

Melvich Community Care Unit (Care Home) Care Home Service

Sinclair Court
Port Skerra
Melvich
Thurso
KW14 7YL

Type of inspection:
Unannounced

Completed on:
17 December 2024

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2012307250

About the service

Melvich Community Care Unit (Care Home) is a care home registered to provide a service to a maximum of six older people. The provider is NHS Highland. The service was registered with the Care Inspectorate on 30 March 2012.

The home is located in the hamlet of Port Skerra near to the village of Melvich on the west coast of Sutherland. The home is a single storey building. The care home accommodation comprises of 6 single bedrooms with full en-suite facilities. Each bedroom has a small kitchenette where people who used the service or their visitors could make tea, coffee and snacks. There are on-site laundry and kitchen facilities; most meals are freshly prepared on-site and dining is provided in a homely lounge/dining area.

At the time of the inspection there were six people living in the home.

About the inspection

This was an unannounced inspection which took place on 17 December 2024 between 10:00 and 19:30. 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 six people using the service and two of their family;
- spoke with five staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- People experienced kind and compassionate care and support from staff that knew them well.
- The service had made very good progress in implementing processes to support staff.
- Residents and their families had good opportunities to be involved in developing the service.
- The service had strong links to the local communities and benefitted from the support of local organisations and services.
- Residents benefitted from a range of activities and outings.
- Although we saw good progress in developing care plans further work was required to ensure these were reviewed and updated when needs changed.
- Dependency analysis needed to include the direct care hours required to safely support people with their physical, psychological, social, and recreational needs.

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 good is our staff team?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

3 - Adequate

At the last inspection in May 2024, we made a requirement that the provider ensure service users' health, welfare and safety was protected by ensuring staff were well trained and supported with their professional development.

At this inspection we saw that good progress had been made in this area. The provider had a suite of mandatory essential training for staff. We saw that staff had completed this with very few exceptions. The manager was following up with those who had not completed these on line learning modules and we were confident that these would be completed and all staff would be up to date with essential training early in the new year. Additionally, the manager had developed a training spreadsheet so she had an overview of when refresher training was due.

Competency assessments had been completed and we saw that there were very few practice issues noted. Records of conversations had been completed when an issue had been identified and staff may be asked to redo a training module again. However, we did not see an individual training needs analysis for staff that would direct and tailor their training and development.

Although we have concluded that the requirement has been met, we have made an area for improvement to complete a training needs analysis for each member of staff, the outcome of which would inform and update the annual training plan for the service.

(See area for improvement 1).

Also at the last inspection, we made a requirement on the provider to ensure that staffing was sufficient to meet the health, welfare and safety needs of people living in the home. At this inspection, we saw that the manager used the Indicator of Relative Needs (IoRN), to assess residents' levels of need, and that this was updated every four weeks. We could see the level of need for different activities ranged from moderate to high. However, the assessment did not identify the direct staff hours required to support each person with these needs.

We could see from the data provided where residents needs had increased, staffing had been partially increased by a third member of staff. This was a positive plan that enabled staff to support people effectively when people were ill, or an outing was planned. However, this was not consistent. The staff team were reliant at times on managers to step in and support people, and even ancillary staff to supervise or distract people when care staff were attending others.

We concluded that the requirement had been met in the most part. We decided to make a new requirement on the provider to calculate the direct hours needed to support people safely and effectively, to ensure their physical, psychological, social and recreational needs were consistently met. **(See requirement 1).**

Requirements

1. By 30 March 2025, the provider must demonstrate that staffing is sufficient to meet people's health, welfare and safety needs.

In order to achieve this they must;

- a) calculate the direct staff hours needed to meet each person's individual needs;
- b) ensure this is recorded in the four weekly dependency assessment;
- c) demonstrate how this informs the staffing numbers on each shift.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'My needs are met by the right number of people.' (HSCS 3.15)

Areas for improvement

1. In order to support good outcomes for people's health and wellbeing, the provider should ensure that staff training and development needs are fully explored and provide training and development opportunities that are tailored to their specific learning needs and the needs of the service.

