

Spynie - (Care Home) Care Home Service

Duffas Road
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Type of inspection:
Unannounced

Completed on:
2 August 2024

Service provided by:
Intobeige Ltd

Service provider number:
SP2004005486

Service no:
CS2003055110

About the service

Spynie Care Home is a care home for older people and is registered to provide a care service to a maximum of 56 people. Five of these places may be provided to named individuals under 65 years old.

Spynie is a single storey building located on the outskirts of Elgin, it is a short distance from the town centre. There is a bus stop nearby. All bedrooms are single occupancy and have en suite facilities. There are three units, each with their own dining and lounge area.

About the inspection

This was an unannounced inspection which took place on 26 and 29 July 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 people using the service and six of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People had been supported to look their best.
- Some people's choice was impacted by the lack of suitable seating.
- Drinks were readily available but better support was needed to help people to drink well.
- People were able to mobilise freely around their part of the home.
- The activities on offer were varied.
- Quality assurance needs to be used to inform improved outcomes.
- There were sufficient staff but the leadership on the floor should be developed to help with staff availability and visibility.
- The upgrades to the home's environment had enhanced the lives of people.
- Improvements were needed to the gardens and outdoor spaces.
- Care plans documented people's preferences and choices.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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?	4 - Good
How good is our staff team?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People were supported with their personal care and looked well. This included supporting people to wear sensory aids if needed. People's rooms were personalised and clean. People told us they could not fault the care of their loved ones. This meant people's individuality was respected.

We were not confident that everyone received the right oral care, including support to use their toothbrush to clean their teeth. The service should ensure people's oral health is supported to help them to keep well.

On both days of the inspections, a number of people were cared for in bed. Relatives and staff told us there was only one chair available to support these people to get up. This meant they had to take turns using the chair to get out of bed, have a seat and spend time with other people in the communal area. As a result, people were not able to choose where they could spend their time (**see requirement 1**).

We saw cups of tea and coffee which had gone cold and fluids that were out of reach of people who were in bed (**see requirement 2**).

The quality of people's meals was variable. On one day the lunch smelled appetising, and people enjoyed their meal and the choice of an alternative to the set menu. On another day the lunch was less appetising. People should be able to enjoy consistently high quality meals for their health and enjoyment.

There was confusion around the number of altered diets required. Snack boxes were not made readily available to people to access and there was a request from residents for there to be more fresh fruit. This meant people may not receive the appropriate diet for their support needs (**see requirement 2**).

People were able to walk around safely and able to access the internal courtyards. We observed staff supporting an individual walking with purpose, this was undertaken in a dignified way, ensuring the person was safe and not increasing their stress and distress.

There were two activities co-ordinators who helped plan activities within the care home and the local area. There was a programme of activities including visits from a nursery, trips to a local café, and bus trips. People were able to join these activities regularly. Group and one-to-one activities had a positive impact on people's quality of life. For example, one person was gradually encouraged to feel more comfortable and become involved in life in the care home with support from staff.

Each unit was developing scrapbooks showing the activities that had taken place during the month. This allowed visitors to see what had happened and for people to reminisce.

Some people told us they were bored and relatives identified a number of ways that the quality of people's daily life could be improved. Some people were seen to be asleep in chairs for long periods, without meaningful activities or interactions. There were missed opportunities to encourage people to enjoy their day. For example, care staff could get more involved in more activities and conversations with people (**see area for improvement 1**).

Requirements

1. By 1 February 2025, the provider must ensure people have access to appropriate seating to meet their support needs and to help them take part in home life.

To do this, the provider must at a minimum.

- a) ensure people are appropriately assessed for seating that meets their needs
- b) ensure there is sufficient seating and seating equipment for people to use.

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).

2. By 1 February 2025, the provider must ensure that people receive food and fluid which is appropriate to their support needs.

To do this the service should, at a minimum:

- a) ensure people have access to and support to drink sufficient fluid throughout the day
- b) ensure staff have information at the point of service to ensure all people's dietary requirements are known
- c) ensure sufficient snacks are available and easy to access.

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 meals and snacks meet my cultural and dietary needs, beliefs, and preferences' (HSCS 1.37).

Areas for improvement

1. To support activities the provider should ensure that staff and activities co-ordinators work together to provide meaningful activities which reflect individuals' interests and hobbies. Analyse the information recorded to inform the activities programme and seek feedback from people who use the service and families to offer people more enjoyable ways to spend their time.

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?

4 - Good

We evaluated this key question as good. There were a number of important strengths.

There was a stable management team. There was a comprehensive programme of audits that were divided up among managers. This made it a more manageable task and helped support the development of management skills.

The environment audit was clear and straight forward to complete. The auditor had identified actions to improve the care home environment. However, the audit did not include an assessment of the gardens and outdoor spaces to ensure that these valuable parts of people's home are being checked and if necessary improved.

A walk around audit was completed, however, this was not being done as often as the service provider recommended. It was positive that the safe storage of chemicals was being monitored during this audit. This demonstrated that managers were monitoring the changes that had come into place after unsafe practices were identified. The audit process could be improved by including input from people, it is important that people's experiences and feedback are taken into account when assessing quality.

