more with people who live in Eilean Dubh.

The care home could go further to support visiting, enabling an even better experience for people around those meaningful visits. One person told us they were 'frustrated by lack of flexibility with visiting', and another person said, 'need a consistent approach to what we can do during restrictions – sometimes I hear about other relatives who are allowed to take their relative out'. Guidance was set to change from Scottish Government at the end of March 2022, so the provider should update their visiting procedure to reflect the changes around restriction free visiting as far as is possible. The manager had been supportive of essential visiting during their recent outbreak, and this had been a positive experience for people living there.

The way in which people's medication was managed needed some improvements to help support consistency. We found some of the necessary assessments had not been completed when there was an identified need within someone's care. For example, when someone was on pain medication, there was not always a pain assessment tool in place, and staff did not always consider how effective pain relief had been when this was administered. Improvements were needed to support people in a way which was right for them. (See area for improvement 1).

People were supported with their health and wellbeing by staff who would seek support and guidance from other health professionals, for example, speech and language colleagues, GPs, and dieticians.

Areas 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).

How well is our care and support planned? 3 - Adequate

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

Personal planning was initially undertaken when people moved into Eilean Dubh. The provider used an electronic care planning system, which staff used to complete a comprehensive range of health-based assessments. These health-based assessments then supported staff to complete the necessary care plans and risk assessments.

We found a few assessments had been missed when there was a risk or need identified, for example, someone who was at risk of choking, and there was no choking assessment in place. We found some risk assessments and plans were out of date and did not reflect the needs of the person. Some people did not have the necessary consents for restrictive measures, for example, sensor mats to support people around falls. The service needs to update people's plans routinely, including when there was a change. These should be supported by the necessary health-based assessments, and where restrictions are in place, these consents are signed off by the person's legally appointed guardian **(See requirement 1)**.

Some of the people we connected with told us communication was difficult with the care home, and they found they did not always know how things were going for their loved one. The service should implement a key worker system, which would give relatives a named contact to seek updates about their loved one's care. We identified that this could help support with building positive relationships between staff, the care home, and relatives, and therefore enabling better communication. (See area for improvement 1).

Requirements

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 Statuary 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).

Areas for improvement

1. 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)

How good is our care and support during the 4 - Good COVID-19 pandemic?

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

Domestic staff worked well as a team and made good progress in maintaining an environment which was clean and tidy. Where there were shortages of domestic staff, they found it difficult to complete the necessary routine deep cleaning of areas within the care home. However, during the most recent outbreak, the domestic staff ensured those deep cleans were taking place to keep people safe.

Overall, there needed to be some improvements around deep cleaning and around the enhanced cleaning of frequently touched surfaces. We found these were not being completed by care staff after the domestic

staff had finished for the day. (See area for improvement 1).

The provider had provided adequate personal protective equipment (PPE) stations, with appropriate locations for alcohol hand-based rub, which meant staff were able to access PPE, meaning it was close to point of use. The provider had planned for Covid-19 and the impact this may have on the business within their business continuity plans. Plans were supported by comprehensive risk assessments, which supported safe and effective practices within the home.

Staff felt the training they received was effective through to very effective, and there were routine chances for staff to practice some of the safe ways to put on and take off PPE. Staff reported they had visible managers and leaders, with many commenting on how they felt things had improved with the new manager.

Staff told us they did not have any concerns about people who lived in Eilean Dubh, but there were some concerns about staffing levels. Some staff felt this would increase when the last remaining wing fully opens. The provider had templates in place to assess the dependency levels of people who lived in Eilean Dubh. We highlighted one of these to the manager which had indicated a low dependency when in fact their needs demonstrated higher dependency. These dependency assessments identified what the safe staffing levels were for the various areas within the home.

With the opening of the last remaining wing of the care home, these assessments should be repeated when new people move into the care home. This will ensure that safe staffing levels are being provided.

Areas for improvement

1. 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).

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	4 - Good
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	5 - Very Good

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