In order to do this they should complete a training needs analysis for each member of staff; the results of which should inform the annual training plan for the service.

This is in order 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)

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

Requirements

Requirement 1

By 31 March 2024, the provider must implement a robust and effective quality assurance system.

In order to achieve this, they must:

- a) set up and implement regular auditing processes to check service performance in all areas of service delivery;
- b) ensure outcomes from quality audits feed into and update improvement/development plans;
- c) set achievable target dates indicating when the improvement actions will be completed;
- d) assess the impact of the changes on improving service delivery at the next auditing cycle.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) regulations 3 Principles; and regulation 4(1)(a) - Welfare of users

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 organization having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 21 September 2023.

Action taken on previous requirement

We saw a range of audits including for medication, staff training and development and competency. The outcomes had updated and informed the service improvement plan.

Met - within timescales

Requirement 2

By 14 July 2024, the provider must ensure leaders and staff use personal plans to deliver care and support effectively to include, but not limited to, the wellbeing and safety of residents and staff practice.

In particular you must ensure that:

- a) the care planning process is used to improve people's experiences and outcomes;
- b) the quality of people's care plans and support received is audited, evaluated on a monthly basis or less where a person's care needs or risk level changes, for example after an incident;
- c) action is taken to make any necessary improvements to reduce a person's risk level and update the care

plan accordingly;

d) the care plan is formally reviewed at least once in every six month period and people and their relatives/ representative/s are fully involved in this review.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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 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'. (HSCS 1.15).

This requirement was made on 21 September 2023.

Action taken on previous requirement

Through a review of over 50% of residents' files it was clear that management had worked to ensure care planning for residents was a priority in order to improve residents' overall experiences and outcomes. Residents' care plans now included detail that focused on the resident as a person, their feelings, likes, and dislikes through a 'getting to know me' section. This supports staff to care and support residents the way they wish. The Care Home assessment record provided a broad overview of different areas of support received. This was updated on a monthly basis and appeared to be up to date.

Met - within timescales

Requirement 3

By 30 September 2024, the provider must ensure that service users' health, welfare and safety is protected.

In order to achieve this the provider must ensure at a minimum:

- a) ensure a training needs analysis is completed for each member of staff;
- b) develop a plan to deliver any training identified in a timeous manner;
- c) assess how effective the training was in meeting gaps in knowledge and skills;
- d) ensure there is a record of any further measures identified to support the learning and development for staff;
- e) ensure training completed satisfactorily is signed off by the manager and the staff member.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019. (as substituted for regulation 15) 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 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)

This requirement was made on 13 June 2024.

Action taken on previous requirement

All staff training was accessed through and recorded on the TURAS learn system. Most staff had completed mandatory training with a few exceptions. These had been highlighted by the manager and dates for completing outstanding training noted.

Additionally, the manager has developed a spreadsheet to record both mandatory and additional training so she has an overview of the skills and experience of the staff group, the training each staff member had completed and when. This provided a useful reminder for when refresher training was due,

Competency assessments had been completed with very few practice issues noted.

We saw that competency assessments had provided a useful tool to identify staff potential to develop leadership skills so that the right training could be identified for them.

We did not see that a training needs analysis had been completed for each member of staff. We have made an area for improvement to address this outstanding issue. **See area for improvement 1 under key question 3**

Supervision agreements were in place and regular supervision was routinely happening for staff every 4–8 weeks. This means that staff have access to managers time and the privacy to discuss areas of their work and practice that are of concern to them and managers have an overview of the support each staff member needs.

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 anticipatory care plans are in place for all residents and reviewed regularly to ensure they remain up to date and relevant.

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

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14)

This area for improvement was made on 23 May 2024.

Action taken since then

The manager advised that although she had discussed anticipatory care planning with families and GPs, formal anticipatory care plans had not yet been developed.

This area for improvement is **NOT MET** and shall be continued.

Previous area for improvement 2

The manager should ensure that staff competency was regularly and routinely assessed as part of a robust quality assurance cycle, and that outcomes from individual staff competency assessments fed into support and supervision meetings and annual appraisals and informed training analysis.

