

Cathay Nursing Home Care Home Service

St Leonard's Road
Forres
IV36 2RE

Telephone: 01309 675 500

Type of inspection:
Unannounced

Completed on:
6 February 2024

Service provided by:
Wallace Management Services Limited

Service provider number:
SP2019013365

Service no:
CS2019376882

About the service

Cathay Nursing Home is registered to provide care to 41 people. The provider is Wallace Management Services Limited part of the Care Concern group.

Cathay is a single-storey, purpose-built home located within a rural setting close to the town of Forres. All bedrooms are single occupancy with en suite facilities, two of which include en suite shower facilities. There is one large central lounge, a dining room and conservatory. There is an enclosed garden and further grounds set within a partially walled garden.

About the inspection

This was an unannounced follow up inspection which took place on 6 February 2024. 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 people using the service and three of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Some people needed more help with meeting their care and support needs.
- People who spent time in the shared lounge enjoyed activity and social engagement.
- Some people spoke about forming friendships since moving into the home.
- People spoke positively about the benefits of accessing the gardens.
- There needed to be consistent support given to ensure that people drank well.
- People needed more support from staff to help meet their continence needs.
- Leaders needed better oversight of the standards of the care and support people experienced.
- Improvements are needed to care documents to ensure that they are up to date and reflective of people's care and support needs.

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

Requirements

Requirement 1

By 15 September 2023, you must ensure that people are supported to access the gardens and to spend time outdoors. In addition, how people can independently access the outdoors should be reviewed and improvements made.

This is to comply with Regulations 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 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 requirement was made on 17 July 2023.

Action taken on previous requirement

People told us that they had accessed the gardens and spent time outside. The service had improved the enclosed gardens by adding furniture and planters. This had made this area useable and a more enjoyable place for people to spend time. Two relatives said that they had used the gardens during some of their visits. We felt the improved access and appearance of the garden had improved the opportunities for people to spend time outdoors. This had enhanced their lives.

The activities staff in their activities plans, had included time outdoors and activities in the gardens. They spoke about people's positive experiences when outdoors.

We were confident that staff had recognised the connection between people's health and wellbeing and time spend outdoors.

This requirement has been met.

Met - outwith timescales

Requirement 2

By 15 October 2023, you must ensure service users who are living with dementia receive safe and enabling care that promotes their health, independence and wellbeing. In order to do this, you must ensure:

- a) relevant care plans and assessments are person-centred and used to inform staff on how best to support service users who are living with dementia
- b) any known triggers that contribute to stress and distress are documented and known by staff
- c) staff have the knowledge and skills to support service users who experience stress and distress
- d) service users are supported to remain healthy and well by ensuring that they are supported with their nutritional, hygiene and social needs
- e) charts used to record episodes of stress and distress are completed in detail and are available for supporting professionals to inform their decision making
- f) staff implement agreed alternative strategies to support people who are experiencing stress and distress and that medication is used as a last resort
- g) there is oversight and ongoing assessment of staff competencies to enable them to support service users to live well with dementia.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

An extension to this timescale has been agreed to 31 May 2024.

This requirement was made on 17 July 2023.

Action taken on previous requirement

The service had introduced a 'dis-dat' tool. The tool helped identify any triggers that could contribute to stress and distress and also documented how the persons presentation changed when distressed. This information was detailed and would help staff to support people who experience distress.

Community specialists had been consulted and asked to support people who experienced distress. Their recommendations and strategies were then used to inform people's care plans. This would help staff to support people who experience distress.

We sampled a few people's care notes and found that ABC charts were not routinely completed. These forms document episodes of distress and helped identify any factors which may have contributed. Improvements are needed to the completion of ABC to ensure that they provide an accurate history of people's distress.

One person spoke with us about the impact of another person's distress has on their lives. They said that at times they felt unsafe due to episodes of physical aggression. We found that there were no records of these episodes. There was a failure to act and to prevent the negative impact on the person's life. This meant that the episodes of aggression continued and the person continued to feel unsafe.

Improvements are needed to ensure that there is a consistent and effective monitoring of episodes of distress and that the necessary actions are taken to improve outcomes.

This requirement is unmet.

Not met

Requirement 3

By 15 October 2023, you must ensure that quality assurance processes are effective and reflective of the experiences of people and staff practices. In particular you must:

- a) ensure that the leaders on duty provide staff with clear direction and support so that service users experience care that meets their needs
- b) put in place a robust quality assurance system to ensure that the quality of the service users' care and support is subject to ongoing assessment and when areas of improvement are identified these are acted on
- c) ensure that an appropriate action plan is put in place where an area for improvement has been identified, together with a system to ensure that the action plan is implemented
- d) provide evidence that actions taken are being monitored and have supported improved outcomes for service users.

This is in order to comply with regulations 3, 4(1)(a) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

An extension to this timescale has been agreed to 31 May 2024.

This requirement was made on 17 July 2023.

Action taken on previous requirement

The service regularly completed a programme of audits. The outcome of these audits were used to inform the service improvement plan.

We found the oversight and assessment of the quality of people's care and support continued to need improved. Leaders failed to identify when there was a failure to meet people's care and support needs to a satisfactory standard.