Medication audits were completed weekly. It was positive that different staff undertook these audits because it helped support peer review.

The clinical overview was clear and easy to follow. There were regular clinical meetings, however, we identified that changes to people's clinical needs did not always lead to changes to, or improvements in their care. For example, the number of people who required altered textured diets was unclear and this contributed to care staff and the cooks not having clear information on everyone's nutritional needs. Successive clinical overviews did not show an improving picture with weight stability.

Falls analysis took place and possible contributing factors were identified. However, this did not then consistently inform the care and support provided. For example, urinary tract infections were identified as a factor for an increase in falls and therefore a need to support people to drink well. As identified in key question 1, 'How well do we support people's wellbeing?' we identified concerns with the support people received to drink well.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Staff recruitment processes were safe and demonstrated a robust recruitment process. Interviewers asked scenario based questions and explored the answers with the candidates. This helped managers assess the suitability of applicants and also any additional support or training they may need. This helped ensure that people with the right knowledge, skills and values were employed.

The provider's dependency tool included an assessment of people's health and social needs. This information was then used to inform how many staff were needed on shift.

We felt there were sufficient staff on duty, however, there were periods of time when staff were not visible and available. People sat for periods of time in lounges without oversight and support being readily

available. This meant that people were not always helped with their drink, to mobilise safely and those people who were anxious had to wait for reassurance.

The service should review and develop the leadership role in the wings to improve staff visibility and oversight of the quality of people's care (see key question 1 'How well do we support people's wellbeing?'). When planning how to make this improvement, consideration should be given to the availability of shift leaders to support and direct their staff team. This should include reviewing the practice of completing a count of all medications every day, as the service may be able to adopt a more proportionate approach that will enable shift leaders to spend more time with people while still maintaining current medication standards (**see area for improvement 1**).

The provider had a programme of mandatory training that all staff had to complete. It was positive that managers had arranged for some training to be done face-to-face. This enabled staff to speak about experiences in the home and use these to inform what was discussed at the training. There was also a programme of supervision which gave staff one-to-one time with a senior member of staff to discuss their work.

It was positive that staff had the opportunity to reflect when an error occurred or when their practice was below expected standards. After reading a reflective account of a potentially harmful near miss situation we were not confident that sufficient detail, that reflected what happened, had been recorded. This information is important to help support managers to inform staff learning and prevent the same thing happening again.

Areas for improvement

1. To support people's health and wellbeing and maximise the time staff have to spend with people, the provider should review and improve the availability of shift leaders to effectively deploy staff, support good team working and assess the quality of people's every day care.

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

'People have time to support and care for me and to speak to me' (HSCS 3.16); and

'My care and support is consistent and stable because people work well together' (HSCS 3.19).

How good is our setting?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweighed areas for improvement.

The home was clean and odour free. Fixtures and fittings were in a good state of repair. An extensive programme of environmental upgrades had recently been completed. These had enhanced the environment and made the home a comfortable place for people to live in.

People were happy with the improvements and commented on the 'lovely curtains' and the 'bonny wallpaper'. Lounges and dining rooms had been freshly decorated, and had new furniture. This made these areas comfortable and homely. New flooring in corridors made these areas much brighter and easier and safer for people to walk along. The addition of artwork of local landmarks and buildings were talking points for people. We felt that the works that had been completed were greatly informed by the needs of people.

Each wing had its own conservatory area. These had been upgraded and were quieter spaces. We felt that more could be done to support people to access and use these areas. This would enable people who preferred a quieter space or for one-to-one support, a choice that was more appropriate to their needs and preferences.

People had been supported to personalise their bedrooms with items that they had taken in from home. This helped create warmth and comfort and due to the familiarity of their surroundings, people felt relaxed and comfortable.

People told us that they wanted to spend more time outdoors. A few of these people spoke about the 'state of the gardens'. The gardens were unkempt, untidy and not useable spaces. Previously people spent time outdoors and some people enjoyed looking out over the well-tended raised flower beds. The provider was aware that this part of the care home needed to improve and told us about plans to make the gardens a safe and enjoyable place to spend time. This will enhance the quality of people's daily life (**see area for improvement 1**).

Areas for improvement

1. Improvements should be made to the gardens and outdoor spaces to ensure they are safe and enjoyable spaces for people to access and to spend time in.

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 well is our care and support planned?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweighed areas for improvement.

Everyone in the care home had a personal plan which detailed their care and support. There was information about people's wishes, likes, and dislikes, relevant risk assessments and reviews. We saw evidence of discussions and decisions with members of the multi-disciplinary team, for example, GP, and family. There was clear evidence of the outcomes of these discussions and people's care plans were updated. This meant people's care plans were up to date and reflected their current support needs.

Plans were accessed on the service's digital system. Staff were able to record and review plans at the point of delivering care via handheld devices. Staff were able to see useful information, for example, skin integrity. This meant staff had the most current information to support the delivery of care and support.

The service should continue to improve the person-centred language within the care plans and reflect the views of people and/or their representative.

