

Bayview House (Care Home) Care Home Service

Olrig Street
Thurso
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Telephone: 01847 892 314

Type of inspection:
Unannounced

Completed on:
27 February 2025

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2012307182

About the service

Bayview House is a care home for older people situated in the town of Thurso. It is registered to provide a care service to a maximum of 23 older people, this includes one bed for respite. The service is provided by NHS Highland. The building is part-shared by a day care service, also provided by NHS Highland. At the time of this inspection, there were 23 people using the service.

The service is situated in a three-storey building overlooking Thurso bay. The accommodation comprises of single bedrooms with full en-suite facilities. There is a main communal sitting room and additional smaller lounge areas on each of the floors, which can also be used for activities. The large spacious dining room is next to the main kitchen from which meals and snacks are freshly prepared and cooked each day. Smaller kitchens are located on each floor which can be used by visitors to make refreshments.

There are enclosed garden area where residents can sit and enjoy the outdoors.

About the inspection

This was an unannounced follow up inspection which took place on 24 and 25 February 2025. The inspection was carried out by one inspector 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 eight people using the service;
- Spoke with four of their family and friends;
- Spoke with seven staff, including the management;
- Observed practice and daily life;
- Reviewed documents.

Key messages

- We saw examples of sensitive care and support provided with warmth and affection.
- Family members and visiting professionals spoke positively about the service and the staff team.
- Staff recruitment had been a challenge for the service, which meant there were some staff vacancies.
- The environment was of a good standard although could be more dementia friendly.
- Support plans should be reviewed to ensure they reflect people's current needs and wishes.
- Medication administration needed to improve.
- Opportunities for meaningful activity and interaction with staff was limited.

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?	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?

3 - Adequate

We evaluated this key question as adequate. While there were some strengths, these just outweighed weaknesses. We concluded the strengths did have a positive impact but the likelihood of consistently achieving positive experiences and outcomes for people was reduced because key areas of performance needed to improve.

People enjoyed living in Bayview House. They said they felt safe and staff were very good. They told us they had good relationships with staff and the senior team and were confident staff would 'go above and beyond' to help them with what they need. This means that people were comfortable to talk to staff and raise issues of concern, confident that these would be resolved successfully.

Bayview staff enjoyed a high level of confidence and support from relatives and visitors to the service. One person who visited the service regularly said when they needed full time care they would want to be in Bayview House. Another relative told us 'Mum has improved since coming to live in Bayview, I think it's the company and having someone to talk to'.

People's health needs were met through well-established links with other organisations. Staff were knowledgeable about health matters, and used various health-based assessments to monitor and plan for people's care and support. However, care plans had not been reviewed regularly and several were out of date. This means that we could not be sure that the support being provided continued to meet people's assessed needs. Thorough and thoughtful evaluation of the care plans enables the right support to be put in place when it is needed and for as long as it is needed. At the last inspection we made an area for improvement on reviewing care and support plans. This area for improvement is not met and is restated. **(See area for improvement 1).**

Adverse events were recorded and senior management were aware of incidents when they happened, however, the records did not detail what actions the service took to minimise recurrence or that a reassessment of risk had been completed. Several records showed some people had sustained head injuries following falls but records were not clear if people had been monitored for signs of serious effects or concussions. **(See area for improvement 2).**

Food was cooked on the premises fresh daily, it looked and smelled delicious. People were asked about their meal choice for two options in the mornings. However, we did not see the menu displayed to remind people. We did not see that 'show and tell' plates where people can see mini versions of the meal options so they could make an informed choice in their meals. Although many people could articulate a choice, there were some who would not remember what they had chosen earlier in the day or who may not remember what the meal involved. Using the small mini meals to remind people of the meal choices stimulates appetite so people are more likely to eat well.

