

Drumdarroch House Nursing Home Care Home Service

Mill Road
Insch
AB52 6JA

Telephone: 01464 820 808

Type of inspection:
Unannounced

Completed on:
23 August 2024

Service provided by:
Priority Care Group Limited

Service provider number:
SP2003000048

Service no:
CS2003010387

About the service

Drumdarroch House Nursing Home is a care home for older people situated in a quiet residential area in the village of Insch, which is in rural Aberdeenshire. The service provides nursing care for up to 41 older people, of whom three may be adults with physical and sensory impairment. There were 41 people living in the service at the time of the inspection.

The service is purpose-built and provides accommodation over a single floor in single bedrooms, each with en suite facilities. There are two sitting rooms, one large dining room and shared bathrooms, as well as accessible outdoor spaces and well-tended gardens.

About the inspection

This was an unannounced follow-up inspection which took place on 21 August 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 four people using the service
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People's nutrition and hydration needs were better met and this prevented people from losing weight.
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- Medication was well managed and this ensured people's health benefitted from their prescribed medication.
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- Activities had improved and this gave people more choice in how they spent their time.
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- Staffing had significantly improved and staff were clear on their roles and responsibilities.
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- The general atmosphere within the care home was much lighter, happier and more positive.
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- Staff oversight and direction had improved and this ensured people's needs were met in a timely manner.

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 staff team?	4 - Good

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

At our last inspection, we made an evaluation of adequate for this key question. The service has made significant improvement since then, so this has been re-evaluated to good. This is because the strengths impacted positively on people's outcomes and clearly outweighed areas for improvement.

The service had improved how it monitored and evaluated the nutrition and hydration needs of people with weight loss. There was a clear process in place that identified people who were at risk of losing weight. People's care plans detailed how they should be supported to maintain or gain weight, for example, via food fortification, and this ensured people's dietary needs were met. The service had set up a snack station, for people to help themselves to snacks and drinks throughout the day, and this gave people more choice.

Medication was well managed and the service had improved its protocols for medication that is prescribed, 'as and when required'. The protocols were sufficiently detailed so that staff knew exactly under what circumstances the medication should be given. This ensured people's health benefitted from their prescribed medication.

At the last inspection we found the service had improved how it managed falls and this resulted in a reduction in the number of falls and falls-related injuries. We found at this inspection, these improvements had continued and the number of falls and injuries remained low. This improved people's outcomes as they managed to stay well, safe and active.

Activities within the service had improved. People had more choice in how they could fill their time. People were given a weekly activities timetable and they could choose how much or how little they wished to access. For those people who preferred smaller group activities there were alternative options in the lounges, plus one to one time for those people who stayed in their bedrooms. This was a significant improvement and the atmosphere within the care home was much lighter, people seemed happier and more engaged.

How good is our staff team?

4 - Good

We made an evaluation of adequate for this key question at our last inspection, this has now been changed to good. The service had improved and the strengths clearly outweighed areas for development.

Staffing had significantly improved since the last inspection. The general atmosphere within the care home was much lighter, happier and staff could be seen smiling and interacting with people and each other. Staff seemed less rushed and staff were observed to work well together. The service was fully recruited and this enabled them to plan and deploy their staffing more effectively and people benefitted from a greater continuity of care.

The management team had reviewed the staffing arrangements and they had taken into account the views of staff, relatives and residents. As a result, they had increased their staffing during their busiest periods, and they had ensured staff had clearly defined roles and responsibilities. The majority of staff feedback was very positive. They felt they had a good management team, who supported them in their role and acted upon their feedback. They felt teamwork had improved and the clarification around their roles and responsibilities enabled them to complete their work. This ensured people's needs were met in a timely

manner. The management team had been working on the floor and this role modelling supported staff development.

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

Requirements

Requirement 1

By 24 June 2024, the provider must ensure key documentation always accurately reflects people's needs, so that people's care is right for them.

To do this, the provider must, at a minimum:

- a) clearly document people's nutritional and hydration needs when people experience weight loss and require additional support or require a fortified or altered textured diet
- b) clearly document and personalise, as and when required medication protocols, so that they are sufficiently detailed for staff to know exactly when to give medication
- c) develop a system that ensures key documentation is kept up to date with changes in need
- d) implement a system for the management team to regularly audit and review key documentation and take appropriate action when inconsistent, outdated or contradictory information is found.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 12 June 2024.

Action taken on previous requirement

The service had improved how it monitored and evaluated the nutrition and hydration needs of people with weight loss. There was a clear process in place that identified people who were at risk of losing weight. People's care plans detailed how they should be supported to maintain or gain weight, for example, via food fortification, and this ensured people's dietary needs were met. The service had set up a snack station, for people to help themselves to snacks and drinks throughout the day and this gave people more choice and we could see people were enjoying using it.

Medication was well managed and the service had improved its protocols for medication that is prescribed, 'as and when required'. The protocols were sufficiently detailed so that staff knew exactly under what circumstances the medication should be given. This ensured people's health benefitted from their prescribed medication.

Key documentation had been updated and this meant staff had a clear understanding of what care and support people required throughout the day. This ensured people's needs were met in a timely manner.

The management team had oversight of key documentation and ensured it was correct.

Met - within timescales

Requirement 2

By 31 July 2024, the provider must ensure that the skill mix and number of staff on duty is sufficient to meet people's outcomes.

To do this, the provider must, at a minimum:

- a) ensure staffing arrangements are continually reviewed, monitored, evaluated, and implemented using good practice guidance and assessment to support people's health and social care needs and wishes
- b) ensure staffing arrangements are informed by multiple information sources, including but not limited to, the views of people experiencing care, staff and other relevant stakeholders.

This is in order to comply with section 7(1)(a)(b) & (c) of the Health and Care (Staffing) (Scotland) Act 2019.

This is in order to ensure that staffing 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).

This requirement was made on 12 June 2024.

Action taken on previous requirement

The management team had reviewed the staffing arrangements and they had taken into account the views of staff, relatives and residents. Staffing needs were being continually monitored, reviewed and evaluated

based on the needs of residents. As a result, they had increased their staffing during the busiest periods, and they had ensured staff had clearly defined roles and responsibilities. Staff were deployed effectively and this ensured people's needs were met in a timely manner.

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

To support people to get the most out of life the provider should ensure people are supported to maintain and develop their interests and activities.

This should include, but is not limited to, involving people in the planning and development of the activities schedule, to include opportunities for people to participate in a range of social, recreational, creative and learning activities of their choosing, both indoors and outdoors.

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

This area for improvement was made on 22 November 2023.

Action taken since then

Activities within the service had improved. People had more choice in how they filled their time. People were given a weekly activities timetable and they could choose how much or how little they wished to access. For those people who preferred smaller group activities there were alternative options in the lounges, plus one to one time for those people who stayed in their bedrooms.

For people confined to their beds, the service had worked with them and explored ways of improving their environment and social contact to increase their quality of life. This included looking at bird feeders/tables, lighting, noise, windows and views, technology and TVs, reading material and social contact. This was a significant improvement and the atmosphere within the care home was much lighter, people seemed happier and more engaged.

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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