

Edward Thomason & Taing Support Services Care Home Service

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Type of inspection:
Unannounced

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Service provided by:
Shetland Islands Council

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About the service

Edward Thomason & Taing Support Services is a residential centre for older people, located in Lerwick overlooking Breiwick Bay. Accommodation is on one level consisting of a main reception area, offices and two units - Edward Thomason Unit and the Taing Unit. The centre is accessible and spacious in design with secure garden areas for people to access. The provider is Shetland Islands Council.

The service is currently able to provide a care and respite service to a maximum of 44 adults and older people. At the time of the inspection, there were 38 people living there. The accommodation has various quiet areas, lounges and dining areas throughout the building. All bedrooms have en suite facilities.

About the inspection

This was an unannounced inspection which took place on 16 and 17 September 2024. Three inspectors carried out the inspection.

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

To inform our evaluation we:

- spoke with 12 people using the service and five of their friends and family members
- spoke with 10 staff
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported by the right number of staff at the right time to meet their needs.
- An experienced and consistent staff team knew people's needs well.
- There was positive morale and atmosphere across the care home.
- The service should improve the recording of people's outcomes and achievements.
- People would benefit from a more robust and planned activities programme which includes one-to-one and group opportunities. A dedicated worker should oversee this important area which will further promote the wellbeing of residents.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	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

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

People experienced compassion, dignity and respect. We observed staff using their knowledge and skills to deliver care and support in a compassionate way, with warmth and kindness. Throughout the inspection, we observed staff responding to people politely and respectfully and, where appropriate, with shared humour. It was clear that they knew people's needs well, and we saw several staff members sensitively support people who were upset or disoriented. This helped people feel safe and that their concerns were validated.

Medications were managed effectively with safe systems in place for storage, administration and recording. Regular audits were undertaken and staff received regular training. This ensured people were supported well with their medication to maintain their wellbeing. People were supported by a range of visiting health professionals who told us that staff were responsive, followed advice provided and communicated well with them about health issues. These approaches helped keep people well and ensured their health needs were being met.

The service supported people to improve their health and wellbeing. Staff were experienced and good continuity within teams meant that the service understood people's needs. This consistency also promoted strong working relationships and positive rapport between staff and people receiving care.

The service recognised that some people's needs were changing and at times becoming more complex. The home had strong links with external professionals where they worked in partnership. A visiting health professional told us that staff had a good understanding of people's needs, recognised when they needed additional or specialist support, and promptly sought and followed guidance from professionals at appropriate times. This promoted people's health and wellbeing throughout their time at the care home.

People enjoyed a positive mealtime experience and created a social opportunity for people to get together. Those who required extra support to eat were assisted discretely, and with dignity and respect. This ensured that people with specific requirements were able to have time to eat in a relaxed atmosphere free from distractions.

We observed and spoke with staff who were trying to provide one-to-one interaction, and some smaller group activities with people. However, due to vacancies within the team, their time was limited and organised activities were not happening on a regular basis. One member of staff shared "it would be great to have a dedicated activities worker so we can focus on delivering the best care to our residents". Whilst we observed positive rapport between people and staff, and spontaneous activities, people's health and wellbeing would benefit from having access to regular planned and dynamic activity programme (see area for improvement 1).

Areas for improvement

1. The manager should ensure that there is a dedicated activities worker to help stimulate and improve physical and mental wellbeing for people. This would encourage people to take part in activities that are of interest and meaningful to them.

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).

How good is our leadership?

4 - Good

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

We observed that the manager's open-door policy was effective, meaning that the management team was accessible to people, relatives and staff. We observed people chatting with the manager and deputy manager in their office. This demonstrated good working relationships and positive morale across the home.

When accidents or incidents happened, the service followed a methodical approach to understand and learn from the experience to promote people's safety. The service also demonstrated a multi-disciplinary approach when working with different island services. The management team evidenced good communication and responded well to advice from health professionals ensuring that people received high quality care and support.

The management team had good oversight of the service and completed robust quality assurance. For example, there were regular audits of important areas, such as accidents and incidents, nutrition and skin integrity to keep people safe and well. Management used findings from audits to inform their service improvement plan, and any issues identified through quality assurance were promptly addressed to promote people's health and wellbeing.

The service had introduced a new digital dashboard to further improve its approach to quality assurance. For example, staff could monitor and analyse incidents such as falls and medication errors more closely to identify themes and ways to minimise risk. Whilst this digital initiative was new and needed time to fully embed into practice, it was a promising development which will further promote good outcomes for people.

Senior care staff were responsible for daily walkarounds and completing daily audits. Seniors also had supervision and management responsibility for a small group of social care staff. We saw that they were also responsible for organising activities within the different units. Due to staff having multiple roles, it meant that support and supervisions or observations of practice were not happening regularly or appropriately recorded which meant staff did not have protected space to reflect on their practice (see area for improvement 1).

The management team recognised that senior staff had a lot of additional responsibilities so have introduced practitioner roles which creates opportunity for promotion for care staff as well as alleviating some of those pressures faced by senior carers. Activities are everyone's responsibility to ensure staff have a balanced approach to meeting people's need. To further enhance activities, and alleviate pressure from senior staff, having a dedicated activities coordinator will further amplify the service as staff will have a clear focus on their roles enabling them to provide the best care and support to people.

The service had a comprehensive improvement plan which highlighted how the service could further develop. The plan had clear tasks, timescales and areas of responsibility which was good practice. However, the plan was management focused and did not reflect where evidence had been obtained. People, relatives

and staff regularly had the opportunity to share feedback through meetings and surveys. We asked the service to include this information in the improvement plan which would make it more inclusive and effective in further shaping the service.

