

Taigh Shiphoint Care Home Service

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Isle of Lewis
HS1 2AP

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Type of inspection:
Unannounced

Completed on:
28 November 2024

Service provided by:
Comhairle Nan Eilean Siar

Service provider number:
SP2003002104

Service no:
CS2023000174

About the service

Taigh Shiphoint (Seaforth House) is a newly built 52 bedded care home in Stornoway comprising of four wings {Bosta, Garry, Coll, and Dalmore} each with 13 en-suite bedrooms. The care home offers 24 hour care and support to older people who may have a range of complex health issues, including dementia.

About the inspection

This was an unannounced follow up inspection which took place between 25 and 28 November 2024. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the follow up 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. Our main focus was to evaluate service improvements in regard to the three requirements and four areas for improvement we made at the inspection dated 19 September 2024.

In making our evaluations of the service we:

- spoke informally with the majority of residents;
- spoke with five relatives over the telephone;
- spoke with a number of staff and management;
- observed practice and daily life;
- reviewed documents; and
- considered medication systems.

Key messages

There had been insufficient progress made since the last inspection. Key question 1: How well do we support people's wellbeing and key question 2: How good is our leadership remain evaluated as weak. Priority actions are required.

Staff interactions continued to be kind and caring.

People's health care assessments had been updated to reflect their needs.

People were still not always receiving the right medication at the right time; this had potential to affect their physical and emotional wellbeing.

Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

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?	2 - Weak
How good is our leadership?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

The evaluation of this key questions remains as weak. An evaluation of weak will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

The provider had carried out a baseline audit in regard to the safe administration of medication. They had identified what improvements were necessary but were still at the early stages of implementing these. The audits were not sufficiently robust to ensure the safe administration of medication. We remained concerned that some people were still not receiving the right medication at the right time. The provider had notified us of all medication errors for a period of eight weeks. The requirement will be adjusted to reflect progress made.

Whilst there had been a number of systems put in place to manage medication safely, we concluded not all staff were following these. This meant people's health remained at risk. We were not confident people were regularly receiving the right medication at the right time.

When areas of concern had been highlighted in relation to individual staff not safely managing medication, there were delays in actioning some of these concerns. This meant there was still insufficient managerial oversight to ensure the safe administration of medication.

Without improvement as a matter of urgency, the welfare and safety of people will continue to be compromised, and their critical needs not met.

Requirements

1. By 9 January 2025, the provider must ensure they keep people safe and healthy by ensuring medication is handled and administered correctly. The provider must, at a minimum:

- a) introduce robust auditing processes to ensure medication is being administered safely, including people getting the right medication at the right time; and
- b) ensure that people administering medication are suitably trained and that they have had their competency assessed.

This is in order to comply with Regulation 4(1)(a) (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 states that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

How good is our leadership?**2 - Weak**

The evaluation of this key questions remains as weak. An evaluation of weak will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

The provider has been unable to demonstrate clearly that sustainable improvements have been made. We remain concerned that quality assurance systems and checks have been developed because of the poor quality of care highlighted through the regulation process rather than robust quality assurance and self-evaluation by the provider. An example of this is the significant concerns we have raised about medication errors during our inspections in May 2024 and September 2024, which have still not been resolved satisfactorily. We are not confident people's health and well being is consistently being managed safely.

We recognise that quality systems need time to imbed and evidence they are having the desired outcome of ensuring people are consistently receiving safe and good quality care. However we remain concerned that the pace of change is too slow and without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

Requirements

1. By 9 January 2025, the provider must ensure people are provided with the right care and support which is well led and managed. To do this, the provider must, as a minimum ensure:

- a) there is visible management and leadership capacity to lead effective, continuous improvement, to include;
 - a structured system of staff practice observations, supervision and appraisal;
 - an effective and responsive audit timetable is put in place; and
 - effective systems are in place to robustly analyse all accidents and incidents; and
- b) the outcomes of all the above are used to inform self-evaluation processes and a service improvement plan which is used to monitor progress.

This is to comply with Regulations 3 and 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 Health and Social Care Standards (HSCS) which states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8).

