

Dalginross House Care Home Service

Comrie
Crieff
PH6 2ED

Telephone: 01764 670 861

Type of inspection:
Unannounced

Completed on:
26 April 2024

Service provided by:
Linda Paterson trading as Dalginross
House

Service provider number:
SP2003002113

Service no:
CS2003009752

About the service

Dalginross House is a privately owned care home for older people situated in a residential area of Comrie, close to local transport links, shops and community services. The service is registered to provide care for up to 15 older people and two named adults under the age of 65 years.

The service provides accommodation over three floors in single bedrooms, each with an en-suite wash hand basin. There is one double bedroom that may be used by a couple. There is a sitting room and dining room on the ground floor level, the mezzanine and first floor are accessible by a stairway with stairlift. There is a large welcoming entrance hall to the home and access to a well-tended garden surrounded by mature trees.

At the time of inspection there were 14 people living in Dalginross House.

About the inspection

This was an unannounced inspection which took place on 22 and 23 April 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 five people using the service and four of their family
- Spoke with six staff and management
- Observed practice and daily life
- Reviewed documents
- Received feedback from visiting professionals.

Key messages

- People were supported by a committed and caring staff team.
- There were sufficient staff on duty to meet people's needs and support meaningful interactions.
- Medications were managed well in the service.
- Since the last inspection, improvements had been made to care plans and quality assurance processes.
- There were potential risks to people from a lack of action taken on identified repairs and maintenance.
- Progress towards improvements was slow and dependent on support from external sources.

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
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	3 - Adequate

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. Whilst there were many important strengths that impacted positively on people's outcomes, there was a potential for these to be significantly reduced as a result of the weaknesses identified.

Care plans and risk assessments had been a focus of recent development work by the staff team and we saw clear improvements to the documentation since the last inspection. This meant that people's support was directed by a more comprehensive range of health assessments.

The service had good links with external health professionals; staff monitored people's health and sought advice when needed and made appropriate referrals. This helped ensure that people living in Dalginross House received appropriate healthcare. We noted however, that people's care plans and risk assessments were not always updated following an incident or a change to their health. There was a risk therefore that care plans and risk assessments did not always accurately reflect the person's needs.

Staff were diligent in recording accidents and incidents, however there was little in the way of analysis or learning from these. The service should reflect on incidents as learning opportunities to improve the care and support people receive.

We found that the process for monitoring bruises and wound care was compromised by how well information was passed on between shifts. There was the potential risk that injuries were not identified and therefore were not managed effectively. We discussed this with the deputy manager who implemented improved processes with immediate effect. This will help support people's health and ensure their wellbeing is not compromised by insufficient monitoring or poor communication.

Where people's independence was limited due to their health condition, families and legal representatives were kept informed of the measures in place to help keep them safe. Staff obtained consent for the use of measures such as bed rails and sensor mats and this was documented in people's care plans. In order to prevent unintentional or inappropriate restraint, it is important that these measures are subject to thorough and ongoing risk assessments that take into account the risks and the benefits of their use **(Please see requirement 1 under the section 'What the service has done to meet any requirements we made at or since our last inspection.' Extended to 31 July 2024).**

We noted that the support people received for aspects of their health, such as falls prevention or continence management had a tendency to be restrictive. Rather than adopting an enabling and person-centred approach, people's wellbeing, their dignity, and mobility were potentially compromised by a 'one-size-fits-all' approach **(see area for improvement 1).**

We carried out a medication audit and it was evident that the service managed people's medications well. There were protocols in place for the use of 'as required' medications, and we saw that there were covert administration pathways in place if needed. These were subject to appropriate consultation and consents ensuring people's needs and wishes were fully considered. The medication system and auditing process in the service meant that people received their medication as prescribed.

We saw that people were offered snacks and drinks regularly throughout the day. People enjoyed their meals in an unhurried, relaxed atmosphere and there were various places where people could eat. People

and relatives, we spoke with were very complimentary about the food, the menu was varied and there was always a choice. People's food and fluid intake was monitored and recorded in their care plans if needed.

We saw how people were involved in planning the menu, and the wellbeing co-ordinator and kitchen staff had recently introduced 'meal of the week' where residents took it in turn to choose a meal. This helped people feel valued and listened to while ensuring everyone's tastes and needs were catered for.

There was a dedicated wellbeing co-ordinator in place, who had overall responsibility for arranging in-house activities and community events. We saw photographs of people engaging in a range of activities and celebrating specific dates and special events. A photograph book enabled families to share the experience with their loved ones as well as enabling residents to continue the enjoyment past the actual event. Staff told us that there were plans to develop this further with a digital display in the main entrance hall. People who chose not to engage in group activities were offered one to one time ensuring everyone could benefit from meaningful interactions in a way that suited them.