This is to ensure that care and support is consistent with Health and Social Care Standards 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).

This area for improvement was made on 23 May 2024.

Action taken since then

All staff had their competency assessed in a number of areas of practice including medication, moving and assisting people, infection prevention and control. Competency assessments sampled at this inspection identified few issues relating to staff practice. Where issues had been highlighted, further action had been taken either through records of conversation, or repeating online training. There was good evidence that practice issues and competency was regularly discussed with staff at supervision meetings.

This area for improvement is **MET**.

Previous area for improvement 3

The manager should ensure that staff are consistently supported in their role. In order to achieve this, they should ensure that they implement a formal process of professional support, reflection and learning for staff that contributes to their professional development. Outcomes from professional support and supervision meetings should inform future training for individuals and contribute to annual staff appraisals.

This is to ensure that care and support is consistent with Health and Social Care Standards 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)

This area for improvement was made on 23 May 2024.

Action taken since then

We saw that 1:1 staff supervision meetings took place regularly. Staff have the agenda prior to the meeting and can prepare the issues they want to discuss. Training and training needs were discussed at every meeting. Discussions also focused on areas of practice and options for leading on this.

There was evidence that issues discussed at supervisions are taken forward and outcomes discussed at the following supervision meeting.

This area for improvement is **MET**.

Previous area for improvement 4

The manager and management team should ensure that people using the service, and their families, have opportunities and are encouraged to participate in meaningful discussion about making improvements and developing the service.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.7)

This area for improvement was made on 23 May 2024.

Action taken since then

We saw evidence of family involvement in the decisions about care and support of their loved ones through the review process. Families visit the home regularly and have verbally put forward suggestions for local outings and events which would benefit the residents.

We saw a good level of involvement from the communities from which the residents come from, this included invites to coffee mornings, visits from local primary schools, and the Christmas tree making with a local voluntary organisation.

This area for improvement is **MET**.

Previous area for improvement 5

To ensure people live in a safe and well-maintained setting, both indoors and outside, the provider should ensure as a minimum but not limited to:

- a) the internal and external environment is reviewed to take account of good practice the 'King's Fund' tool for people living with dementia;
- b) this assessment is used to inform any planned environmental improvements;
- c) people living in Melvich Community Care Unit are involved in decisions about the ways which are meaningful to them.

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

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support ' (HSCS 5.1).

This area for improvement was made on 23 May 2024.

Action taken since then

We saw that the Kings Fund Tool, an assessment document aimed at improving the physical environment for people living with dementia, had been started, but not completed.

This area for improvement is **NOT MET** and shall be continued.

Previous area for improvement 6

The service should ensure that individual care plans were evaluated monthly to assess how effective any planned interventions are at effecting improvements. These evaluations enable the plan to change and evolve as needs change and should inform reviews.

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

‘I experience high quality care and support based on relevant evidence, guidance and best practice.’ (HSCS 4.11)

This area for improvement was made on 23 May 2024.

Action taken since then

We saw evidence that most support plans were evaluated on a monthly basis and appeared to be up to date; we found that medical information was not dated, so it wasn't always possible to know if this information was up to date or not.

While care plans had been reviewed within the last few months, it should be noted these were external and completed by social work. It was positive to note that within the reviews, both residents and their relatives/ family members were very much included in the review.

This area for improvement is **MET**.

Previous area for improvement 7

To ensure people are supported safely in the event of a fire or other emergency, requiring them to be evacuated from the home; the service should ensure each person has an up to date personal emergency evacuation plan and that it is updated six monthly or when their needs change.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event’. (HSCS 4.14).

This area for improvement was made on 23 May 2024.

Action taken since then

Personal emergency evacuation plans (PEEPs) had been developed and were located in each person's care file. Therefore the area for improvement is **MET**. However, the manager should continue to review and update the PEEPs to ensure they were individualised and provided specific information about the support each person required in order to evacuate the building safely.

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 good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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