Areas for improvement

1. The management team should ensure that observation of practice is appropriately recorded and there is protected time to allow for feedback with staff and promoting reflective practice. This could be implemented as part of support and 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).

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.

There was positive morale across the service and staff supported each other. A member of staff shared "I love my job, the needs are always changing but we are learning". Staff shared that management were always accessible and promoted an open-door policy. We observed good communication between management, staff and relatives throughout the inspection.

Staff were recruited safely in line with national guidance with appropriate checks, references and professional registrations. Training provided by the service was thorough and promoted with in person courses, e-learning and self-development as well as specialised training for more complex needs. The service had adapted its training approach due to a change in residents' needs, creating a multi-disciplinary approach working with other health professionals. This allowed staff to continuously build on their knowledge and skills ensuring high standards of care were delivered for people.

Staff attended daily meetings, including handovers at the start of each shift, to share information and plan each day. These gave staff feedback on care and any actions or support needed for each person, leading to a consistent approach to care. This enabled effective communication between management and staff and supported positive outcomes for people supported.

The staff team was well-established and worked well together. There was respectful communication within the team which created a warm atmosphere because of good working relationships. Staff also worked on their own initiative, ensuring help was provided as needed to every person in the home. Staff showed patience and compassion when supporting people. Communication was proactive, with staff reporting any issues to the senior staff in a timely manner in order that any action needed could be promptly addressed.

Staff arrangements were informed by assessments of people's needs. These were updated monthly using a recognised method and a process of continuous assessment. This included taking account of the complexity of people's care and support. The assessments completed evidenced staffing arrangements met the needs of the people living in the home. However, people's needs were changing, and staff shared on some occasions they felt under pressure to meet those needs. We suggested that reviews of staffing should look at specific times of each day, where staffing deployment could be enhanced.

Staff wellbeing was valued and management recognised pressures. Staff had access to an employee assistance programme which offered counselling and wellbeing assistance. Workers felt supported through the management team's open door policy and continuous conversations. However, formal support and supervision was limited. Staff should have dedicated time to discuss their practice and wellbeing in supervision meetings. This will further ensure that staff feel supported and have their voices heard in the service (see area for improvement 1).

Areas for improvement

1. The management team should ensure there is scheduled support and supervisions/continuing conversations throughout the year where there is a clear process in place which ensures accurate capture of conversations had with staff. This enables a wellbeing focus for staff and promotion of reflective practice to further enhance development.

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).

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.

The home was clean and well cared for and free of malodours. There was no unnecessary clutter which helped promote effective cleaning and infection prevention and control. A well-resourced housekeeping team completed a cleaning schedule which evidenced that the home, in both communal and personal spaces, was cleaned regularly and in line with national guidance. This helped keep people safe and well.

There were large areas that people could walk around freely, with ample seating so that people could stop for a rest if they wished. It was a comfortable setting but did not feel homely throughout. There were areas of the home that could be made to feel more welcoming. We understand that the home had recently gone through a programme of decoration to communal areas but it would be useful for artwork and soft furnishings to be reintroduced to these areas, so it is homely and welcoming for residents.

Some corridors would benefit from a form of destination point for people who walk with purpose, in the shape of a certain theme or an area with rummage boxes to potentially capture people's interests. A King's Fund assessment tool or other similar guidance could assist in making the setting not only dementia friendly, but also friendly in the most general terms (see area for improvement 1).

Maintenance records were kept up-to-date and schedule of works were clearly identified with completion dates noted. People's personal emergency evacuation plans contained relevant information and were regularly reviewed. This ensured that health and safety standards were being maintained in the home promoting a safe environment for people.

People could easily enter secure garden areas and staff members were willing to accompany anyone who was unable to do so on their own. The home acknowledged that more work needed to be done in the outdoor area in order to make it more hospitable and accessible for the residents, and these improvements were currently underway.

People's rooms were personalised and the setting promoted independence by ensuring people were given the opportunities to make their own decisions as to where they eat or where they go if outings are offered.

Areas for improvement

1. The manager should make use of best practice guidance, such as The King's Fund Environmental Assessment Tool, which helps develop more supportive care home designs for people with dementia, to evaluate if the service remains dementia friendly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.18).

How well is our care and support planned?

4 - Good

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

We found all staff knew the people in their care and recognised the individual nature of the care and support needed. As a result, they could describe the significance of changes, impact on people's health and wellbeing and the involvement of community healthcare teams.

Each resident had their own care plan. Care plans included details about a person's healthcare needs and interests but were task orientated. We felt that plans could be better organised to evidence people's outcomes in a more person-centred way. For example, plans should capture residents' life histories and record their positive achievements such as better health and wellbeing and community connections. The service acknowledged that it would record people's outcomes and the benefits these have for quality of life which will make the service even more outcome-focused.

We saw that people were, when possible, involved in the review process of their own care plan, and could comment on personal and other areas of care. If they were unable to do so, people involved in the individual's life for example loved ones or staff were able to comment ensuring that the person's views and wishes were captured in a meaningful way.

We observed where people's choices or control were restricted, there were appropriate legal arrangements in place, such as Adult with Incapacity (AWI) documents. We spoke with staff and it was clear that where people lacked capacity that their views and wishes were then considered by staff, where appropriate.

There was good information in each of the care plans, such as mobility, personal care, stress and distress management, all of which helped guide staff. Folders contained relevant information but also lacked a person-centred approach as this was often lost at the back of the folder. It was difficult to access the information easily due to the size of the large folders (see area for improvement 1). By streamlining care plans and having separate audit folders it will ensure care plans are more person-centred and accessible.

Areas for improvement

1. Care plans should be streamlined to ensure that all the required information is easy to find, either for individuals or family.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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