

Melvich Community Care Unit (Care Home) Care Home Service

Sinclair Court
Port Skerra
Melvich
Thurso
KW14 7YL

Type of inspection:
Unannounced

Completed on:
23 May 2024

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2012307250

About the service

Melvich Community Care Unit (Care Home) is a care home registered to provide a service to a maximum of six older people. The provider is NHS Highland.

The service was registered with the Care Inspectorate on 30 March 2012. The home is located in the hamlet of Port Skerra near to the village of Melvich on the west coast of Sutherland. The home is a single storey building. The care home accommodation comprises of 6 single bedrooms with full en-suite facilities. Each bedroom has a small kitchenette where people who used the service or their visitors could make tea, coffee and snacks.

There are on-site laundry and kitchen facilities; most meals are freshly prepared on-site and dining is provided in a homely lounge/dining area. At the time of the inspection there were five people living in the home.

About the inspection

This was an unannounced inspection which took place on 29 April and 1 May 2024. The inspection was carried out by one 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 three people using the service;
- spoke with six staff and management;
- spoke with one relative, and one visiting professional;
- observed practice and daily life;
- reviewed documents.

Key messages

- People experienced kind and respectful care and support from staff that knew them well.
- Relatives spoke highly about the staff and management.
- The new manager had continued to implement changes that improved people's care, wellbeing and safety.
- The management team needed to implement quality assurance systems to regularly monitor standards of care provided, including regular quality audits, staff support and training.

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

4 - Good

We evaluated this key question as good. This is because there were clear strengths with some areas for improvement.

It was clear that they knew people's needs well and we saw several staff members support people who were upset or disoriented, sensitively. This helps people feel safe and that their concerns are validated. Throughout the inspection we observed staff responding to people politely and respectfully and where appropriate, with shared humour.

The service worked with other agencies and professionals to support health and wellbeing and to achieve good outcomes for people. Health professionals told us that communication was good between them and the home. They described staff as welcoming, understanding people's needs well and worked collaboratively with them. This meant that staff were quick to pick up on changes in people's mood or presentation and where required, make appropriate referrals that would support good outcomes for people's health and wellbeing.

The service had robust procedures in place to store, manage and administer people's medication. They had recently changed pharmacy to the local GP service. This meant that changes to people's medication could be initiated very quickly.

The service planned to develop anticipatory care plans for people, but this was not yet in place. This is an important aspect of care and support as it ensures people's wishes about their care and treatment in relation to declining health or medical emergencies are known and communicated effectively. **(See area for improvement 1).**

We saw some supportive relationships between staff and people who lived at Melvich Community Care Unit and heard positive examples from relatives about the care and support people received, for example; 'The care here you just couldn't fault it'. 'They really take care of my relative and they want for nothing'. '(My relative) has her own things with her and that makes her feel at home'

Food was cooked on the premises and home baking always available. The cook knew the residents well and catered to their food and dietary preferences. Meals were attractively presented, and portion size was appropriate. Alternatives were offered if people did not want what was on the menu. This helped promote good nutrition for people with limited appetites.

People gathered in the lounge dining room to eat together. There was a relaxed atmosphere and dining appeared a pleasant experience for those who were able and wished to eat together. This provided good opportunities for socialising. Outings in the local area to coffee mornings and other local event were arranged on a regular basis and were well attended. This helped people to stay connected to their community, family and friends and promoted their wellbeing.

There were good opportunities for meaningful activity and interaction with staff throughout the day. Warm reciprocal relationships had developed between staff and residents, and we saw lots of encouraging conversations going on and shared laughter. This helps people feel safe and valued.

Areas for improvement

1. The manager should ensure anticipatory care plans are in place for all residents and reviewed regularly to ensure they remain up to date and relevant.

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

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. There were some strengths, but these just outweigh weaknesses. Strengths had a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance needed to improve.

The service had experienced inconsistent management for several years. The new manager although familiar with the service, was relatively new in post. She was beginning to find her way around the different systems in operation and to put in place auditing procedures that would identify gaps in service and any potential risks to delivering safe care for people. However, this had been hampered by missing documentation and gaps in records.

There were some systems to monitor aspects of service delivery such as health and safety, care plan and medication audits but, a robust system of quality assurance including self-evaluation was not yet in place.

