

Ochil Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
31 October 2024

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142952

About the service

Ochil Care Home is a purpose built home situated within a residential area on the western outskirts of Perth. It is registered to provide care to a maximum of 81 residents.

The home is on two floors comprising 4 separate units: Memory Lane, a 23 bedded unit for older people with a diagnosis of dementia and Glendevon unit, a 7 bedded unit for younger adults with a high level of physical disabilities are located on the ground floor.

There are 2 units on the first floor, one is Loch Leven/ Menzies (23 beds), the other is Scone/Huntingtower (28 beds). These units provide nursing and respite care for 51 older people. Each unit has its own charge nurse.

All rooms are en-suite, the home has its own hairdressing salon and there is a well maintained, secure garden for residents to enjoy.

About the inspection

This was an unannounced inspection which took place over 29 and 30 October 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 12 people using the service and two further relatives/representatives. We also spoke with four members of staff and two members of the management team. We received online responses to our questionnaire from 17 residents, 14 relatives, 11 staff and six professionals with an input into the service.

We observed practice and daily life within the service and reviewed many documents including but not limited to:

- 9 x Care Plans;
- 4 x Staffing files;
- Maintenance records;
- 'Resident of the Day' records;
- Medication Records;
- Monthly Quality Audits;
- Monthly Clinical Governance (incl. Falls and Accident/Incidents);
- Service development Plan.

Key messages

- People were treated with kindness and respect.
- We observed kind, caring interactions between people living in the home and staff.
- Staff were welcoming, courteous and friendly.
- Staff were well recruited and trained.
- The service needs to improve its medication administration record keeping practice.
- Some people felt that staffing numbers could be better.
- Detailed recruitment checks were undertaken to ensure staff were recruited safely and continued to remain suitable for working with people.
- The detailed quality assurance system prompted a culture of continuous 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?	3 - Adequate
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?

3 - Adequate

We evaluated how well the service supported the wellbeing of people experiencing care and support and concluded that the performance of the service in this area was adequate. Where there were some strengths, it is important the provider builds on these strengths, to increase the likelihood of people having positive experiences and outcomes.

Throughout the inspection we observed people being treated with dignity and respect. There were warm interactions between people and staff who appeared to know them well. We observed staff taking their time to speak to people and engaging in one to one support. Staff demonstrated a good level of knowledge about each person's individual needs and preferences, and how these should be met.

There was a range of group activities, and some individual time spent with people living within the service. Seasonal events were celebrated, which helped people remain orientated to the pattern of the year and stay connected to the wider world. Feedback from those spoken with confirmed people were happy with the activities on offer and that there was always something for them to do which they enjoyed. Comments included; "there's always something to keep you busy" and "I really enjoy the concerts and I'm really looking forward to the Halloween Party".

People should expect to be given support with eating and drinking in a dignified way and have their personal preferences respected. Mealtimes appeared to be a calm, pleasant part of the day. People were encouraged and enabled to eat their meals independently with just the right level of support from staff, where needed. We observed plenty of snacks and drinks to be available throughout the day, including to those people who preferred to stay in their bedrooms. Feedback from people spoken with indicated they were happy with the quality of meals they were receiving.

People should benefit from care plans that are reviewed and monitored regularly. Care plans were informed by a range of recognised assessment tools which helped to maintain and improve people's health and wellbeing. This information had been monitored regularly and we saw that appropriate referrals had been made to other health professionals, if required, and that their advice and guidance was reflected in relevant care plans. Relatives spoken with said; "I have no concerns about my parents' care, the staff look after them really well and keep me up to date with everything that is happening".

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

Do not attempt cardiopulmonary resuscitation (DNACPR) documents were in place where appropriate. Detailed anticipatory care plans (ACPs) had been completed with people, which helped staff to identify what actions needed to take place when they reached the end of their lives. This meant that people could be confident that their end of life wishes and choices would be respected.

