

North Argyll House Care Home Service

Bealach-an-Righ
Dunollie Road
Oban
PA34 5TG

Telephone: 01631 562 168

Type of inspection:
Unannounced

Completed on:
17 February 2025

Service provided by:
North Argyll Eventide Home
Association Ltd

Service provider number:
SP2015012517

Service no:
CS2015338261

About the service

North Argyll House is a care home for older people located close to the town centre of Oban. The service provides residential care to up to 23 older people. There were 21 people living at the service during this inspection.

The service provider is North Argyll Eventide Home Association Ltd, a not-for-profit organisation with historic links to the area.

The accommodation is over two levels, ground and first floor, with lift access. Rooms are for single occupants and are all ensuite, with some rooms having shower facilities too.

Communal areas include three lounges, a dining room, and accessible outside areas including gardens and a patio area with views of Oban Bay.

About the inspection

This was an unannounced inspection which took place on 14, 15, 16 and 17 February 2025, between the hours of 07:30 and 17:30. The inspection was carried out by one inspector.

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 six of their family members
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

We also reviewed Care Inspectorate surveys which had been returned by eight family members, 16 staff and one external professional.

Key messages

- People were treated with dignity and respect by staff who understood their needs and preferences.
- Effective communication and good working relationships with external professionals supported good healthcare.
- People and their families were encouraged to have involvement in planning and reviewing their care which supported good quality care planning.
- Quality assurance systems were in place to monitor key aspects of service delivery. Some improvements were required to ensure all staff understood their role in quality assurance.
- Frequent staff supervision, team meetings and oversight of staff training helped develop staff skills and knowledge in order to provide good quality care.
- Staffing numbers and deployment were carefully considered to meet people's needs and outcomes, including during times of increased need.
- The setting was clean, fresh and adapted to meet the needs of people living there. People had been consulted about decor and furnishings which helped them to feel at home.
- Personal plans reflected people's views and preferences but risk assessments needed to be clearer to ensure staff had clear guidance to support good practice.

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?	5 - Very Good
How good is our setting?	5 - Very 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?

4 - Good

We evaluated this key question as good. A number of important strengths had a significant positive impact on people's experiences. Some improvements are required to maximise wellbeing and ensure consistently good outcomes.

People were treated with dignity and respect by staff who knew them well and understood their needs. We saw interactions between staff and people that reflected genuine kindness. Staff encouraged people to participate in life in the service, and supported them to take care of their personal care needs in a dignified and responsive manner. People living in the service told us the staff were caring and that 'nothing is too much trouble.' This assured us that people felt supported and received care that was compassionate and sensitive to their needs.

The service nurtured effective working relationships with external professionals to support people's health and wellbeing. Senior staff used assessment tools to evaluate people's needs and had oversight of health needs including skin integrity, falls management and nutritional needs. Effective sharing of information helped to ensure people received the right healthcare from the right people at the right time. This meant that the risk of deteriorating health was well managed for people. External professionals told us communication from the service was timely. Family members told us they were kept updated about changes in their loved ones' health and that people had access to health professionals when needed. Where the service was required to record supplementary information, such as fluid intake and bowel management, we found that the electronic recording system was not always up-to-date. This meant there was a risk that important health information would not be available to health professionals when required. **(See Area for improvement 1)**

Where 'as and when' medication was used, the service was not always recording the effect of this medication. The manager of the service took action to improve this during the inspection. We were assured that senior staff understood the importance of recording this information and the action taken was sufficient to improve practice.

People had access to varied and nutritious meals that met their nutritional needs. People enjoyed eating together in the dining room, where possible, and staff were deployed effectively to provide discreet assistance where necessary. Dining room tables were set with tablecloths and cutlery, and staff knew which people required more specialist equipment to support them to eat. The atmosphere during mealtimes was pleasant and well organised. People were encouraged to make choices about their meals, and kitchen staff had received training to ensure they understood nutritional needs. We asked the provider to ensure kitchen staff receive regular refresher training to keep them up-to-date with changes in best practice guidance. People told us the head chef speaks to them to check if they have enjoyed their meals, and we saw that people had been consulted about their preferences at residents' meetings. This assured us that people had involvement in meal planning and were able to enjoy their meals in a relaxed and comfortable environment. This supports good nutritional intake.