An improvement plan had been developed, however, progress in achieving targets within the identified timeframes was limited. This was in part due to the service having limited resources, including staffing resources. At the last inspection we made a requirement about implementing robust quality assurance processes. Although we saw some progress in meeting this requirement, this was not sufficient to evidence that this requirement had been met. The requirement has been restated with an extended timescale. **(See what the service has done to meet requirements made at or since the last inspection).**

The service's training plan shows there were significant gaps in staff training with refresher training on some critical care issues showing as outstanding. This included: moving and assisting, safe handling of information, food hygiene; protection of people and infection prevention and control. This has the potential to impact negatively on the health, safety and wellbeing of the people supported by the service. Therefore, we have made a requirement to address this. **(See requirement 1).**

Staff competency was regularly assessed in relation to their knowledge and practice in managing and administering medications, however, competency in all areas of practice should be regularly assessed and discussed as part of routine quality assurance processes. The AFI from last inspection was not met and will be restated. **(See area for improvement 1).**

Supervision had not been a regular feature in the service and is taking some time to become an established routine. Appraisals were not yet completed for all staff. This was an area for improvement in the last inspection report. While staff supervision and support had taken place, there was insufficient evidence to support that this was regular, effective or embedded practice. This AFI is not met and will be restated. **(See area for improvement 2).**

We could not see how the service involved supported people and their families in decisions about the service, particularly about issues that are intended to improve the service in any meaningful way. This is an important aspect of developing robust quality assurance systems and testing how effective changes are in improving the service for people.

(See area for improvement 3).

Requirements

1. By 30 September 2024, the provider must ensure that service users' health, welfare and safety is protected.

In order to achieve this the provider must ensure at a minimum:

- a) ensure a training needs analysis is completed for each member of staff;
- b) develop a plan to deliver any training identified in a timely manner;
- c) assess how effective the training was in meeting gaps in knowledge and skills;
- d) ensure there is a record of any further measures identified to support the learning and development for staff;
- e) ensure training completed satisfactorily is signed off by the manager and the staff member.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019. (as substituted for regulation 15) 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 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)

Areas for improvement

1. The manager should ensure that staff competency was regularly and routinely assessed as part of a robust quality assurance cycle, and that outcomes from individual staff competency assessments fed into support and supervision meetings and annual appraisals and informed training analysis.

This is to ensure that care and support is consistent with Health and Social Care Standards 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)

2. The manager should ensure that staff are consistently supported in their role. In order to achieve this, they should ensure that they implement a formal process of professional support, reflection and learning for staff that contributes to their professional development. Outcomes from professional support and supervision meetings should inform future training for individuals and contribute to annual staff appraisals.

This is to ensure that care and support is consistent with Health and Social Care Standards 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)

3. The manager and management team should ensure that people using the service, and their families, have opportunities and are encouraged to participate in meaningful discussion about making improvements and developing the service.

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

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

How good is our staff team?

3 - Adequate

We evaluated this QI as adequate. While there were identifiable strengths, improvements were needed to be confident of achieving consistently positive outcomes for people.

Staff worked together supporting each other and communicating well with each other. Staff help each other by being flexible in response to changing situations to ensure care and support is consistent and stable.

There was a contingency plan in place in the event of staffing shortages. Additional staffing came from the relief pool and the Care response team. This helped to ensure the same staff were used to maintain consistency for the residents and enabled the temporary staff to get to know the service and residents.

This was a very small care home and staffing levels appeared to be good, however, people living in the care home had complex needs and experienced high levels of stress and distress. From our observations, while this was managed consistently well, staff time was almost fully utilised with supporting people's distress. This meant that one to one time and activities for people were limited. We saw that people sitting in the lounge or having meals in the dining area, were often left on their own; and while staff engaged with them this was often of a passing or fleeting nature and not in planned or meaningful way.

Although staffing had increased in the previous 10 months; the manager and deputy were regularly having to cover shifts when carers were off. We concluded that staffing levels were not sufficient to meet people's current level of need. (See requirement 1).

When staffing allowed, people were supported to get the most out of life. As highlighted under Key Question 1; we saw that staff came in to work on a public holiday so that residents could go to the local coffee morning. This helped people to stay connected to their local community and we note that staff were able to arrange visits from the local school children and musicians to provide entertainment for people and residents.

Requirements

1. By 30 September 2024, the provider must ensure that staffing is sufficient to meet people's health, welfare and safety needs.