Examination of medication administration records identified medications were always available; however, we found several missing entries on the charts and no reasons given for these omissions. Tablet counts identified people were receiving their prescribed medications. It is important that when there are any errors/omissions in medication administration that these issues are fully discussed with medical staff (GP/

NHS 24) at the time of concern. This is to ensure any health impact on a person is monitored. (See requirement 1).

There was guidance available for staff on the administration of 'as required' medication. This helped ensure individuals were supported to take the right medication at the right time.

Overall, we found the home was generally clean and tidy. Staff had good awareness of the requirement for enhanced cleaning and laundry management. They were aware of the correct detergents to use. We viewed people's rooms and found them to be fresh and clean. However, in two communal toilets, the legs on the shower chairs were rusty, these were removed and replacements ordered immediately. There were broken tiles on the wall in one shower room, the maintenance department dealt with this and replaced the tiles. The manager spoke with staff to ensure they were clear in their responsibilities and there was a greater attention to detail to reduce the risk of the spread of infection.

Requirements

1. By 2 December 2024, the service provider must ensure people have their medication administered in a safe way, in order to maintain their health and wellbeing:

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

- a) review medication practice;
- b) ensure staff have the appropriate knowledge, guidance and training for administering medication and for completing medication administration records accurately;
- c) implement a robust system to oversee and audit medication practice.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations for Care 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);

'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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

We found that people living in the care home and staff benefitted from a warm atmosphere because there were good working relationships. Communication was efficient and effective between staff, with opportunities for discussion about their work and how best to improve outcomes for people. This was done through daily 'stand-up' meetings where all roles within the service were represented.

Involving all roles in these daily meetings showed us that staff who were not involved in providing direct care and support were recognised as playing an important role in building a staff team.

Motivated staff and good team working meant that staff spent as much time as possible with people. Staff were confident in building positive interactions and relationships. We saw good evidence of this within informal interactions with relatives as they visited and also through our observations over mealtimes and activities.

Staff told us that their induction gave them the necessary information and training to do their job effectively. Of those responding to our online survey, 100% of staff said that they felt this prepared them for their job role. This meant that residents and relatives could have confidence that new staff had ready access to the right information about the service and residents' specific needs and outcomes.

The manager informed us that the service had a full complement of staff and she explained that allocations were person-centred rather than mathematically calculated. For example, a person may be mobile requiring little assistance but may be extremely slow. Staff demand may be on their time rather than their numbers. We felt this was a compassionate and needs-led approach and the off-duty we sampled showed that there appeared to be sufficient staff generally.

However, we heard from several sources that staffing could be short and staff allocated to a specific unit could be redeployed to another unit at short notice. Although the total staffing may be sufficient, moving these resources may negatively impact specific units.

The results of online questionnaire maybe showed the impact of staffing levels. For example, over a third of residents responded that they could feel bored or lonely. Staff commented within the survey that, 'Staffing numbers in certain areas is a persistent concern' and over a quarter of relatives did not think there were 'enough staff to care for my relative properly'. We understand that statistic can be misinterpreted but we think this evidence merits further dialogue with staff, residents and/or their relatives.

It is important to stress that other elements of this key question are of a high standard. We saw, for example, that training was well managed, and staff could sign up to opportunities on a staff notice board. There was an appropriate balance of physical and online training covering a comprehensive list of topics. From our survey statement 'I am given all the training I need to do my job well', 81.8% of staff 'strongly agreed'.

Staff informed us that they had not received input on the Safe Staffing legislation, enacted in April this year, and the service may wish to consider highlighting the Safe Staffing key points which will address some of the points that have been raised. By default, this service was meeting many aspects of the Safe Staffing legislation, for example, it has selected a number of service 'champions' including, crucially, 'wellbeing' and 'speak up' champions but also 'Infection Control', 'Health and Safety', 'Dementia', and 'End of Life' representatives.

We also saw that there were robust and methodical recruitment records which took account of safer recruitment guidance and 'right to work' documentation when required.

We saw a detailed service development plan although some staff were not aware of this. It may prove beneficial to undertake a self-evaluation exercise using the guidance within the quality framework document. We suggested focusing on recognised core assurances as a starting point as these were crucial quality markers.

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

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