

Inchmarlo House Care Home Service

Inchmarlo
Banchory
AB31 4AL

Telephone: 01330 824 981

Type of inspection:
Unannounced

Completed on:
3 September 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 follow up inspection which took place on 03 September 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with seven people using the service and one of their family
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

This was a follow up inspection that focussed on the requirement made at our previous inspection which concluded on 24 June 2024.

- Documentation had improved.
- People had been consulted with about activities.
- Quality assurance processes were improving with clearer actions identified.
- Staff supervision had improved and staff felt supported.

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

Requirements

Requirement 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).

This requirement was made on 24 June 2024.

Action taken on previous requirement

Documentation had improved in relation to maintaining skin integrity. Some care plans could be clearer about the frequency of position changes, however supporting records confirmed people were receiving appropriate support to move regularly. This was an improvement from our previous visit. The majority of care plans sampled did provide this specific direction and the management team should continue to review this information and ensure the detail is included in care plans to ensure good outcomes for people.

Fluid charts were completed accurately and targets were being met. Staff were prompting people with fluids throughout the day.

As required medication protocols had been reviewed and informed with more personalised and specific details about interventions. On balance recordings within the electronic recording system described the decision-making process and how alternative actions were considered prior to administering medication which helped to demonstrate that medication was being offered appropriately. There was good detail about referral to other professionals where staff identified further review was required. Again, the managers should continue to monitor information recorded in relation to the administration of medication to help ensure a consistent approach to accurate documentation.

Overall we were satisfied that there had been good progress towards meeting this requirement and there was a more robust system for managers to maintain oversight.

This requirement has 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

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).

This area for improvement was made on 24 June 2024.

Action taken since then

People who were able told us about the activities that were available to them. This included group activities and 1:1 activities. We also heard about a recent consultation around activities that would lead to an action plan agreed with people.

Some staff told us that dependency levels had increased in some parts of the home and they did not have time to spend time with the residents socially and emotionally or do meaningful activities. The managers should consider how this can be addressed to help improve outcomes for people.

We will review this area for improvement at our next inspection.

Previous area for improvement 2

In order to ensure that people experience safe effective care and support, the provider should;

- 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 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 24 June 2024.

Action taken since then

There was evidence of regular quality assurance processes including a range of audits and checks. Actions required to make improvements were clearly identified and signed off once completed. This helped to ensure improvements were being made.

Questionnaires had been sent to residents, families and visiting professionals to help collate their views in relation to what was working well and what could improve. This feedback would result in an overall action plan that could inform developments and improvements in the home.

We will continue to review this area at future inspections when systems and processes have been embedded in practice and are informing overall improvement plans.

Previous area for improvement 3

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).

This area for improvement was made on 24 June 2024.

Action taken since then

The service had developed an organised process to ensure supervision is carried out every 12 weeks as per policy for all staff, and that management have good oversight of this to keep on track.

Management has a spreadsheet with all staff and dates of supervision sessions and highlights when next sessions are due.

Management is currently looking at a process whereby supervision of care staff can be delegated to nursing staff and not just management.

Managers have created an individual folder for each member of staff containing individual supervision records and appraisals.

Staff confirmed that they were receiving regular supervision sessions and found them useful as they were able to voice their opinions and were being listened to.

Supervision records viewed at time of inspection appeared meaningful and reflected the staff members views.

This was an improvement and we were satisfied this area for improvement had been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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