In order to achieve this they must at a minimum;

- a. review and update assessments four weekly of people's current needs, including their healthcare, nutritional, social, psychological and recreational needs;
- b. calculate direct staff hours needed to meet each person's individual needs;
- c. record this in each person's care plan;
- d. demonstrate when people's needs change, staffing arrangements reflect the changes.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'My needs are met by the right number of people.' (HSCS 3.15)

How good is our setting?

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home looks and smells clean. Housekeeping staffing levels were sufficient during the inspection, and we saw they worked hard to keep all areas clean.

People living in Melvich Community Care Unit benefited from a comfortable setting. Individuals could choose to use indoor, private and communal areas and had the right to privacy when they wanted. The environment offered homely, well-furnished accommodation.

People benefited from access to all parts of the care home, including a small, enclosed garden area. This meant people could access outdoor space for walks and fresh air. The garden was in the process of a makeover to create a more inviting, attractive safe outdoor space for people to enjoy.

Bedrooms were spacious and decorated to people's tastes. Some people had their own furniture and there were facilities for residents or their visitors to make refreshments in their rooms. Where people were at risk from falling, they were using a low bed.

The colour schemes used in the corridors were bland and 'clinical'. People living with dementia benefit from contrasting colours on the walls to aid orientation. To enhance people's day to day experiences, we would expect good practice guidance such as the 'King's Fund' audit tool to be used to make sure the environment was dementia friendly. **(See area for improvement 1).**

Areas for improvement

1. To ensure people live in a safe and well-maintained setting, both indoors and outside, the provider should ensure as a minimum but not limited to:

- a) the internal and external environment is reviewed to take account of good practice guidance such as the 'King's Fund' tool for people living with dementia;
- b) this assessment is used to inform any planned environmental improvements;

c) people living in Melvich Community Care Unit are involved in decisions about the improvements in ways which are meaningful to them.

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

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support ' (HSCS 5.1).

How well is our care and support planned?

3 - Adequate

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

Most people had care plans and risk assessments in place for example, setting out how staff were to safely support people's stress and distress needs or skin care needs. However, these were not routinely evaluated. The evaluations we saw were used as daily notes rather than evaluations. (See area for improvement 1).

Many of the assessments were out of date and not routinely reviewed. Not all of the care plans contained personal emergency evacuation plans (PEEP). (See area for improvement 2).

Following an accident, such as a fall, an appropriate analysis of what happened and how to reduce a person's risk of falling in the future was completed and a falls risk assessment updated.

Stress and distress plans were in place, but these were basic and would benefit from more detail including any known triggers, signs that people's emotions were becoming heightened and how best to respond including distraction and de-escalation techniques that are known to work for the person.

People's care plans had the ability to inform all aspects of the care and support people required to maintain their health and wellbeing. However, care plans we sampled had not been reviewed or updated since May 2023 which exceeded the statutory timescales. We were not confident that people or their representatives were benefiting from an opportunity to review their loved one's care plans, to take account of their wishes and choices, to live well, right to the end of their life. This is particularly necessary where people are not able to fully express their wishes. We have made a requirement to address this. (See requirement 1).

Requirements

1. By 14 July 2024, the provider must ensure leaders and staff use personal plans to deliver care and support effectively to include, but not limited to, the wellbeing and safety of residents and staff practice.

In particular you must ensure that:

- the care planning process is used to improve people's experiences and outcomes;
- the quality of people's care plans and support received is audited, evaluated and recorded on a monthly basis or less where a person's care needs or risk level changes, for example after an incident;
- action is taken to make any necessary improvements to reduce a person's risk level and update the care plan accordingly;
- the care plan is formally reviewed at least once in every six month period and people and their

relatives/representative/s are fully involved in this review.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of 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 personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

Areas for improvement

1. The service should ensure that individual care plans were evaluated monthly to assess how effective any planned interventions are at effecting improvements. These evaluations enable the plan to change and evolve as needs change and should inform reviews.

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)

2. To ensure people are supported safely in the event of a fire or other emergency, requiring them to be evacuated from the home; the service should ensure each person has an up to date personal emergency evacuation plan and that it is updated six monthly or when their needs change.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

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 implement a robust and effective quality assurance system.

In order to achieve this, they must:

- a) set up and implement regular auditing processes to check service performance in all areas of service delivery;
- b) ensure outcomes from quality audits feed into and update improvement/development plans;
- c) set achievable target dates indicating when the improvement actions will be completed;
- d) assess the impact of the changes on improving service delivery at the next auditing cycle.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) regulations 3 Principles; and regulation 4(1)(a) - Welfare of users

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 organization having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 21 September 2023.