Areas for improvement

1. In order to enhance the health and wellbeing of people living in the service, the provider should ensure that care and support is directed by good practice guidance and promotes people's dignity. This should include but is not limited to the promotion and maintenance of mobility and continence.

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

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

How good is our leadership?

2 - Weak

We evaluated this key question as weak. We identified important strengths, but these were outweighed by significant weaknesses which had the potential to compromise the wellbeing and safety of people in Dalginross House.

The deputy manager and the wider staff team had worked hard to improve quality assurance systems. They had sought support for this from external sources. There were several more processes in place for monitoring and assessing key areas of the service, such as the environment, resident of the day, cleaning, and the dining experience. These were being carried out by the deputy manager and team leaders and provided an opportunity for them to develop their knowledge and skills in leadership. Although they were newly implemented, staff told us they could already see the positive impact these were having on areas, such as the cleanliness of equipment.

A newly developed training matrix gave the deputy manager improved oversight of staff training and helped track when refresher training was due. Staff were also receiving regular supervision and appraisals; staff told us that they found these sessions helpful. This helped to ensure that staff maintained their knowledge and skills to care for and support people living in Dalginross House.

Staff meetings had been commenced very recently with the first whole team meeting taking place the week before the inspection. The provider/manager had chaired this meeting and connected with the staff team; however, this had been an outstanding requirement from previous inspections for over a year, indicating the pace of progress in the service was slow.

We saw that details of staff professional registrations were logged and there was a process in place for checking when their renewal was due. This did not include the provider/manager's details whose professional registration we found to have lapsed. It is a legal requirement for a manager of a care service to hold and maintain a professional registration with a regulatory body to protect the wellbeing of the people using the service. This was discussed with the provider/manager who has subsequently renewed their registration.

The deputy manager and staff team are an immense asset to the service. Their commitment to the people they support, dedication to quality assurance activities and willingness to embrace improvements was clear. The deputy manager had created a service improvement plan and was reviewing and updating it regularly, with support from external professionals, to try and drive service improvements forward. However, management roles and responsibilities in Dalginross House were unclear and, whilst we acknowledge the significant amount of work undertaken since our last inspection, it was not always possible for the deputy manager to progress the actions identified.

Without clear delineation of responsibilities within the leadership team, and without the engagement of the provider/manager, the deputy faced challenges such as a lack of training and financial autonomy in making essential improvements for people's wellbeing. This meant that the pace of progress was slow and had the potential to negatively affect the experience of people living in Dalginross House.

A care service provider who is not in full time day to day charge of the service must appoint an individual to be the manager of the care service. The provider/manager in Dalginross House worked flexibly between home and the service and communication with the rest of the team was inconsistent and unreliable. The rota did not always accurately reflect the provider/ manager's presence in the service and this ad hoc attendance impacted on support to staff and oversight of the operation of the service. This lack of oversight had been raised at previous inspections, but it was clear the situation had not improved and was impacting on the service's ability to progress **(see requirement 1)**.

Requirements

1. By 31 July 2024, the provider must ensure the safety, wellbeing and positive experiences of people living in the service:

To do this the provider must, at a minimum:

a) Ensure that the registered manager has day to day oversight of the running of the service.

This is to comply with Regulation 17(c) 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 use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?**3 - Adequate**

We have evaluated this key question as adequate. We identified some important strengths that had positive impacts on people's experiences, but these only just outweighed the weaknesses.

There was a stable and dedicated core care staff team in Dalginross House which was a real asset to the service and benefited the care and support people received. People appreciated the low staff turnover and relatives told us there were always familiar faces when they visited.

There was a real sense of a team approach in the care provided, with kitchen staff involving residents in menu planning and care staff supporting housekeeping staff with laundry and kitchen duties. Staff worked flexibly and were supportive of each other to provide good care. Staff covered vacancies when they could, and the deputy manager worked on the floor when needed. We also heard how mentorship for new staff was positive and supportive.

Staff knew the people they were supporting well. We observed staff interactions with people, and these were warm, friendly and compassionate. People we spoke to confirmed that staff were kind and caring. Staff spoke warmly of the people they supported, telling us the best thing about working in Dalginross House was the people who lived there. Positive relationships between staff and people helps to achieve good outcomes and experiences for people in care homes.

Staffing arrangements were static and were not adjusted in response to changing needs or circumstances, however this did not hamper the care people received. During the inspection, staff were visible and accessible, and call bells were answered promptly. We concluded there was sufficient staffing to allow time to provide compassionate care and to engage in meaningful interactions with people. This meant that not only were people's care needs being met but that they could feel valued and listened to as well.

There was no up to date contingency plan in the event of a number of staff being absent at the same time. The service should consider reviewing and updating their contingency plan to ensure they can continue to meet people's needs in unforeseen circumstances.