The dining room was a large space, and the sound was amplified. The kitchen was partially open to the main dining room and kitchen noises carried into the dining space. This cacophony of sound could be excessively noisy; particularly for people with hearing impairment and confusing and distracting for people living with cognitive decline and inhibits conversation. **(See area for improvement 3).**

The medication trolley was wheeled into the dining room and people's mid-morning medication was

dispensed and administered from there. This was institutionalised practice and not person-centred as it did not respect people's privacy or dignity. **(See requirement 1).**

We saw that opportunities for meaningful activity and interaction with staff were limited out with the times staff were providing personal care. This meant people were left for long periods of time with little stimulation. There was a safe enclosed garden area. However, the doors were alarmed which meant that access was restricted for residents and visitors. There were few activities available for residents, and people did not have an individualised activities plan in place. At the last inspection we made an area for improvement to ensure everyone living in the care home had opportunities to participate in a range of activities indoors and outdoors. This area for improvement was not met and is restated here. **(See area for improvement 4).**

Requirements

1. By 30 May 2025 the Provider must ensure that medication is managed in a manner that protects the health and wellbeing of people.

In order to achieve this they must ensure at a minimum but is not limited to:

- a) the service's medication management system adheres to good practice guidance
- b) that staff administer medicines in a way that recognises and respects people's dignity and privacy taking into consideration the daily routine of the resident.

**This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)
Regulation 4(1)(a)&(b) (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 experience high quality care and support based on relevant evidence, guidance and best practice'.
(HSCS 4.11)**

**'I experience care and support where all people are respected and valued'.
(HSCS 4.3)**

Areas for improvement

1. To ensure people's health and wellbeing benefits from regular evaluation and review the provider and manager should ensure that care plans were closely monitored and review meetings fully documented.

This should include, but is not limited to:

- a) monthly evaluations of care plans and health assessments are fully documented and detail of the evaluation and outcomes recorded;
- b) a full care review must be held at least once in each six month period and sooner if there is a significant change in people's health or wellbeing needs;
- c) demonstrate how people have been consulted and involved in reviewing their care plan;
- d) minutes of review meetings include details of those consulted or involved in the review, including their views; a summary of the discussion held and the decisions made; and the date of the next review.

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

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change'. (HSCS 1.12)

2. To ensure people are kept safe and their health and wellbeing are promoted by the service having effective quality assurance and reporting systems, the provider should ensure records of adverse events are more detailed.

In order to achieve this records should include:

- a) risk factors that may have contributed to the event;
- b) the control measures that are put in place to reduce risk of recurrence;
- c) details of any monitoring and the period monitoring would last;
- d) how and when the control measures would be reviewed.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3.20)

'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)

3. To ensure people's health and wellbeing benefits from having a positive dining experience, the provider and manager should ensure that the environment is comfortable.

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

- a) there are appropriate visual prompts so people can make informed meal choices;
- b) assistance is readily available to those who struggle to eat independently;
- c) noise reduction tools, such as the use of soft furnishings, acoustic panels and sound deadening paint are deployed in the dining room.

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells'. (HSCS 5.20)

4. To support people's wellbeing and social inclusion, the provider should ensure:

- a) everyone has the opportunity to be active both indoors and outdoors;
- b) people can choose to participate in activities and trips out as per their choice of interests and their activity plan;
- c) consider allocating time each day to promote activity including evenings and weekends.

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)

'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)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. This meant we saw some strengths emerging which led to positive outcomes for people, but the service must continue to support the development of a skilled effective team, including relief and bank workers.

The service used the Indicator of Relative Need (IoRN) to assess the dependency levels and set staffing levels. However, these did not take account of people's psychological, social and recreational needs. The staffing levels were sufficient to meet people's basic needs. However, staff told us that there were times when it was difficult to get enough staff to cover for unexpected absences. From our observations it was apparent that at times people's wellbeing needs were not being met, for example, at mealtimes or with meaningful activity. This meant that staff were missing opportunities to meaningfully engage with people

We found the service did not take account of the Health and Care (Staffing) (Scotland) Act 2019. There was no guidance in place regarding the legislation for the service managers to follow when staff planning. (**See requirement 1**).

Staff were very supportive of each other and demonstrated a deep commitment to the care of the residents. We saw that staff regularly extended their shifts to cover busy times such as mealtimes or when there were emergencies.