Areas for improvement

1. To ensure that people are supported to maintain good health, the provider should ensure personal plans clearly outline when and how supplementary information should be recorded.

This should include, but not be limited to, information about food and fluid intake, bowel management, toileting needs, oral care, skincare and health monitoring. There should be sufficient oversight of this information by senior staff to ensure information is recorded in line with assessed needs or guidance from health professionals.

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

How good is our leadership?

4 - Good

We evaluated this key question as good, because a number of important strengths had a significant positive impact on people's experiences and outcomes.

Effective communication in the service helped to ensure staff and leaders were knowledgeable about people's needs. Staff spoke confidently about people's changing needs and understood when and how they should share information with colleagues and senior staff. Daily meetings at shift handover were well led and provided good quality information about people's health and wellbeing. Managers and senior staff met frequently to identify priorities and share information. This meant that leaders were able to identify changes in people's health or wellbeing and seek support where necessary. Leaders had made improvements to how these meetings were recorded to ensure good record keeping. Leaders had made improvements to quality assurance processes. This included improved oversight of Infection Prevention and Control (IPC). Senior staff and domestic staff had undertaken additional specialist training in this area. This meant staff were knowledgeable about how to reduce the risk of infection in the service. Recording and oversight of falls, accidents and incidents was completed effectively with regular audits by managers to identify areas where practices could be improved. More clarity about responsibility for some audits was required, for example, oversight of personal planning and risk assessment. This is to ensure that quality assurance audits lead to meaningful changes to improve people's care. **(See Area for Improvement 1)**

Staff had access to regular supervision to support their development. Staff told us that supervision was completed regularly and there were frequent team meetings. We sampled supervision and meeting records and could see that these provided opportunities for staff to share their views about the service and their own training and development needs. The service had developed a new tool to analyse training needs and had started to implement this at supervision. This meant that staff had opportunities to develop their skills which supports good practice. Training records were in place to ensure all staff had undertaken mandatory and additional training. We asked the provider to continue to analyse core training to ensure it reflects current best practice and the needs of people using the service. Staff told us they had regular observations of their practice but this had not been recorded. We asked the provider to ensure that there are opportunities for formal observations and feedback to provide additional developmental feedback to staff. This is to ensure people receive good quality care that is right for them.

Governance processes implemented by the provider were effective and had supported improvements in the service. The organisation is led by a board of trustees who work closely with the registered manager and senior staff to support the sustainability and development of the service. A development strategy is in place which outlines ongoing improvements in the environment and service delivery. Trustees had attended team meetings to support staff to understand the role of the board. Staff told us this was helpful as it helped them to understand their own part in meeting the organisation's overall vision.

The service was open to feedback and leaders were committed to responding to suggestions and concerns openly. Family members told us they felt able to provide feedback directly to senior staff and felt confident that any concerns would be addressed quickly and effectively. The service did not have an up-to-date service improvement plan. A service improvement plan is important to identify and track areas for development in the service. This should be based on feedback from people and self-evaluation activities. This is to ensure leaders are aware of and driving necessary improvements in the service. **(See Area for Improvement 2)**

Areas for improvement

1. To ensure people benefit from effective quality assurance processes, the provider should ensure that senior staff have clear guidance about their responsibilities for quality assurance audits.

This should include clear schedules for completing audits and information about the required organisational and best practice standards. Any areas where improvements are required should be clearly identified, allocated to the appropriate staff member, and followed-up to ensure completion.

This is to ensure that care and support is consistent with the 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).

2. To ensure people benefit from continuous improvement in the service, the provider should implement a service improvement plan. The service improvement plan should reflect self-evaluation activities and feedback from staff, people and their families. Improvement goals should be set using SMART principles (specific, measurable, achievable, realistic, time-based). The service improvement plan should be regularly reviewed and updated to support a culture of continuous improvement.

