

Taigh Shiphoint Care Home Service

Sinclair Avenue
Stornoway
Isle of Lewis
HS1 2AP

Telephone: 01851 600501

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Unannounced

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Service provided by:
Comhairle Nan Eilean Siar

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About the service

Taigh Shiphoint (Seaforth House) is a newly built 52 bedded care home in Stornoway comprising of four wings {Bosta, Garry, Coll, and Dalmore} each with 13 en-suite bedrooms. The care home offers 24 hour care and support to older people who may have a range of complex health issues, including dementia.

About the inspection

This was an unannounced inspection which took place between 26 and 31 May 2024. The inspection was carried out by two inspectors from the Care Inspectorate. This was the first inspection of the care home.

To prepare for the inspection we reviewed information about this service. This included; registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke formally and informally with the majority of people living in the service;
- spoke with five of their family members;
- spoke with staff and management;
- spoke with three partnership agencies;
- observed practice and daily life;
- reviewed documents; and
- considered returned questionnaires in relation to the quality of the service, from people living in the service, their relatives, staff and health professionals.

Key messages

People benefited from a warm, comfortable and welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes.

Staff identified changes in people's health and made referrals to relevant health professionals for follow up treatments.

There was good communication between staff and families, especially if there had been changes to a loved one's health.

There were a number of areas that required improving to ensure people were living the best life they could.

To further promote safe care there needed to be more robust systems in place in regard to the safe administration of medication, skin care, meaningful activities and mealtime experiences.

The leadership team needed to be more visible in the care home, and ensure the quality of care that was being provided to individuals was of a safe and acceptable standard.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
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 have evaluated this key question as adequate where strengths just outweighed weaknesses. Continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

There were adequate systems in place to monitor people's health and wellbeing. Areas of good practice included weekly meetings with partnership agencies to ensure people were getting the right care at the right time. Staff identified changes to people's health and sought appropriate advice and follow up treatments from partnership agencies. For example the GP, community nurses, psychiatrist, dentist. Families felt they were well informed if there were changes to their loved ones' health. Some comments from people included;

"Staff are very friendly and easy to talk."

"Staff really good at keeping updated re health."

"My relative is very well looked after and her wellbeing is at the forefront of their care."

There were some areas that needed to be improved on, to ensure the safe care of individuals. We undertook a medication audit and there were significant errors in the dispensing and administration of medication. This had the potential to cause harm to people (see requirement 1).

Staff were not consistently managing people's continence and skin care appropriately. Documents relating to this were not always completed properly. It was not clear if staff were following up to date guidance in relation to good skin care and continence management.

We observed poor practice in respect to "catheter leg bags" not always being attached securely to people's legs. This was undignified for the individuals and also put them at risk of the "catheter" being pulled out if the "catheter leg bag" got caught under their feet or chairs. Meetings had been held with community nurses to address the above concerns. We are confident the leadership team will be open to advice and guidance on how to make improvements. We will consider this further at the next inspection (see area for improvement 1).

People should be getting the most out of life and exploring their interests, strengths and skills. Staff should be supporting people to have fun and maintain and build meaningful relationships both inside and outside the home. Unfortunately people were sitting for significant periods of time with little or no stimulation. Although staff were kind and caring with people, there was a lack of positive atmosphere in the care home. Some people told us they were bored. The lack of meaningful activities was also raised by some relatives and staff. We concluded staff did have time to spend with residents but were not making the most of the opportunities available to them. Staff should not only be focusing on personal care, but should be taking the time to have meaningful conversations and interactions with individuals (see area for improvement 2). Some comments from people included:

"We feel the experiences of people are poor, no activities and staff not interacting much."

"I do like my setting but I do wish I could get out to my clubs."

"Staff should have more social time with the residents. At the moment the time staff are only with residents when doing personal care."

"More activities to participate in - which will now happen with the appointment of a new activities coordinator."

Whilst staff were attentive and did not rush people during mealtimes, there were areas of improvement required. These included good practice guidance being followed by staff when assisting people with their meals and the dining area looking more welcoming and inviting. We were concerned that people were being asked their meal preferences the day before. Good practice would be "show and tell" of meals. This is when small sample plates of the meals is shown to people, prior to the meal being served. This allows people to make a real time, informed choice as to what they "fancy" that day for their meal. This is especially important for people living with dementia (see area for improvement 3).

