

## Spynie - (Care Home) Care Home Service

Duffas Road  
ELGIN  
IV30 5JG

Telephone: 01343 552 255

**Type of inspection:**  
Unannounced

**Completed on:**  
7 March 2024

**Service provided by:**  
Intobeige Ltd

**Service provider number:**  
SP2004005486

**Service no:**  
CS2003055110

## About the service

Spynie Care Home is a care home for older people and is registered to provide a care service to a maximum of 56 people.

Five of these places may be provided to named individuals under 65 years old.

Spynie is a single storey building located on the outskirts of Elgin, it is a short distance from the town centre. There is a bus stop nearby. All bedrooms are single occupancy and have en suite facilities. There are three units, each with their own dining and lounge area.

## About the inspection

This was a follow up inspection which took place on 07 March 2024 between the hours of 09:00 and 14:30. The inspection was carried out by two adult inspectors and one complaint inspector 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
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Improvements had been made to people's personal care.
- Improvements had been made to the care of people's nutrition.
- Improvements had been made to the staff's understanding of their role.
- More work needs to be done to ensure people's pain is managed well.
- The service should review its use of restraint to ensure this is appropriate.
- The service should improve communication, both internally and externally.
- The service should improve the care provided when changes in people's skin care needs occur.

## 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?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Two requirements were made at our previous inspection. Since then, the service had put action plans in place to manage the improvements needed. The service had made improvements in addressing the requirements. Both requirements were met. However, there remained some concern regarding improvements not being fully embedded into practice regarding people's preferences, nutritional choices and information regarding people's dietary needs being readily available to staff. Therefore, we have made a further two areas for improvements. **(See 'What the service has done to meet any requirements we made at or since the last inspection' and areas for improvement 1 and 2).**

We found evidence of some practices that restricted people unnecessarily. One person's door was locked from the outside and due to their poor mobility, they had no ability to open this. Although appropriate referrals had been made to safeguard the person there was no risk assessment in place for this type of restraint and no longer-term plan in place for risk reduction. We had concerns that the impact of this decision placed the person at increased risk of isolation. When speaking to the leadership team, other options had not been considered to reduce risk. The service should ensure that it completes appropriate risk assessments and considers least restrictive practices in relation to restraint. **(See area for improvement 3.)**

The service had identified changes in a person's skin integrity. A care plan was in place; however, this did not inform clinical staff practice. Monitoring of the person's skin was not being recorded on appropriate tools. This could result in staff being unable to identify changes in the person's skin and lead to skin breakdown. The service should make improvements to its care and support in relation to skin integrity. **(See area for improvement 4.)**

### Areas for improvement

1. To ensure that people's experience of care and support meets their needs, wishes and choices, the provider should ensure that communication strategies are improved. To do this the provider should, at a minimum:

- a) ensure people's preferences are recorded, reviewed, and made available to staff
- b) improve leadership oversight of people's care and support and address this when this is not as stated in the care plan
- c) develop and agree individualised communication strategies for people and their families.

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).

2.

To ensure people have access to sufficient food that they enjoy, the provider should ensure that all people are given more choice of meals and snacks, whilst ensuring staff have the relevant information to ensure these choices are consistent with the plan of care. To do this the service should, at a minimum:

- a) ensure people are aware of alternative options before the meal service and know how to request these
- b) ensure sufficient snacks are available and easy to access
- c) ensure staff have information at the point of service to ensure all people's dietary requirements are known.

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

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

3.

To ensure people's rights and freedoms are respected, the provider should ensure that, where restraint is appropriate, that this is risk assessed and least restrictive. In order to do this the provider should, at a minimum:

- a) review all incidents of restraint and ensure these are least restrictive and have sufficient risk assessments in place
- b) ensure staff have sufficient knowledge around proportionate uses of restraint.

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

4.

To ensure that people maintain good skin condition and comfort the provider should ensure that, where changes in people's skin occur, sufficient monitoring, care planning and recording take place to reduce the likelihood of skin breakdown.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

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

### Requirements

#### Requirement 1

By 11 October 2022, the provider must support people to ensure they maintain good standards of hygiene and personal care. To do this, the provider must, at a minimum:

- a) identify any barriers to providing people with the personal care and support they need and explore solutions to address these
- b) assess and plan strategies to meet people's personal care needs
- c) ensure staff delivering direct care to people understand their role and responsibility in supporting them to achieve good standards of personal care
- d) improve day to day monitoring of care outcomes.

To be completed by: 11 October 2022.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

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 2011 (SSI 2011/210).

**This requirement was made on 8 September 2022.**

#### Action taken on previous requirement

Improvements had been made to people's personal care. People appeared clean, dressed well, had their hair washed and gentlemen were shaved. This meant people could look and feel their best.

The provider had implemented additional training to ensure staff understood the importance of one-to-one personal care. Documentation in people's rooms clearly stated the service's expectations. This meant staff understood what was required of them to ensure residents' personal care needs were met.

The service is currently working towards implementing new person-centred care plans. These detail what works best for a person and reflects a person's wishes for their day-to-day support. These should act as a quick reference guide for staff. The service should continue to embed these new tools and monitor the effectiveness of these in meeting people's outcomes.