Arrangements for assessing ongoing staff competencies gave little consideration to how staff development might improve practice and outcomes for people. Staff should be kept up to date with good practice guidance, to ensure the care and support they deliver is reflective of this.

Leadership development and experience was also limited and narrow which meant approaches to care was static and tended to be reactive rather than proactive and person centred. The willingness of the staff team to learn and develop was evident and demonstrated a commitment to the welfare of those they supported. However, opportunities for their development and progression were limited.

How good is our setting?**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People spoke positively about the homely and welcoming atmosphere at Dalginross House, and we found the service to be generally clean and tidy. Daily cleaning tasks were being completed as well as monthly deep cleans of people's bedrooms. Assistance equipment, such as mobility aids were clean and well maintained and this was supported by quality assurance audits.

The service had a maintenance person who carried out regular checks of equipment to ensure they were in working order, and there was a clear and effective process for requesting and monitoring day to day small-scale repairs or replacements. Although the deputy manager was able to agree minor works, larger repairs were escalated to the provider/manager. The process for this and for ensuring these were followed up was unclear and ineffective.

Whilst we acknowledge the challenges of operating a care service in an old building, maintaining a safe and comfortable setting that supports people's health and wellbeing should be a priority. We were concerned that works identified at the last inspection had not been acted on. An example being essential repairs to a communal bathroom, which meant people living on that floor had no access to toileting or washing facilities. In addition, we noted several other areas of the home in need of maintenance and redecoration. These included some bedrooms where walls were badly marked or the wallpaper was peeling, communal areas where paintwork, doors and skirtings were heavily chipped, and window frames with rotting woodwork which let in draughts. We were disappointed to note that the provider/manager of the home had been made aware of the above but had not taken any action.

Maintaining the fabric of the building is essential to ensuring that people live in a safe and clean environment. These issues had the potential to compromise the experiences, health and wellbeing of people living at Dalginross House (see requirement 1).

Requirements

1. By 31 July 2024, the provider must ensure people experience care in an environment which is safe and well maintained. This must include, but is not limited to:

- (a) Immediate repairs to ensure the building is draught and watertight.
- (b) An assessment of all repairs required both inside and outside the premises.
- (c) Implementing a plan for the upgrading of the premises which sets out all of the work required; and
- (d) Providing timescales for the commencement and completion of all work.

This is to comply with Regulation 4(1)(a) and 10(2)(b) & (d) and 14(d) of The Social Care and Social Work Improvement Scotland.

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

'My environment is secure and safe' (HSCS 5.19).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. We identified some important strengths, but these only just outweighed the weaknesses.

Everyone had a care plan in place which consisted of relevant risk assessments and support plans detailing their care needs. There were clear improvements in completion of documentation since the last inspection, and we recognise this is an ongoing process. Care plans were now useable documents to direct the care and support people received. The plans were written with warmth and respect for the person they represented. More consideration should be given to ensuring they document people's abilities and what they can achieve independently to allow for a more enabling approach to the care provided.

Documentation showed that staff reviewed assessments and plans monthly as routine. It is important that care plans are also updated when needed to ensure they continue to be reflective of people's current needs and risk levels. There was a lack of evidence to show plans and risk assessments had been reviewed and updated following accidents or incidents and it was unclear what actions had been taken. There was therefore a risk that improvements did not follow.

Legal documentation was in place to ensure that the service knew who had legal decision-making powers for the person if needed. End of life care plans were in place, however the quality and quantity of information varied. It is important that people, with their representatives, have opportunities to discuss and agree how they would like to be supported at the end of their lives. Detailed end of life care plans help provide instructions for staff and direct people's future care and support in line with their needs and wishes.

Six-monthly reviews were taking place as required by legislation and there was a tracker in place to ensure these were kept up to date. There was evidence that people and their representatives were involved in this process. This values people and recognises them as experts in their own care and experiences and ensures care plans reflect this. There had been good progress with the development of care plans. We recognise that this is an ongoing process and will require more time to become fully established.

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

Requirements

Requirement 1

By 31 March 2024, the provider must ensure that care plans and risk assessments are comprehensive and accurately reflect people's health and welfare needs.

In particular the provider must:

- a) Ensure the use of restraint, such as sensor mats and bed rails, is supported by evidence of ongoing assessment, discussion and agreement with the person and/or their representative.
- b) Ensure they accurately reflect and assess any identified risks to the person's health such as falls, wounds, nutrition and pain and detail the steps to be taken to reduce these risks.

This is to comply with Regulation 5(1) and 2(c) (Personal plans) 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 am fully involved in developing and reviewing my personal plan which is always available to me' (HSCS 2.17); and

'I am as independent as I can be in agreeing and reviewing any restrictions to my independence, control and choice' (HSCS 2.6).

This requirement was made on 25 September 2023.

