

Inchmarlo House Care Home Service

Inchmarlo
Banchory
AB31 4AL

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Type of inspection:
Unannounced

Completed on:
24 June 2024

Service provided by:
Skene Enterprises (Aberdeen) Limited

Service provider number:
SP2003002326

Service no:
CS2003010394

About the service

Inchmarlo House is a care home for older people situated in a retirement community at Inchmarlo on the western outskirts of Banchory. It is registered to provide a care service for up to 52 people.

The home is a converted mansion-house with accommodation over three floors. It is set in extensive landscaped grounds which includes a large, enclosed garden. Bedrooms can accommodate both single and double occupancy if required, all have en suite facilities. Shared facilities include dining and sitting rooms with an in-house bar.

About the inspection

This was an unannounced inspection which took place on 17 and 18 June 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 to 11 people who used the service. We received feedback from questionnaires from seven people who used the service. We also spoke with three family members and considered feedback through seven questionnaires.
- spoke with 12 staff and management and received feedback from 44 questionnaires
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People who lived in the home and their relatives were happy with the care, support and environment.
- There were a range of group opportunities for people to enjoy. The availability of individual activities could be improved.
- There were a range of quality assurance process used to help evaluate the quality of the service. These needed to be more robust to cover all elements of the service.
- There was a relatively stable staff team in place. Team work could be improved and would be of benefit to staff wellbeing.
- Improvements to documentation was required to ensure there were accurate records of care and support provided.

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?	3 - Adequate
How good is our setting?	4 - 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 evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People had electronic care plans that described the care and support they required and any preferences they had. Care plans were informed by a range of risk assessments that were regularly reviewed and updated. This helped to ensure people's emotional and mental wellbeing was being supported as well as physical wellbeing. People told us, 'I'm comfortable here' and 'They are being looked after' and 'I have no worries'.

People had access to fresh fluids throughout the day and people's nutritional needs were met. There was a varied menu of dishes available for people to choose from. People told us, 'Food is very good' and it was positive to hear that family could join their relative for meals if they chose to do so.

The recording of fluid intake for people who were assessed as requiring this was inconsistent and inaccurate. The electronic care planning system clearly highlighted when people's intake was inadequate however, we did not see any action taken to address this. This presents a risk that people will not be supported to maintain a healthy intake or that staff would be able to identify when further advice or support is required. **See requirement 1 under Key Question 5.**

People should be able to choose to participate in a range of recreational and social activities to help promote good wellbeing. 'The activities team always encourage my wife to participate in activities she is able to do'. It had been recognised however that individual activities for people who either chose to stay in their room or were cared for in their room were lacking. This could compromise people's wellbeing. Staff told us they had little time to spend with people and felt this was an area that could be improved. **See area for improvement 1.**

Management had a process in place to manage falls. A falls prevention policy had been implemented and most staff were knowledgeable around the use of a falls pathway. Where people had experienced a fall, appropriate documentation had been completed and actions followed up. It wasn't clear however in some cases how the identified actions had led to reduced risks for people. This meant it was difficult to gauge how this had improved outcomes for people experiencing risk of falls.

People should be well informed about any surveillance monitoring devices used to help keep them safe. Whilst we saw risk assessments had been completed for the use of door sensors and sensor mats, the manager should ensure that there is a record of discussions with people and that this is regularly reviewed.

People's skin integrity should be maintained because the service has a proactive and person-centred approach which is based on good practice recommendations and the assessment of risk. We saw that people had care plans that described how they should be supported. Some care plans however lacked specific details around support to change position. There was inconsistent and conflicting information about the support that was provided which could lead to an increase in risk for people and a breakdown in their skin. **See requirement 1 under Key Question 5.**

The home was visibly clean and tidy with cleaning protocols in place and no intrusive odours. Infection prevention control (IPC) stations were available for staff throughout the home and used appropriately. People could be confident that they were being cared for in a clean and healthy environment.