Mandatory training was up to date for all staff. Staff spoke positively about training they had completed, and felt confident that they could provide good care for people.

Residents and relatives agreed and told us;

- 'the staff here are excellent'.
- 'My friend is very well looked after here'.
- 'I so enjoy the wee chat I get when the girl brings me my tea'.
- 'The staff they can't do enough for me'.
- 'the girls are all nice and I get what I need when I need it'.
- 'the staff are 'superb' and 'treat me well', but there's not a lot to do'.

Requirements

1. By 31 July 2025, you must ensure that people are supported at all times by sufficient numbers of suitable skilled staff to meet their health, safety and wellbeing needs. This must include, but is not limited to, ensuring people's emotional wellbeing needs are met, particularly people who experience stress and distress.

In particular you must ensure that:

- a) staffing levels and skill mix are informed by an effective process for assessing each service user's care and support needs and how many staff hours are needed to meet service users' needs, including when there is a significant change in those needs;
- b) there are enough suitably qualified, knowledgeable and skilled staff on shift at all times to meet service

users' care needs and preferences at all times;

c) staff are conversant with service users' needs and are deployed effectively throughout the care service according to their skill set;

d) contingency plans for staffing in the event of unplanned and planned absences are effective.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1) – Welfare of users; and 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).

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 people's health and wellbeing benefits from their meal time experiences, the provider and service should ensure that;

a) people are encouraged to use the dining room to socialise;

b) the dining room is an attractive and inviting place for people to sit and enjoy their meal;

c) staffing levels are sufficient to support people to enjoy all their meals in an unhurried and relaxed atmosphere.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.24)

'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax'. (HSCS 5.6)

This area for improvement was made on 8 September 2022.

Action taken since then

The dining room had been moved into the old day centre room. This allowed for most residents in the care home to be seated together in small groups, to eat their meals together and have opportunities to socialise.

The tables were nicely set, but the table coverings were not dementia friendly. However, new plain table coverings were on order and due to arrive imminently.

The kitchen staff were aware of those people requiring texturized meals and food fortification, however, vegetarian options were not always provided.

In general this area for improvement is **MET**, however, we have made a further area for improvement to support a positive dining experience.

See area for improvement 3 under Key Question 1.

Previous area for improvement 2

To ensure people's health and wellbeing benefits from regular evaluation and review the provider and manager should ensure that review meetings were fully documented.

This should include:

- a) details of those consulted or involved in the review, including their views;
- b) a summary of the discussion held and the decisions made;
- c) the date of the next review which should be within a six month period.

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

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change'. (HSCS 1.12)

This area for improvement was made on 8 September 2022.

Action taken since then

Care plans were not always reviewed within statutory timescales and some were significantly out of date. Care plans were not evaluated to ensure the plan of care met the current needs of people. The area for improvement is **NOT MET** and has been restated.

See area for improvement 1 under Key Question 1 .

Previous area for improvement 3

The provider and manager needed to continue to closely monitor and evaluate the dependency tools used and clearly demonstrate how people's social emotional, psychological and recreational needs are recognised, taken into account in determining the right staffing levels.

This is to ensure that 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).

This area for improvement was made on 8 September 2022.

Action taken since then

The service had several vacancies and staffing was not always sufficient to meet people's needs effectively and consistently. Contingency plans for unexpected and planned absences were not effective. The area for improvement is **NOT MET** In response to this we have made a requirement to address these issues

See requirement 1 under Key Question 3

Previous area for improvement 4

To support people's wellbeing and social inclusion, the provider should ensure everyone has the opportunity to be active both indoors and outdoors, participate in activities and trips out as per their choice of interests and activity plan. They should consider allocating time each day to promote activity including evenings and weekends.

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)

'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)

This area for improvement was made on 8 September 2022.

Action taken since then

We saw that opportunities for meaningful activity and interaction with staff were limited out with the times staff were providing personal care. Activities depended on the availability of staff to initiate them so meaningful activity was inconsistent and did not meet people's needs. This area for improvement is **NOT MET** and is restated.

See area for improvement 4 under Key Question 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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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