Leaders should have led the mealtime service and this would have helped the dining experience to be more organised and could have prevented people being sat up at dining tables well in advance of the meal.

Leaders should have identified and acted when people had not had the right support to help them look their best.

When we reported the areas of malodour in the service, leaders took the necessary action, however, we felt that improved oversight should have already identified this.

Leaders should have intervened and followed up with staff when people's continence needs were not met appropriately.

Leaders in the service need to improve the oversight of the quality of the care and support people receive. This will ensure that there is a focus on improving people's outcomes and help with people experiencing consistent standards of care and support.

This requirement is unmet.

Not met

Requirement 4

By 31 October 2022 you must ensure positive outcomes for service users by further developing robust systems to effectively demonstrate that individual care/support plans are sufficiently detailed and provide staff with effective guidance on how to support service users. In order to do this the provider must, at a minimum, ensure that:

a) documentation and records are accurate, sufficiently detailed, and organised and reflective of the care / support planned or provided

- b) all risk assessments are accurate and updated regularly
- c) people, where appropriate have an anticipatory care plan (ACP) in place that reflects their wishes and, where appropriate, those of their representatives
- d) staff be able to demonstrate through their practice that they have a clear understanding of the role of the Power of Attorney
- e) personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this
- f) show evidence of regular monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities, and can demonstrate this through their practice
- g) they are aware of and have ready access to the Care Inspectorate guide for providers on personal planning audits.

An extension to this timescale has been agreed to 28 February 2023.

An extension to this timescale has been agreed to 31 May 2024.

This requirement was made on 21 November 2022.

Action taken on previous requirement

People's care and support needs were documented in care plans and assessments. These records were extensive. There had been some improvements in the content of these notes. However, there continued to be inconsistencies in updating assessments, the accuracy of some of the assessments and some care plans lacked detail.

Examples:

One person did not have a continence assessment. This was needed to help ensure their continence needs were met appropriately.

One person who was at high risk of falls did not have an accurate record of their falls recorded. This meant that an accurate history could not then be used to inform decision making about reducing the risk of them falling.

One person's diet and fluid plan stated that they were independent, however, they actually required the support of staff to eat and drink well.

One person had lost weight and was at risk of further loss. The plan stated they needed their weight monitored weekly, however, this was not being done. This meant that the increased risk was not used to inform enhanced monitoring.

One person's health had deteriorated, however, their end-of-life plan did not have the necessary detailed information on how to meet the additional care and support that would help meet their changed needs.

We found that ABC charts were not consistently completed when an episode of distress occurred. This meant that decision making was not informed by the person's history.

Improvements continue to be needed to ensure that people's care plans and assessments are accurate and reflective of their care and support needs.

This requirement is unmet.

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

The service should ensure that people receive the necessary care and support to help them meet their washing and grooming needs.

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).

This area for improvement was made on 17 July 2023.

Action taken since then

Most people appeared to have received the appropriate levels of care and support to help them look their best. However, a few people needed more assistance to help them look their best. Care charts were signed to indicate that personal care needs had been attended to, however, we found a few toothbrushes dry. People spoke about the positive experience a visit to the refurbished hairdresser had, however, a few people needed more help with grooming of their hair on a day-to-day basis. We found one person had not had their care needs attended to till late morning. This appeared to be due to staff availability and not their choice.

We found some people had not been supported to wear their specs or have their hearing aids in. One visitor said that when they visited their loved one would not have their hearing aids in. This impacted on their ability to participate and take part in home life.

Further improvements are needed to ensure that everyone received the right care and support with their washing, dressing and grooming needs.

This area for improvement is unmet.

Previous area for improvement 2

The service should ensure that people receive the appropriate care and support to help them meet their continence needs.

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

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected (HSCS 1.4); and

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

This area for improvement was made on 17 July 2023.

Action taken since then

We found some areas of the home were malodorous. One person's bedroom smelled strongly of urine. This impacted on their comfort and dignity.

One person did not have an assessment of their continence needs completed. This meant that their needs were not then used to inform their plan of care. This increased the risk of their continence needs not being met.

People were assisted to sit up for lunch some time prior to the meal being served. People were not assisted to access the toilet prior to lunch. The lunch service took a long time and people remained in the dining room for a resident meeting. This meant that people were sat in the dining room for a considerable time with no assistance or attention paid to their continence needs. This resulted in two people being soaked in urine. We found one armchair in the lounge soaked with urine.

We felt that improvements were needed to ensure that people were supported with their continence needs.

This area for improvement is unmet.

Previous area for improvement 3

The service should ensure that people who require assistance to keep hydrated are provided with the care and support that ensures they have enough to drink.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

This area for improvement was made on 17 July 2023.

Action taken since then

People who spent time in the shared lounge had access to hot and cold drinks. Some people did not receive the necessary support to help them with their drinks. Staff removed some hot drinks that had gone cold and untouched. Staff failed to identify that the person needed a fresh cup and assistance to drink it.

A few people in bedrooms did not have access to fluids, either they were not provided or they were out of reach.

We felt there was a missed opportunity at lunchtime to provide juice or water when people were supported to the tables. Some people sat for a long time before the meal and fluids were only provided when everyone was in the dining room.

This area for improvement is unmet.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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