There was a clear system in place for the management of regular medications. Some protocols were in place for administration of 'as required' (PRN) medication, to ensure it was given appropriately. However, we noted there were some instances where this could be improved as there was insufficient detail to explain the rationale for the use of this medication. As a result, this could be confusing for new or agency staff. Where protocols and care plans did include the reasons when medication would be administered in some instances, there was not supporting entries in care plan documentation to support the decision for administration. This could therefore impact people receiving appropriate medication to ease their discomfort or result in people receiving medication when alternative actions may have alleviated the symptom. **See requirement 1 under Key Question 5.**

Areas for improvement

1. The manager should ensure that there are a range of opportunities and activities available to people who live in the home. This should include individual activities for people who prefer or are cared for predominantly in their rooms as well as group activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

How good is our leadership?

3 - Adequate

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

At our last inspection, we recognised that some tools used to help evaluate the quality of the service had lapsed due to the COVID-19 pandemic. At that time, these processes were being reintroduced. During this visit we saw that the managers had introduced a range of tools and processes that could help to identify where improvements are required within the service.

Opportunities for staff to be involved in quality assurance and self assessment promotes responsibility and accountability across the team. There was limited evidence that reflected how staff were involved. We discussed the benefits of this not only to the management team but also to staff who would have opportunities to build their knowledge and experience around self evaluation and quality insurance.

Observations of staff practice were undertaken to assess learning and competence. This took the form of hand hygiene and the use of Personal Protective Equipment (PPE) observations. This helped to ensure that staff had a good knowledge of policy and procedures and were maintaining good standards of hygiene.

Residents and relatives were given opportunities to express their views about the service. Minutes from regular meetings demonstrated a range of topics being discussed including staffing, activities and meals. Management had distributed a questionnaire which invited people's views on the service. This meant that people had some opportunities to contribute to service improvement and development. We discussed that people's involvement and means of obtaining feedback could be explored further. As a result, people would feel more included in the development of the home.

Staff should regularly evaluate people's experiences to help ensure that their care and support needs are being met. Care plans and assessments were evaluated and updated monthly. A sample of care plans audits were also carried out and regulatory reviews were taking place. We had some concerns about documentation to confirm that support was being provided as described in plans and have described this further under Key Question 5. The managers should ensure that there is a process in place to maintain oversight in this area.

The manager should ensure that appropriate notifications and referrals are made to other agencies where required.

Overall, we saw that there were some systems and processes in place to help evaluate the service and identify where improvements are required. It wasn't however evident how responsibilities were delegated and shared to help ensure a consistent approach or how the information was used to help improve outcomes for people. The quality assurance processes used were not robust enough to identify some of the areas for improvement we identified through this inspection. **See requirement 1.**

Areas for improvement

1. By 30 August 2024, in order to ensure that people experience safe effective care and support, the provider must;

- ensure that regular quality assurance processes are embedded and are effective in identifying, preventing and promoting outcome focused care. The processes should be responsive to improving the outcomes for service users and actively drive good practice and standards.

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

This is also 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).

How good is our staff team?

3 - Adequate

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

Staffing arrangements were influenced by a dependency assessment tool that was regularly reviewed and updated. Staffing numbers looked consistent throughout the week and took account of times of higher need throughout the day.

We saw staff numbers and delegation of staff was discussed through team meetings highlighting times and areas where staffing needs were greater and how this would be addressed.

Staffing arrangements should allow for more than basic care needs to be met. Staff were clearly busy during our visit. Activities were available however this was generally co-ordinated and managed by dedicated activity staff. Staff told us they had limited time to spend with people. This meant that there were missed opportunities for people to experience meaningful interaction. As a result, people's wellbeing was compromised.

We received mixed feedback from staff in relation to their support and how this impacted on their wellbeing. People generally benefitted from a staff team that worked well together. We were told, 'We have the best teamwork'. However, some staff said, 'We don't work as a team' and 'There's no togetherness'. Staff would benefit from management exploring different ways to support teambuilding and inclusion within a diverse workforce. This would boost staff morale.

Staff could express their views through team meetings. It was disappointing however that there was not evidence that staff had access to regular and planned supervision. It is important that staff have dedicated time with their managers to reflect on their work and development and identify areas where further support may be required. **See area for improvement 1.**

Areas for improvement

1. In order to ensure staff are supported, the manager should ensure that all staff have access to regular planned supervision.

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) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our setting?