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

Requirements

Requirement 1

By 31 October 2024, the provider must ensure they keep people safe and healthy by ensuring medication is handled and administered correctly. The provider must, at a minimum:

- a) carry out a medication audit to establish a baseline which identifies what improvements are necessary and implement those;
- b) introduce robust auditing processes to ensure medication is being administered safely, including people getting the right medication at the right time;
- c) ensure that people administering medication are suitably trained and that they have had their competency assessed;
- d) notify the Care Inspectorate of all medication errors initially for a period of eight weeks.

This is in order to comply with Regulation 4(1)(a) (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 states that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This requirement was made on 31 May 2024.

Action taken on previous requirement

There had been insufficient progress made in relation to this requirement. Please see key question 1 for further information. The requirement will be adjusted and extended to 9 January 2025.

Not met

Requirement 2

By 31 October 2024, the provider must ensure they keep people safe and healthy by carrying out health-based assessments for all people living in the care home. This must include skin integrity and continence management.

When these assessments are completed the provider must update the necessary care plans and risk assessments to ensure that people's health-based needs are being met.

This is in order to comply with Regulation 4(1)(a) (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 states that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This requirement was made on 31 May 2024.

Action taken on previous requirement

Good progress had been made in regard to updating people's health care assessments. There were appropriate risk assessments in place to direct staff on supporting people safety.

Met - within timescales

Requirement 3

By 14 November 2024, the provider must ensure people are provided with the right care and support which is well led and managed. To do this, the provider must, as a minimum but not limited to, ensure:

- a) there is visible management and leadership capacity to lead effective continuous improvement, to include;
 - a structured system of staff practice observations, supervision and appraisal;
 - an effective and responsive audit timetable is put in place;
 - oversight of accidents and incidents, ensuring the Care Inspectorate are informed timeously of any notifiable events;
- b) people who live in Taigh Shiphoint and their families/representatives are given the opportunity to have their views heard and taken into account; and
- c) the outcomes of all the above are used to inform self-evaluation processes and a service improvement plan which is used to monitor progress.

This is to comply with Regulations 3 and 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 Health and Social Care Standards (HSCS) which states that: '

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and
 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8).

This requirement was made on 31 May 2024.

Action taken on previous requirement

There had been some progress made in relation to this requirement but some areas still required further work and consolidation. Please see key question 2 for further information. The requirement will be adjusted and extended to 9 January 2025.

Not met

Requirement 4

By 12 December 2024, the provider must ensure people's physical, emotional, social and psychological needs are being met. To do this, the provider must, as a minimum but not limited to ensuring:

- a) each person has an accurate and up-to-date care plan which directs staff on how to meet their care and support needs in line with their wishes and choices;
- b) staff must be familiar with the content of the plan and have the necessary knowledge, skills and confidence to provide the care the person needs;
- c) there must be effective arrangements in place to ensure the plan is regularly reviewed, updated and staff are responsive to the person's changing or unmet needs; and
- d) every care plan is regularly audited to ensure the information is accurate, relevant and purposeful. Any issues identified will be followed up with a clear action plan.

This is in order to comply with Regulation 5(2)(b) 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 states that:

'My care and support meets my needs and is right for me.' (HSCS 2.23); and
'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

This requirement was made on 2 October 2024.

Action taken on previous requirement

This requirement was still within the timescale and therefore was not assessed at this inspection. We will consider it at the next inspection.

Not assessed at this inspection

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

People who experience care should have the opportunity to participate in activities as per their choice. To achieve this, the provider should ensure staff make the most of opportunities to engage people in meaningful activities as part of their day to day lives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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); and
'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6).

Area for Improvement Category

This area for improvement was made on 31 May 2024.

Action taken since then

This area of improvement was not assessed at this inspection. It will be carried forward to the next inspection.

Previous area for improvement 2

So as staff are providing safe care in line with good practice guidance, there should be a formal system in place to identify gaps in training. Staff should be given time and support to undertake expected training in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 31 May 2024.

Action taken since then

This area of improvement has been met. The majority of staff had undertaken their mandatory training. When staff training was due it was "flagged" up to senior staff. It was their responsibility alongside the staff member to make sure they undertook the expected training.

Previous area for improvement 3

To promote the safety and well-being of residents, the provider should have systems in place to robustly analyse all accidents and incidents. Where relevant, people's care planning documentation should be updated to ensure they are getting the right care and support following an accident or incident.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and
'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 area for improvement was made on 31 May 2024.

Action taken since then

The area of improvement has not been met, however we are going to incorporate it under key question 2 (see requirement 1).

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

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