

Dalgety Bay Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
29 November 2024

Service provided by:
Morrison Community Care (Dalgety
Bay) Devco Limited

Service provider number:
SP2023000213

Service no:
CS2023000330

About the service

Dalgety Bay Care Home is situated in a residential area of Dalgety Bay. The care home offers long-term nursing and respite care to a maximum of 68 older people. The provider of the service is Morrison Community Care (Dalgety Bay) Devco Limited.

The accommodation provides single occupancy bedrooms, all with ensuite facilities. The home has a large garden area and accommodation is provided over three floors which are served by a passenger lift. Only the ground floor was occupied at the time of this inspection, delivering care and support to 27 people. The service was celebrating its first anniversary of opening.

There are communal lounges and dining areas on each floor. There is also a kitchen laundry, café, celebration room, champagne bar, library and cinema room.

About the inspection

This was an unannounced inspection which took place between 01 and 29 November 2024. The inspection was carried out by two inspectors from the Care Inspectorate on 01 November and one inspector thereafter.

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 six of their relatives
- spoke with twelve staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People benefitted from a strong, core staff team who knew them well.
- People were included in decisions about service delivery.
- People were supported to spend their days in ways meaningful to them.
- The home had a very calm, relaxed and friendly atmosphere which people told us they really appreciated and enjoyed.
- Visiting relatives we spoke with said staff were very kind and approachable.
- Record keeping relating to care plans needed to be improved.

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?	5 - Very Good
How well is our care and support planned?	3 - Adequate

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 made an overall 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.

Our observations concluded that people were supported and cared for in a very kind and compassionate way. This was reflected in what people told us. One visitor said "We're very happy. The environment is beautiful but we know that means nothing if the care is not good, but it is. If we must bring up anything at all, it has been fixed by the next visit. It's so calm, the staff are very calm. We even managed to book a holiday which we have never done. We feel she is safe here. They are on top of her medication and have had it reviewed which is great. They're monitoring her weight. Activities happen, mum doesn't like to join in but she loves to sit and watch. She loves having access to outdoors and she has that from her bedroom. It's like night and day".

The service was provided by a stable staff team, including nurses, and good communication meant staff were kept up to date with any changes in people's health and wellbeing. This resulted in people's health care needs being regularly reviewed and evaluated. Ailments were recognised and addressed quickly, including accessing other healthcare professionals where appropriate. We noted, however, that not all care plans were updated when changes occurred in people's health or well being. This could put people at risk of not receiving appropriate care and support if staff didn't know their needs, for example in the event of having to use agency staff. We have made a requirement relating to care plans under the 'how well is our care and support planned' section of this report.

Where people, particularly those living with dementia, experienced stress and distress, good care plans had been developed to inform staff practice. We saw staff dealing with these incidents in a compassionate and patient manner. This promotes a calm environment and one lady residing in the home told us "When people become distressed, they always calm them down just by speaking with them".

We looked at the medication administration and recording systems and we were confident people were getting the right medication at the right time. People's prescriptions were reviewed regularly to ensure they met people's current needs. Some discrepancies had been identified during the service's audit processes and we were confident action was being taken to make the necessary improvements.

People received safe, dignified and person-centred support with eating and drinking. The chef took pride in providing tasty and nutritious meals for people. Meals were well presented and it was pleasing to see well-set tables with nice crockery and plenty condiments. This encouraged and improved people's food and fluid intake. Details of their individual dietary needs were available to chefs who were notified of any changes in their needs. This included where they required their food prepared in modified textures to reduce the risk of choking or fortification of their food and drinks to provide additional calories. People also had regular access to snacks throughout the day. This supported their health, safety and wellbeing. People living in the home told us "The chef listens to us, he comes and speaks to people; we get plenty to eat and drink", "The food's good and I get plenty of it" and "We get plenty to eat and drink and love the meals; we even get asked what we want from the bar".

People were supported to spend their time in ways that were meaningful and purposeful for them. Person-centred support was provided for people as their needs changed. People could participate in group activities and/or be supported on a one-to-one basis. People's cognitive ability and independence were promoted daily. We saw people had access to newspapers, and books from the extensive library. We saw them participating in quizzes and reminiscence activities; this can improve memory and promote self-worth. People we spoke with told us "We love the activities; we liked the flower arranging and the spooky bingo, and we made lanterns for bonfire night", and "I love going on the bus trips and it will be even better when we get our own bus. I love the football, and they take me across to the football pitch to watch the matches". The service shared a minibus with a sister home and, as a result of consulting with people living in the home and their relatives, a new minibus was being purchased for the sole use of Dalgety Bay residents.