Action taken on previous requirement

The service had developed an improvement plan, however, this was not informed by comprehensive quality audits. Therefore the requirement is NOT MET

The requirement has been restated with an extended timescale of 30 September 2024.

Not met

Requirement 2

By 31 December 2023, the provider must ensure each person has a personal support plan that sets out in detail what their care and support needs are in relation to their medical, physical, emotional, social and psychological needs, how they will be met and any associated risks.

In order to achieve this, the provider must ensure:

- a) care plans risk assessments, and review documentation are detailed, accurate and up to date to

- reflect the current situation;
- b) documents are consistently signed and dated;
- c) changes in people's needs or treatment are documented in their plans of care and include the date when the change took place;
- d) good oversight of care documentation through regular audits.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210); regulations 3 Principles; and regulation 4(1)(a) - Welfare of users

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15)

This requirement was made on 21 September 2023.

Action taken on previous requirement

We did not see evidence that this requirement had been progressed. Care and support plans do not accurately reflect the care and support experienced by people who live in the service. Most did not identify personal outcomes for people and there was little evidence to support that people were involved in developing their own plans of care.

From the sample we looked at, these did not have enough information to support the good care that we saw being delivered during our inspection visit.

The requirement is **NOT MET**. The requirement has been restated with an extended timescale of 30 September 2024.

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 provider should ensure staff have sufficient information and guidance to support people with their emotional wellbeing. Support plans needed to include information on how people communicated stress and distress; including any known triggers, signs that people's emotions were becoming heightened and how best to respond including distraction and de-escalation techniques that are known to work for the person.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15).

This area for improvement was made on 21 September 2023.

Action taken since then

The service had stress and distress plans in place for people they supported, but these were basic and would benefit from greater detail as outlined in the body of this report.

Previous area for improvement 2

To make sure people experience high quality care and support which will enable positive outcomes for people, the service should, at a minimum ensure:

- a) competency assessments across a range of care activities are undertaken with care staff;
- b) these assessments are effective in identifying any gaps in skills and knowledge which should inform staff individual training and development plan;
- c) where there are indications of poor practice, this is recognised and prompt action is taken to address this.

This is in order 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 21 September 2023.

Action taken since then

Competency assessments had been implemented for managing and administration of medication, but not for any other area of staff practice.

The area for improvement is **NOT MET** We have restated this area for improvement.

See areas for improvement under Key Question 2.

Previous area for improvement 3

The manager should ensure that staff are consistently supported in their role. In order to achieve this, they should ensure that they implement a formal process of professional support, reflection and learning for staff that contributes to their professional development. Outcomes from professional support and supervision meetings should inform future training for individuals and contribute to annual staff appraisals

This is to ensure that care and support is consistent with the National 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 21 September 2023.

Action taken since then

Progress in meeting this area for improvement was limited. Support and supervision meetings had only just started and appraisals not yet completed for many staff.

This area for improvement is **NOT MET**. The area for improvement has been restated.

See areas for improvement under Key Question 2.

Previous area for improvement 4

Staff should be supported to keep their knowledge and skills up to date and relevant.

To achieve this, the manager should:

- a) complete a training needs analysis for each member of the care staff;
- b) use the information to inform the annual training plan for the service and to prioritise training offered;
- c) where access to identified training is challenging, seek to offer alternative routes to improve staff understanding, and knowledge.

This is to ensure 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 21 September 2023.

Action taken since then

Little progress had been made in relation to this area for improvement.

The area for improvement is **NOT MET**. We have made a requirement in relation to this.

See requirement 1 under Key Question 2 .

Previous area for improvement 5

in order for people's support plan to remain relevant, the provider should ensure that they are reviewed within statutory timescales and there is a written record of the review and any changes agreed on updates the support plan.

Review records should at a minimum detail:

- a) date and time of review, who attended or contributed to the review meeting;
- b) a summary of the discussion, and the decisions made as a result of the review discussion;
- c) who is responsible for implementing agreed changes and updating the support plan
- d) the date of the next review.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

This area for improvement was made on 21 September 2023.

Action taken since then

Progress in meeting this are for improvement was very limited. Care plans we sampled had not been reviewed or updated within statutory timeframes.

The area for improvement is **NOT MET**. We have made a requirement about this.

See requirement 1 under Key Question 5.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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