4 - Good

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

There was an environmental improvement plan which described the improvement, refurbishments and redecoration that was planned in and around the home. Whilst there was some signage in place to help orientate people to the home, the manager should take into account an environmental that takes account of best practice such as the Kings Fund tool which would help to enhance the environment for people who are living with dementia and other cognitive conditions.

People could access communal areas where they could spend time with others and participate in social events and activities. An attractive, safe and secure garden provided another area where people could spend time. People were looking forward to getting out in the garden more often, 'I really want to start gardening again' and 'I'd like to go out more often, I can't wait till the nice weather to go back outside in the garden'.

The home was clean, tidy and free from any malodours or intrusive noise. Domestic staff were visible and working hard to maintain standard of cleanliness. People could be confident that staff were knowledgeable regarding infection prevention and control and had appropriate measures in place to maintain a clean and safe home environment.

There were arrangements in place for regular monitoring of safety equipment as well as the environment. Maintenance issues were being identified by staff and there was a system in place to communicate these to the maintenance team. There was evidence of repairs taking place timeously to maintain the quality and safety of the home.

There were opportunities for people to discuss and provide feedback on the environment, but it was unclear whether this consultation was leading to improvements. This could be developed further to make the link between consultation and outcomes stronger and ensure people's wishes and preference are used to direct service improvements.

How well is our care and support planned?

3 - Adequate

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

People had an electronic personal plan in place, which contained some good detail around the care and support they required. However, some people's care plans could have been more prescriptive in outlining the required support. A range of assessments had been completed to help inform plans, such as skin integrity risk assessments, falls assessments, and Malnutrition Universal Scoring Tool (MUST). These assessments helped to identify where further guidance was required from other health professionals which was recorded in the care plans. This ensured people were getting additional support from external resources to maintain their wellbeing.

People who required additional monitoring, for example, fluid intake and repositioning had the appropriate monitoring records in place. However, there were inconsistencies in how these records were being completed. For example, some records showed that people did not receive adequate fluid intake. Repositioning documentation did not reflect regular support to maintain people's skin integrity. As a result, there was inconsistent evidence that staff were meeting people's needs in line with their prescribed care. **See requirement 1.**

We highlighted where improvements could be made to the recording of medication under Key Question 1. **See requirement 1.**

We saw that there were a variety of risk assessments in people's files which were reviewed on a regular basis. People's level of risk was being monitored regularly to reflect any changes and ensure that current risk measures in place were appropriate.

Legal powers were documented in people's care plans and a copy of legal documents evident, such as guardianship and power of attorney. Where appropriate, adults with incapacity (AWI) certificates in place too. This meant that staff were aware who was responsible for residents who lacked capacity to ensure they were protected, and their rights upheld appropriately.

There were records of regulatory reviews for people. Some minutes were brief and lacked details about how people's outcomes were being met. It also wasn't clear that the person had been present or consulted to inform their review discussion.

Do not attempt cardiopulmonary resuscitation (DNACPR) documents were in place where appropriate. Detailed anticipatory care plans (ACP's) had been completed with people, which helped staff to identify what actions should take place when they reached the end of their lives.

Requirements

1. By 30 July 2024, the provider must make proper provision for the health, welfare and safety of people using the service. In particular the provider must ensure improvements in documentation that include but are not limited to;

- Ensure that there are sufficient details within care plans to direct care in relation to maintaining skin integrity and positional changes.
- Ensure that there are accurate and consistent records of support provided in relation to maintaining skin integrity.
- Ensure that fluid and nutritional intake is consistently and accurately recorded where there is an assessed need to do so
- Ensure that medications are robustly recorded/monitored and best practice is followed.

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

This is also 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).

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

Requirements

Requirement 1

The following requirement was made following a complaints investigation;

By 29 April 2024, the provider must support people to ensure their risk of falling is reduced as far as is reasonably practicable. To do this, the provider must at a minimum:

- a) develop a falls prevention policy based upon current good practice guidance, for example 'Managing Falls and Fractures in Care Homes for Older People – good practice resource Revised edition'
- b) ensure all staff receive falls prevention training, commensurate with their role and responsibility
- c) ensure all staff receive record keeping training, commensurate with their role and responsibility. This must include accident reporting and completing daily care records
- d) ensure risk assessments and care plans identify how known risks, including environmental risks such as stairs, will be managed/mitigated
- e) ensure accidents are robustly investigated to identify and address any gaps in practice or record keeping.