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

Requirements

Requirement 1

By the 30 June 2024, the provider must ensure safety measures are in place to protect people experiencing care from avoidable risk. In order to do this, the provider must;

- a) review night staff routines and duties regarding undertaking of domestic tasks
- b) review safe use and storage of cleaning products.

To be completed by: 30 June 2024

This is in order to comply with:

Health and Social Care Standard 4.27: I experience high quality care and support because people have the necessary information and resources.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 17 May 2024.

Action taken on previous requirement

Managers had reviewed the cleaning schedules to ensure that they supported safe systems of works. The night staff duty sheet had been adapted to make it more manageable and reduce the use of cleaning chemicals.

All cleaning chemicals were now in locked cupboards. Staff were observed to return cleaning chemicals to the secured cupboards after use. This reduced the opportunities of these being left unattended.

Domestic staff did not leave trolleys unattended. This meant that the cleaning chemicals on these trolleys was safe and under their control.

Managers completed checks on staff's adherence to the implemented changes. This meant there was ongoing assessment of compliance with the safe systems put in place for chemicals in the home.

Met - outwith 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 ensure that people's experience of care and support meets their needs, wishes and choices, the provider should ensure that communication strategies are improved. To do this the provider should, at a minimum:

- a) ensure people's preferences are recorded, reviewed, and made available to staff
- b) improve leadership oversight of people's care and support and address this when this is not as stated in the care plan
- c) develop and agree individualised communication strategies for people and their families.

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 10 April 2024.

Action taken since then

The quality of information contained in care plans had improved and people's preferences were clearly identified.

People were positive about the levels of communication with the service. People said they were kept up to date and had confidence that anything they raised would be acted upon.

However, the oversight of people's care and support continued to need improved. We felt that some people were not supported when they needed to be. For example, to drink well, to provide reassurance when anxious.

We will follow up at our next inspection the progress in improving the leadership role and the oversight of the standards of people's care and support.

This area for improvement has not been met.

Previous area for improvement 2

To ensure people have access to sufficient food that they enjoy, the provider should ensure that all people are given more choice of meals and snacks, whilst ensuring staff have the relevant information to ensure these choices are consistent with the plan of care. To do this the service should, at a minimum:

- a) ensure people are aware of alternative options before the meal service and know how to request these

b) ensure sufficient snacks are available and easy to access

c) ensure staff have information at the point of service to ensure all people's dietary requirements are known.

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

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This area for improvement was made on 10 April 2024.

Action taken since then

We observed people requesting alternative options during meal service, though there was a delay in sourcing a suitable alternative during one day of the inspection. The service should continue to ensure alternative options are consistently available.

Sufficient snacks were not easily accessible for people and people's dietary information was not clear at point of service.

This area for improvement has not been met and has been incorporated into a new requirement under key question 1, 'How well do we support people's wellbeing?'

Previous area for improvement 3

To ensure people's rights and freedoms are respected, the provider should ensure that, where restraint is appropriate, that this is risk assessed and least restrictive. In order to do this the provider should, at a minimum:

a) review all incidents of restraint and ensure these are least restrictive and have sufficient risk assessments in place

b) ensure staff have sufficient knowledge around proportionate uses of restraint.

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

This area for improvement was made on 10 April 2024.

Action taken since then

When restrictive measures were in place there were appropriate care planning and risk assessments in place. We felt that these measures were taken appropriately.

Staff were aware of who had restrictive measures in place and they could explain the reasons for this.

Staff should continue to monitor the placement of motion sensors. We found that although these were appropriately assessed as being needed, they were not always placed appropriately. This meant that they were not effective at alerting staff to some people's need for assistance.

This area for improvement has been met.

Previous area for improvement 4

To ensure that people maintain good skin condition and comfort the provider should ensure that, where changes in people's skin occur, sufficient monitoring, care planning and recording take place to reduce the likelihood of skin breakdown.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 10 April 2024.

Action taken since then

People at risk of skin breakdown had the necessary care plan and risk assessment in place. This helped inform staff of the risks of skin breakdown and used to inform the care and support that was needed to help keep their skin healthy.

Staff were aware of the frequency of assisting people to change their position, and this was reflected in the monitoring documents that they completed.

Although this area for improvement has been met, managers need to consider the impact that appropriate seating has on the health of people's skin.

This area for improvement has been met.

Previous area for improvement 5

Improvements should be made to how pain levels are assessed and monitored to ensure that people have their pain well controlled.

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 area for improvement was made on 10 April 2024.

Action taken since then

People who were prescribed pain medications had these clearly recorded on medication records. These medications were administered as they were prescribed and needed.

Care plans and monitoring records were clear and reflected the pain management of people. Staff showed awareness of the process of prompt referral to medical professionals if pain medications were no longer effective. We were confident that there would not be a delay in this.

This area for improvement has been met.

Previous area for improvement 6

People who are experiencing end of life care, and have distressed periods, staff should be available to assist and respond without delay. Staff should also understand and be aware that by supporting the person timeously, to relieve any distress, it also helps provide reassurance to their families.

This is in order to comply 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 area for improvement was made on 17 May 2024.

Action taken since then

We were unable to assess this area for improvement during this inspection and will follow up during our next inspection.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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