There were not consistent laundry practices in place. This had resulted in people wearing other people's clothes that did not fit them properly. This does not promote people's dignity and left some family members upset (see area for improvement 4). Some comments from people included:

"It really upsets us when we see our relative wearing someone else's clothes, our relative was always proud of their appearance."

"I feel as though at times that the home do not feel it is important about the appearance of the people e.g. hair been not done, tights with holes or unsuitable clothing."

"Laundry is being done, but not always the right clothes are given back with names and room number on them."

Requirements

1. By 16 August 2024, the provider must ensure they keep people safe and healthy by ensuring medication is handled and administered correctly. The provider must, at a minimum:

- a) carry out a medication audit to establish a baseline which identifies what improvements are necessary and implement those;
- b) ensure that people administering medication are suitably trained and that they have had their competency assessed;
- c) introduce weekly auditing processes to check medication, identify errors and rectify them; and
- d) notify the Care Inspectorate of all medication errors initially for a period of eight weeks.

This is in order to comply with Regulation 4(1)(a) (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 states that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

Areas for improvement

1.

The provider should ensure people living within the service can have confidence in the staff to provide care and support in a safe and person centred manner. This should include working in partnership with the community health team, specifically focusing on promoting healthy skin and continence management. An improvement plan should be developed, regularly assessed and evaluated to ensure good practice guidance is being followed by staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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. People who experience care should have the opportunity to participate in activities as per their choice. To achieve this, the provider should ensure staff make the most of opportunities to engage people in meaningful activities as part of their day to day lives.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25); and

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6).

3. To promote people's choice and mealtime experience a review should be undertaken to ensure good practice is being promoted. The dining area should look welcoming and well presented. People should be shown the choices of meals on the day of the meals.

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.' (HSCS 1.35).

'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).

4. To promote people's dignity and self respect there should be robust systems in place to ensure people are wearing their own clothes.

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

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15).

How good is our leadership?**3 - Adequate**

We have evaluated this key question as adequate where strengths just outweighed weaknesses. Continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

Quality assurance, including self-evaluation and improvement plans, ensure standards of good practice are adhered to and drive change and improvement forward.

To ensure standards of good practice were adhered to, the provider's quality assurance systems needed further improvements (see requirement 1). There was insufficient oversight from the provider to ensure actions identified were being followed up, and that the leadership team were carrying out their roles and responsibilities as expected. This meant there were gaps in service provision that were not being progressed as expected. Examples of these were the safe management of medication, managing people's finances, staff supervision and training and promoting healthy skin.

A service improvement plan should be dynamic and informed by areas identified by quality audits and self-evaluation. The provider's improvement plan reflected actions from 2022, some of which were no longer relevant. It was difficult to know what progress had been made and what was still to be completed, as the plan had not been reviewed sufficiently (see requirement 1).

Some relatives felt they did not know leaders very well and some staff felt that communication could be improved on. The leadership team should consider how they can improve communication within the staff teams and be more visible to relatives. This way of working will ensure staff and relatives' views are part of the improvement journey. Some comments from people included:

"I am unsure who all the leaders are as I have never met them or been introduced."

"I feel that there is a lack of communication in the home between staff and managers."

"It would be beneficial if there was a senior designated to a wings duty office each day so that seniors know exactly what's going on in the care home."

Requirements

1. By 16 August 2024, the provider must ensure people are provided with the right care and support which is well led and managed. To do this, the provider must, as a minimum but not limited to, ensure:

a) there is visible management and leadership capacity to lead effective continuous improvement, to include;

- a structured system of staff practice observations, supervision and appraisal;
- an effective and responsive audit timetable is put in place;
- oversight of accidents and incidents, ensuring the Care Inspectorate are informed timeously of any notifiable events;

b) people who live in Taigh Shiphoint and their families/representatives are given the opportunity to have their views heard and taken into account; and

c) the outcomes of all the above are used to inform self-evaluation processes and a service improvement plan which is used to monitor progress.

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

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8).

How good is our staff team?

4 - Good

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

People living in the care home found staff approachable, helpful and easy to talk with. Visitors told us they were made to feel welcome by staff and could visit at any time.

Staff worked well together and communicated with each other when they needed assistance to support people with personal care. Generally there was good staff morale and staff reported they felt things had settled down since they had transferred to the care home over a year ago. Some comments from people included:

"If anything is bothering me, I will tell staff and they will inform the appropriate person in charge."