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 is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This requirement was made on 12 March 2024.

Action taken on previous requirement

The falls prevention policy had been reviewed to reflect good practice guidance. The falls pathway described was as described in the 'Managing Falls and Fracture in care homes for older people – good practice resource Revised edition'.

Staff had received falls prevention training and instruction in accident reporting and recording.

Risk assessments and care plans identified any risks and how to minimise these. The manager described how the assessments of need would be considered in relation to any interventions required for any environmental risks. At the time of this inspection, there were some surveillance monitoring devices being used to alert staff when people may need assistance – such as door sensors and sensor mats.

The deputy manager had an overview of accidents and incidents. We highlighted examples where actions described were not clearly recorded however on balance, recording had improved and we evaluated this requirement as met.

Met - within timescales

Requirement 2

The following requirement was made following a complaints investigation;

By 29 April 2024, the provider must ensure that people can make a complaint that will be listened to and taken seriously. To do this the provider must, at a minimum:

- a) update the current complaints policy to ensure it is in line with good practice complaints handling guidance
- b) provide complaints handling guidance for any staff carrying out a complaint investigation
- c) ensure all staff understand their role in supporting the complaints process
- d) ensure quality assurance processes include complaints handling
- e) provide people with an apology when things have gone wrong.

This is in order to comply with: Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standard 4.20: I know how, and can be helped, to make a complaint or raise a concern about my care and support.

This requirement was made on 12 March 2024.

Action taken on previous requirement

Complaints procedures had been reviewed and updated in line with good practice complaints handling guidance.

Staff had been given guidance in relation to handling concerns and complaints.

There had not been any formal complaints since this requirement was made. There had however been an informal concern raised and this had been recorded by the manager and the outcome was evident. Where things go wrong, the manager was clear an apology would be given.

We will continue to review complaints at future inspections.

Met - within timescales

Requirement 3

By 10 March 2023, the provider 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 staff who undertake mattress checks are knowledgeable and competent in assessing the cleanliness and condition of the mattress to promote effective infection control
- a) Ensure that mattresses are clean and well maintained
- b) Review the preparation of chemicals against the manufacturers guidance to ensure they are prepared to the correct dilution and effective.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 15(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 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 23 March 2023.

Action taken on previous requirement

To evaluate this requirement, we carried out a check of a random sample of mattresses across the home.

Mattresses, mattress covers and bed frames were clean and in good repair.

There was a system for checking mattresses that was overseen by the deputy manager and records were maintained.

We did not have concerns about the preparation of chemicals during this inspection.

This requirement had been met.

Met - within 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

This area for improvement was made following a complaints investigation;

Laundry arrangements should be reviewed, and improved, to ensure people's belongings are safely returned to them. Individual arrangements should be agreed, recorded, and put in place when there are specific issues with belongings going missing.

This area for improvement was made on 12 March 2024.

Action taken since then

Laundry appeared well organised. There were no concerns raised in relation to people's belongings and laundry arrangements during this inspection activity.

This area for improvement had been met.

Previous area for improvement 2

To support a culture of continuous improvement the provider should ensure that the service improvement plan is regularly reviewed and updated to provide a structured approach to promoting positive outcomes for people.

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).

This area for improvement was made on 23 March 2023.

Action taken since then

The service development manager presented a service improvement plan that had been updated regularly to reflect ongoing planned developments and improvements in the service.

This area for improvement had been met.

Previous area for improvement 3

To ensure the care home environment is safe and well maintained, the provider should develop a refurbishment plan. This should include but is not limited to:

a) identifying and prioritising improvement based on risk.

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 5.17).

This area for improvement was made on 23 March 2023.

Action taken since then

An environmental refurbishment plan had been developed which described the various improvements planned and completed across the home.

A Kings Fund assessment had not been completed to help enhance the environment for people with sensory and cognitive needs and should be considered in relation to any future works planned.

This area for improvement had been met.

Complaints

Please see Care Inspectorate website (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
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 good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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