Recordings were being completed to monitor people's personal care. When people were not receiving personal care as frequently as they should, this was not communicated well within the staff team or to families. People's preferences were not always respected by staff. For example, where a person's plans stated that they preferred a bath, there was evidence that showers were being provided. This could result in people being unhappy about their care. The service should improve communication with people, their

families and the staff team to ensure people's experience of care improves.

While some aspects of this requirement have been met, there are aspects that still require improvement. We have made a new area for improvement. (See 'How well do we support people's wellbeing? area for improvement 1')

## Met - outwith timescales

### Requirement 2

By 16 December 2022, you must ensure that people are supported to have good levels of nutrition and hydration. To do this, you must at a minimum:

- a) ensure that there are enough staff to ensure that people receive the support they need to eat and drink well
- b) ensure that snacks and drinks are available and that people can access these when they choose
- c) ensure that input from the relevant allied professional is sought, when people have lost weight. And that the recommended changes are acted upon
- d) put the necessary observation charts in place to ensure that when people have lost weight or at risk of weight loss, their nutritional intake can be monitored
- e) ensure that there are alternative meals and types of food available to ensure that everyone has the opportunity to enjoy meals that they like and are able to eat.

This is to comply with Regulation 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:

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33)

'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); and

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

**This requirement was made on 12 January 2023.**

### Action taken on previous requirement

There were sufficient numbers of staff in each wing of the home to provide mealtime support. Drinks were available and there was a good amount of choice. People had access to fluids in their rooms. A nutrition champion was present on each wing. We spoke with all nutrition champions and received a consistent response, describing their role. We were told that they ensure all people have eaten well and stay hydrated. The nutrition champion directed staff to where they needed to be. We could see clear recordings of people who had eaten. This meant that there was oversight of people's nutrition.

We saw good communication around people's weights. Nurse stations had clear records of who needed to be weighed and we could see evidence that this had been done. The service accessed the support of dietitians when required. This meant that when people lost weight, they monitored this and sought expert advice to support the person.

Meals looked and smelled appetising, and people said they enjoyed their meal. People who required an altered texture diet, were considered with dignity. The altered texture food was prepared and presented attractively. There was limited information available to inform staff about dietary requirements at the point of service. Staff appeared to know this information, however, relied on memory, or referring to individual care plans. The service should ensure this information is readily available at the point of service to ensure people get food and fluids that are right for them. **(See 'How well do we support people's wellbeing?' area for improvement 2.)**

Alternative meals were available; however, these were not clearly displayed for people. People were offered these if they declined the set meal choices. This meant people had to wait to have something else prepared. Snacks were not made readily available to people. Where snacks were seen these were not easily accessed and not appetising. This could result in poor nutrition for people. The service should ensure people are aware of, and can request in advance, alternative meal options and have access to appealing snacks. **(See 'How well do we support people's wellbeing?' area for improvement 2.)**

While some aspects of this requirement have been met, there are aspects that still require improvement. We have made a new area for improvement. **(See 'How well do we support people's wellbeing?' area for improvement 2.)**

**Met - outwith 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

Improvements should be made to how pain levels are assessed and monitored to ensure that people have their pain well controlled.

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 8 January 2024.**



**Action taken since then**

Improvement had been made in making referrals to ensure people's pain medication met their needs. We could see medication changes to reflect a person's needs and that this was given as prescribed. We observed a person get pain medication quickly when this was requested.

Pain medication did not always have sufficient care plans and recordings. Care plans were not updated following medication reviews with allied professionals. "As required" medication did not always have an accompanying care plan to inform staff on how to manage people's pain. The result of a person taking pain medication was not consistently recorded on medication records. Pain monitoring tools were not consistently used. This meant people's pain was not always well-managed.

**This area for improvement was not met and remains in place.**

**Previous area for improvement 2**

Improvements should be made to shift leaders understanding of their roles and responsibilities in ensuring that they understand that oversight of people's outcomes are reviewed and action taken when the standards of care and support people receive, is below the expected standards.

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

'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 8 January 2024.**

**Action taken since then**

The provider had ensured additional support was available to the leadership team at the service. Senior management have been supporting in the home, making improvements since our last inspection. This has had a positive impact in improving staff understanding of their role. We sampled records that showed improved training in one-to-one care, shift leading and leadership. Leaders in the home have been booked on the provider's leadership development course. The service had also sourced, and received positive feedback from, an external trainer. This meant people were being supported by staff who were working towards gaining the necessary skills to support them well.

We spoke with domestic staff who had undergone COSHH (Control of Substances Hazardous to Health) training. Staff told us there had been discussions in the home to learn from past issues around people's safety in relation to storage of chemicals. We saw chemicals being stored safely and not left unattended. This meant people could benefit from a safe environment.

Training for adult support and protection was ongoing. To ensure that people benefit from this, the service should continue to embed the learning from this in all aspects of day-to-day practice.

Competency checks on all staff were ongoing. This meant leaders were observing staff in various aspects of their role and assuring they were carrying this out well. Where there were areas for improvement, these were recorded. The service should continue assessing staff competency and ensure that areas for improvement are improved.

Leaders directed staff well. We saw staffing allocations that considered the needs of people in each of the wings. We observed meal services run well. Staff were responsive and attended to people quickly.

We noted that communication around personal care was not always effective. (See 'How well do we support people's wellbeing?' area for improvement 1.)

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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