

Tor - Na - Dee Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
21 March 2024

Service provided by:
Care UK Limited

Service provider number:
SP2003002341

Service no:
CS2011300793

About the service

Tor-Na-Dee Care Home is owned and managed by Care UK Limited. It is registered to provide a care home service to 74 older people and one named person under the age of 65; and there were 68 people living at the service at the time of this inspection.

Tor-Na-Dee is a purpose-built two storey care home, set in landscaped gardens and is located on the outskirts of Aberdeen City. People have access to the town bus service, local shops, churches and cafes. People have a choice of well furnished sitting and dining rooms and bedrooms are furnished to a high standard. All bedrooms have en-suite shower facilities.

About the inspection

This was an unannounced inspection which took place on 20 March 2024 between 9:30 and 15:30. 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, information submitted by the service and intelligence gathered since the last inspection.

To inform our evaluations we:

- spoke with 15 people using the service and three relatives who were visiting at the time of the inspection
- received 25 completed questionnaires
- twelve relatives also contacted us by email
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were welcoming, warm and working hard to meet people's needs.
- There was very good oversight in the home, meaning people's needs were being addressed promptly or managed effectively.
- Communication with families was very good.
- There was an established, stable staff team who were visible and readily available to respond to people's requests and needs.
- There was a culture of trying to make people's life and experiences better.
- The quality assurance systems and auditing processes was linking to people's outcomes and experiences.

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?	5 - Very Good
How good is our leadership?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

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

Staff were kind, compassionate and respectful when interacting with people. People spoke highly of the staff who were supporting them. A person said, "the lads that put me to bed are just wonderful. I didn't know if I'd want men helping me, but those lads are excellent" whilst another said, "I can still make my own decisions, and they don't stop me." Staff were smiling at people and used first names to speak to them, this showed familiarity. Observations of interactions were sensitive to individual need. For example, people who had sensory issues were supported by staff using gentle touch and comfort. As a result, staff were treating people with dignity and respect.

People were involved in decisions about their daily life. For example, a person spoke about choosing the colour of paint for the dining room, whilst others spoke about being asked what activities they would like to take part in. People's personal plans were of a high standard and were based around their preferences, choices and wishes. This contributed to the ethos of people being experts in their own care and support.

People's lives were meaningful and they had purpose to their days. There was a lively atmosphere in the home with plenty of stimulation and activities. People were seen enjoying dancing, painting and spending time outside in the garden area. A person said, "I love the singing here" whilst another said "I feel so relaxed" following a 'namaste' relaxation session. As a result, people were enjoying themselves. Although care staff were often providing essential care and support, these interactions were provided with meaningful engagement. Staff spoke to people about their interests whilst assisting them to eat and drink. Consequently, people's days had deeper purpose and meaning.

People were supported to maintain pride in their appearance and were very well presented. Staff had a good understanding of people's care and support needs. People's personal plans provided clear guidance around how to support them in ways that were meaningful. Therefore, people's personal needs were being met and people were receiving the care that was right for them.

The leadership team had good knowledge and understanding of the medication system and people's needs. Staff were using a computerised medications management system to record medication, which was providing good oversight. However, some people's medication required more detailed entries, this was discussed with staff who updated the system promptly. Overall, medication was well managed, meaning people were receiving their medication as prescribed.

Anticipatory Care Planning (ACP) and Palliative and End Of Life Care (PEOLC) had been a focus of improvement within the service. People's individual wishes, thoughts and views were recorded in ACPs. The management and staff were in the process of applying for the gold standard accreditation on PEOLC. People and their families were actively encouraged and supported to have open and honest discussions with each other and staff, around end-of-life care. This meant that, people and their loved ones had a better understanding around ACP and PEOLC.

The documentation to support wound management and pressure prevention was well maintained. Staff had good oversight and regular updates could be seen on the planning system. This led to, people's wounds healing and the risk of people's skin breaking down being reduced.

Staff had a crucial understanding of how to support people who may be stressed or distressed. Carers spoke about remaining calm and using distraction techniques. Personal plans stated that some behaviours may be "misunderstood", which showed good understanding and awareness. As a consequence, people were consistently receiving the care and support that was right for them.

People were incredibly positive about the quality and choice of meals which were enjoyed in a pleasant environment. Staff had a good understanding of nutrition. The advice from visiting professionals, around modified diets had been fully implemented. Staff formally monitored and recorded people's weights, dietary and fluid intake, where appropriate. Staff also supported and encouraged people with offering a choice of hot and cold drinks. As a result, there was consistency in the care and support provided to people.

How good is our leadership?

5 - Very Good

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

There was an established, competent management team in place who were visible and approachable to all. People and relatives said, "Tor-Na-Dee has excellent management, which reflects in the quality and happiness of staff and residents" and "the staff and manager are friendly, attentive and always available when I need somebody for advice or help." There was a supportive culture within the service. Senior staff and management provided guidance and reassurance to an established, stable staff group. We spoke with staff who told us the management team were very approachable. They showed pride in working in the home. Staff were valued and supported well, with structured supervision and training taking place. Staff and the leadership team were knowledgeable about the people and their families and how to meet their needs and wishes, this supported in improving outcomes and experiences for people on a daily basis. The staff team worked very well together to improve outcomes for people.

The manager and leadership team had good oversight of people's needs. Clinical oversight for areas such as wounds, nutrition and weight were reviewed by the management and leadership team regularly. This led to people receiving appropriate care and interventions for their health concerns in a timely manner.

A range of quality assurance audits were used to inform the leadership team and senior management about how the service was performing. Both managers and staff were involved in the auditing processes. This embedded an improvement focussed culture within the service. Audits covered specific aspects of the services day to day management. Where issues were identified, action plans were in place to make improvements and reduce risk. The management team strived for excellence. Meticulous and consistent quality assurance records were maintained and regular evaluations of staff practice was undertaken. This meant that people benefitted from a culture of improvement.

The service improvement plan was detailed and updated regularly. This was based on self-assessment and was supported by specific action plans to drive continuous improvement. Systems and processes were in place to gain people's views, thoughts and ideas for future improvements that could be made to improve people's lives. People and their relatives were involved in the life of the home. The management team and staff had built trusting relationships. People's thoughts and views were proactively sought through several ways, including the 'resident of the day'. People felt comfortable raising suggestions or views. The management team were extremely responsive to everyone's views and had taken them into account. This ensured that people felt included and that the needs, outcomes and wishes of people living in Tor-Na-Dee were essential in their care.

Unplanned events, such as accidents, incidents and protection concerns, were managed well. Complaints were managed very well by the service. The manager reviewed incident records, ensuring timely action was taken to improve outcomes for people. Lessons learned from complaints and unplanned events were discussed and were shared with the staff group, such as concerns over moving and handling practices and medication errors. This assisted in reducing the likelihood of the event reoccurring. People could be assured that there was a culture of openness and learning.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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