We had no concerns about the infection prevention and control (IPC) practices in the home. It was clean and clutter free throughout. We saw staff wearing protective clothing and handwashing when appropriate. People we spoke with told us the home is always spotless and smells fresh, including people's bedrooms and ensuite toilets.

How good is our leadership?

4 - Good

We made an overall 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.

This was the first inspection carried out by the Care Inspectorate since registration. The management team was very receptive to our suggestions and advice, in an aim to continually improve outcomes for people.

People receiving the service and the relatives we spoke with provided very positive feedback about the leadership team. They told us "Management is very approachable and always gets back to you if you have a question", "We had one incident, and it was dealt with very effectively", and "The manager always has an open door".

It is important that people and their representatives have regular opportunities to discuss their care and support as well as wider elements of the service. We saw that people were supported to attend formal reviews. One relative said "We were involved in the development of his care plan and reviews. The care plans are very good and easy to understand".

People were supported to provide their views and express their preferences through regular resident/relative meetings. This provided a forum for people to have their say about household decisions and routines. These meetings provided a good opportunity to consult more widely with people, for example about changes in the environment, staffing and service delivery. The manager had a service development plan in place which people's suggestions for improvements were added to. People were kept informed of any improvements that were made. People told us they felt listened to and one relative said "We weren't happy with having to share a minibus with another home but there is now one ordered. Once it comes, I can't think of anything to improve".

Quality assurance audits were carried out on a regular basis in line with the provider's policies and procedures. These included audits of personal plans, management oversight, health and safety, complaints, accidents, incidents, falls, financial safeguarding and the environment. This meant any deficits or trends could be highlighted and action taken to improve outcomes for people.

We noted, however, that although the care plan audits were identifying deficits, action was not always being taken to make the necessary improvements. We have made a requirement relating to care plans in the 'how well is our care and support planned' section of this report.

Safer recruitment guidance was followed which maximised people's health, safety and wellbeing. Staff felt well supported by the leadership team. They said they were supported through regular meetings and supervision with management and felt confident to approach them if they had any professional or personal issues. They said there was an 'open door' policy and they were confident any issues would be addressed.

How good is our staff team?

4 - Good

We made an overall 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.

People receiving the service and the relatives we spoke with provided very positive feedback about the staff team, who they found to be approachable and supportive. Relatives told us "It's brilliant; staff are friendly and effective" and "The staff are very attentive, and there are plenty". People residing in the home told us "I can't praise the nurses and staff enough for their help and patience. They are all saints. I'm very happy here" and "The carers are always attentive. The staff aren't rushed; they always have time to speak to people".

Staff we spoke with told us they were happy in their roles. They felt valued and supported, and confident that any issues or concerns they raised would be addressed. They benefitted from regular supervision which gave an opportunity for open dialogue about any suggestions, concerns, and learning and development needs. Staff retention rates had a positive impact on people's outcomes and experiences as they provided consistency of care and support.

New staff were supported by a robust induction, and regular reviews were carried out during their probationary period. This ensured they were being supported to develop the necessary skills, knowledge and abilities. We noted one new member of staff had not received fire safety training; this had been an oversight and was addressed within 24 hours. Staff had to be assessed as competent by the manager before being confirmed into post.

Staff demonstrated a good level of knowledge and competency in their roles and were supported to develop their skills, which enabled positive outcomes for people who used the service. Training was undertaken either online or by external trainers. The manager had a good overview of staff training and their training needs. Staff competencies were carried out for moving and handling, and medication administration. We discussed with the manager the benefits of expanding these checks, for example to include stress and distress, and dementia. This would give assurance that staff are putting what they have learnt into practice.

We have made a requirement relating to care plans in the 'how well is our care and support planned' section of this report. We suggested some of the care plan recording deficits may be due to a lack of staff's understanding of the electronic care planning system. The management team agreed, and said they would ensure further training is undertaken.