"The staff are always friendly and inclusive."

"The staff are very welcoming and communicate very well."

"The staff are lovely and helpful."

Although there was no formal comprehensive staffing tool in use, it was clear the provider knew how many staff were required to meet people's needs and the duty rota showed planned staffing numbers were consistently met. The manager gave examples of when they had used professional judgement to increase staffing levels to ensure people were safe.

Staff training is important as it allows staff to develop the right skills and knowledge to meet people's needs safely. The majority of staff had undertaken relevant training to carry out their caring responsibilities. Unfortunately there were some staff who had fallen behind with mandatory training. There was not a formal system in place to ensure all staff completed mandatory training at the expected times (see area for improvement 1).

So as care was delivered in line with the provider's policies, procedures and good practice guidance, staff needed to be clearer on their roles and responsibilities. The leadership team needed to be more visible on the floor to mentor and support staff. This approach will ensure care is provided in a safe and person centred manner (please refer to key question 3 requirement 1 of the report for further information).

Areas for improvement

1. So as staff are providing safe care in line with good practice guidance, there should be a formal system in place to identify gaps in training. Staff should be given time and support to undertake expected training in a timely manner.

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

How good is our setting?

5 - Very Good

We have evaluated this key question as very good. An evaluation of very good will apply to performance that demonstrates major strengths in supporting positive outcomes for people.

Taigh Shiphoint is a purpose built care home. People benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space.

All bedrooms were a good size, light and airy and all en-suite. People had decorated their bedrooms as they wished and enjoyed spending time in them.

People enjoyed spending time outdoors. The outdoor space was attractive and well maintained. The environment was clean, tidy and smelt fresh. A number of people commented positively on the environment.

Some of these comments from people included:

"My room is very comfortable and warm, I spend a lot of time in my room and like to have it nice and clean. I also appreciate having the en-suite bathroom."

"The place is very clean, no smell and lovely surroundings."

"Beautiful garden areas for my relative to sit outside during summer months."

How well is our care and support planned?

3 - Adequate

We have evaluated this key question as adequate where strengths just outweighed weaknesses. Continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

Care planning documentation was of a variable standard. Some had sufficient information in them that allowed staff to provide care and support in the way the person wished and promoted their independence. We identified gaps in other care plans in relation to skin integrity and partnership working with other professionals. This meant there were not clear instructions for staff as to what care and support they were expected to provide to promote healthy skin for residents (see area for improvement 1).

The accident and incident records we looked at did not contain sufficient information. When accidents or incidents occur there should be a robust analyses that identifies; was the person's care plan being followed and what lessons have been learned. This way of working promotes people's well being and safety and ensures staff are providing the right care at the right time (see area for improvement 2).

There is the expectation that a copy of all legal documentation should be stored in people's care plans. When restrictive practices are in place, the legal documentation should support this. There should be evidence that restrictive practices are the least restrictive and benefiting the individual. When we looked at the care plans, some did not have the correct legal documentation to support practices that were in place (see area for improvement 3).

We considered how some people's finances were being managed. We were concerned that staff were not following the provider's "managing people's finance policy." Although we did not find major discrepancies, we will make an area of improvement (see area for improvement 4).

Areas for improvement

1. To promote continuity of care, when other health professionals are supporting a person alongside care staff, there should be clear guidance in the care planning documentation as to how this is being done. This should include at a minimum:

- a) the individual tasks care staff and the health professional are responsible for;
- b) when concerns should be escalated; and
- c) how the care needs will be reviewed and evaluated.

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

'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity..' (HSCS 4.17).

2. To promote the safety and well-being of residents, the provider should have systems in place to robustly analyse all accidents and incidents. Where relevant, people's care planning documentation should be updated to ensure they are getting the right care and support following an accident or incident.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

"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).

3. People's human rights should be promoted and protected at all times. When restrictive practices are being considered the following documentation and processes should be in place:

- a) a copy of appropriate legal documentation in the care plan;
- b) evidence that the restrictions are the least restrictive;
- c) evidence that the person has had support to understand why restrictive practices are in place; and
- d) clear details in the person's care plans of what the restrictions are and when they will be reviewed.

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 people's finances are managed safely, staff should be following the provider's "managing people's finance policy." Care plans should reflect how people's finances are being managed.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and

'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).

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
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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