Action taken on previous requirement

There were clear improvements in the completion of care plan documentation and routine reviews of information. Relevant risk assessments were in place and completed although these should be reviewed in response to any accidents or incidents to ensure they remain reflective of current needs.

Aspects of people's health were monitored in the care plans. The process in place for monitoring bruising and wounds, however, was potentially confusing. Action was taken during the inspection to improve this.

The assessment of restraint measures was not considered fully in care plans, the risks identified for measures such as sensor mats and bedrails did not include the potential overuse of restraint.

There has been good progress towards meeting this requirement. We recognise that the improvements with care planning is an ongoing process, and further time is needed to fully embed and maintain the improvements. This requirement has not been met and has been extended until 31 July 2024.

Not met**Requirement 2**

By 15 January 2024, the provider must ensure robust quality assurance processes are in place and used effectively to drive improvement and ensure the care and support people receive is safe.

This must include but is not limited to:

- a) Assessment of the service's performance through effective audits.
- b) Development of action plans which reflect audit findings and inform a useable service improvement plan.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 use a service which is well led and managed' (HSCS 4.23).

This requirement was made on 25 September 2023.

Action taken on previous requirement

There were several more processes in place for monitoring and assessing key areas of the service. These were newly implemented but staff told us they already could see a positive impact in some areas, such as the cleaning of equipment. Actions taken as a result of these audits were not always clearly documented or reflected in the service development plan.

We recognise that some of the audit processes are new to the service and will take time to become fully established. Areas of service development should be influenced by findings from the quality assurance activities and further time to meet this requirement is needed to allow for this to progress. This requirement has not been met and has been extended to 31 July 2024.

Not met

Requirement 3

By 17 February 2023, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

a) Ensure that the internal premises and equipment are safe, clean, and tidy by walking the building on a weekly basis. This over-sight will be recorded on a specific template.

b) Ensure that processes, such as enhanced cleaning schedules and regular quality assurance checks of the cleaning undertaken are in place.

This is to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) 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 experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This requirement was made on 14 December 2021.

Action taken on previous requirement

The service was generally clean and tidy. Cleaning schedules were fully completed, and the deputy manager had oversight of these tasks to ensure they had been done. The deputy manager had also implemented processes to monitor and record the care environment and care equipment. There was an effective process for requesting and monitoring day to day and small-scale repairs or replacements.

We have therefore evaluated that there has been enough progress towards this requirement to meet it. However, another requirement has been made to reflect new and significant concerns regarding the slow or limited response from the provider to issues relating to the maintenance and repair of the wider facilities and the potential impact that this has on people living in Dalginross House. Please see the main body of the report under KQ4 'How good is our setting?' for more information.

Met - outwith timescales

Requirement 4

By 3 March 2023, you must ensure that staff and supported people have an opportunity to participate in contributing to a service development plan, on an on-going basis, through meaningful consultation.

This is to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) 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 be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This requirement was made on 18 January 2023.

Action taken on previous requirement

A service development plan had been created based on previous inspection findings. Minutes showed this had been discussed in the recent, newly instated, staff team meeting. Staff we spoke to confirmed that they had been given the opportunity to give feedback at this meeting and also during supervision discussions with the deputy manager.

Residents' meetings had been commenced, and we were able to see evidence of feedback from these being implemented with activity plans. Discussions focused largely on activities and could be expanded to include other areas of people's experience such as their care and support.

Feedback was not yet reflected in the service development plan, but we recognise that this is a new process, and look forward to seeing it develop further and reflect input from stakeholders.

Enough improvement has been made in this area to meet the requirement.

Met - outwith timescales**Requirement 5**

By 3 March 2023, you must ensure that:

a) Staff have a schedule of supervision and regular team meetings to enable them to reflect on their practice, develop knowledge and skills and provide consistent care to those they support. This will also provide a forum for staff to contribute to the improvement of the service.

This is in order to comply with Regulation 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

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).

Also the Code of Practice for Employers of Social Service Workers which state you will: 'Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practice' (2.2).

This requirement was made on 18 January 2023.

Action taken on previous requirement

The deputy manager maintained a schedule of supervisions and appraisals for care staff. The staff we spoke to found this helpful for their reflection and development. There was little support in place for the leadership team, and no plan for supervision or appraisal. The deputy manager was being supported by external professionals to develop improvements in the service.

Team meetings had commenced the week prior to the inspection, for specific staff groups and the staff team. Further monthly meetings had been provisionally planned. The minutes showed staff had the opportunity to contribute to the meetings and that the service development plan had been discussed.

We recognise that there has been progress made towards this requirement, however further time would be beneficial to allow for the team meetings to become embedded in the routine of the service and for

appropriate support and development to be established among the leadership team.

This requirement has not been met and will be extended to 31 July 2024.

Not met

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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