Staff were supported to undertake Scottish Vocational Qualifications (SVQs) at the level appropriate to their role. Completion of these qualifications were required to enable staff to continue to be registered with the Scottish Social Services Council (SSSC).

Systems were in place to track staff's registration with the SSSC and nurses' registration with the Nursing and Midwifery Council (NMC). This was to ensure the fitness of staff to provide care and support for people.

How good is our setting?

5 - Very Good

We evaluated this key question as very good, as major strengths supported positive outcomes for people.

The setting was new, purpose built and well-designed. People's bedrooms and communal areas were clean and tidy, though retained a welcoming and homely setting. The furnishings and equipment were in very good condition. People's rooms were very comfortable with personal decoration. There were plenty of communal facilities, such as main lounge and dining areas, small quiet lounges, hair salon, cinema room, library, a celebration room for marking special events, a champagne bar, and a large comfortable café with hot drink making facilities and snacks for relatives to use. There were easily accessible enclosed patios and gardens, and balconies on each floor level. Throughout the inspection, the home was very clean and free from offensive odour; people we spoke with told us this was the norm.

Equipment used to assist people to move was in very good condition. There were arrangements in operation for maintenance of the premises and the equipment, to maximise people's safety. This ensured an environment that has been adapted, equipped and furnished to meet people's needs and wishes. Maintenance records showed maintenance requests and repairs were addressed timeously.

There was clear signage throughout the home to direct people and aid orientation. Throughout the inspection there was a nice, calm atmosphere. There was no sense of people being supported in a rushed manner and we noted call alarm bells were answered promptly.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. Whilst the strengths had a positive impact on people's outcomes and experiences, key areas needed to improve. As these weaknesses concerned the health, welfare and safety of people, we made a requirement for improvement.

To make sure that people receive the right care and support, they require an assessment of their needs to take place. People's individual needs and preferences need to be central to deliver positive outcomes for people.

People had access to external professional supports, such as GPs, opticians and district nurses when this was needed. This ensured that people were receiving regular routine health screening and had access to other peripatetic professional supports. We found that guidance from other professional staff was recorded within plans sampled.

There was good nutritional information in sampled plans. Nutritional assessments were completed and there were good records of people's intake. We saw evidence of action being taken when people required further support; for example, fortified diets. People who displayed signs of stress and distress had informative care plans in place to guide staff on how to best meet their needs.

We found some care plans contained enough good information to guide staff on how to best meet people's needs. However, this was inconsistent and others required improvement.

Changes to people's care and support should be clearly documented. Not all changes in people's health status had been appropriately recorded within individual care plans. For example, one person had been identified as being at risk of falling due to a medication change but the MFRA (Multifactorial Risk Assessment) had not been updated to reflect this. Another person had suffered a fall, and again the MFRA had not been updated. Risk assessments and care plans were supposed to be reviewed monthly but we found this was not always the case. In one instance the care plan review had been copied from the previous month, therefore did not contain accurate, up to date information. In another, the 'how am I (wellbeing)' check list had been reviewed during the night and merely stated "sleeping". Consideration should be given to the timings of checks to enable participation and ensure meaningful assessment. Some care plans were incomplete. This lack of accurate, up to date information meant we could not be confident that care plans were being effectively evaluated to plan care delivery. There should be a clear record of decisions made, by whom and any follow up arrangements. This provides a clear audit trail and helps to inform reviews. A requirement (1) is made.

Appropriate paperwork was in place for people who lack capacity, detailing power of attorney and who the service should be consulting with regarding people's care and support. Consent forms were in place for people who had any restrictions of movement placed on them, such as bedrails or movement alarms in their room. This meant these decisions had been made in agreement with the relevant people. This helps to ensure that care and support is provided in a manner that reflects people's human rights.

People residing in the home and their relatives were supported to be involved in the formal care and support reviews.

Requirements

1. By 21 February 2025, in order to protect the health, welfare and safety of those who use the service, the provider must ensure that all care plans:

- a) provide appropriate information and guidance for staff so people receive safe, consistent and effective care and support; and
- b) are evaluated to ensure people's support is person-centred, effective and meets their assessed needs.

This is in order to comply with Regulations 3, 4(1)(a)(b)(c), 5(1), 5(2)(a) and 5(2)(b) of The Social Care and Social Work (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 personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

Complaints

There have been no complaints upheld since registration.

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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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