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).

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. We found major strengths in staffing arrangements and staff skills which had a significant positive impact on people's experiences and outcomes.

Staffing arrangements were in place to ensure sufficient staff were available to support people's wellbeing. Recent recruitment to the service had provided stability and increased availability of staff. Staff had been recruited in line with safer recruitment guidance. This meant people could be assured that staff had the right skills, knowledge and experience for their roles. Staff were clear about their roles and were focused on meeting the needs and outcomes of the people they supported. Leaders were seen to be 'hands on' which was welcomed by staff and people living in the service. Staff were deployed effectively and rotas took account of the skill mix required to meet people's needs.

Staff told us there could still be times where there were fewer staff available, particularly over the weekends. While we were confident that people's care needs were always met, staffing pressures can result in dissatisfaction and feelings of stress for the staff team. We asked the provider to ensure that there was ongoing communication with staff, people living in the service and relatives about staffing decisions to provide opportunities for them to share their views.

Leaders' knowledge of people's needs supported decision making about staff numbers and deployment. A dependency tool was used to help determine staffing levels but this was supplemented by the leadership team's knowledge of people's changing needs. This meant that the service could be flexible and provide additional support at times of increased need, for example, when people were receiving palliative or end of life care. Feedback from families was very positive about this and it was clear that staff worked hard to ensure people received the care they needed at times of increased need.

How good is our setting?

5 - Very Good

We evaluated this key question as very good. We found major strengths in the setting which supported positive outcomes for people.

The environment was adapted to meet the needs of people living in the service. The service is in an older building but had been adapted to meet people's needs. A range of equipment was available to support people to access all areas of the service. Leaders had used the Kings Fund Assessment tool to identify how the environment could be improved for people living with dementia (Is your care home dementia friendly? The Kings Fund, 2020). This had resulted in a number of improvements to the environment with further improvements in progress. A new patio area had been added in the main lounge which provided direct access to a safe outdoor area. People told us they enjoyed looking out at the views of Oban Bay and getting outside in the nice weather. The service had a range of spaces available which allowed people to choose from busy and quieter environments. We saw people using different spaces at different times of the day. People were also supported and encouraged to mobilise around the home to help maintain their mobility, where appropriate. Staff understood people's mobility needs and were on hand to discreetly support this. Ongoing maintenance work included upgrading of carpets and decoration in hallways. There is a fully costed plan for upgrading the dining area and main lounge which will bring this area up to the same standard as the other communal areas. People told us they had been included in decisions about decoration and upgrades to the service which helped them to feel included and at home.

The setting was clean and fresh with plenty of fresh air and light. Domestic staff were knowledgeable about their responsibilities and leaders had good oversight of Infection Prevention and Control. Cleaning schedules were in place to ensure good standards of cleanliness were maintained. The setting smelled fresh and was comfortably furnished. Laundry processes were well managed and people were appropriately and smartly dressed in their own clothes. This assured us that all staff, including domestic staff, knew people well and understood their preferences about dress and appearance.

The setting was maintained to a good standard and was safe. Clear fire safety processes were in place and fire drills had taken place. This assured us that staff knew how to respond in the event of an emergency. We asked the service to plan fire drills in advance to ensure all staff had an opportunity to attend and receive feedback. Maintenance schedules were in place for all areas of the building. Certification was in place to confirm that equipment such as lifts, extractors, electrics and hoists had been serviced and maintained. We asked the provider to ensure that maintenance schedules are checked regularly by senior staff to ensure adequate oversight.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, because a number of important strengths had a positive impact on people's experiences and outcomes.

Personal plans were used well by staff to deliver good care. All people had a personal plan which contained relevant information about their needs, preferences and the outcomes they wanted to achieve. Personal plans were informed by assessment by appropriately trained staff and input from people, their families and external professionals, where appropriate. People were encouraged to be involved in making their personal plans and families told us they were regularly consulted and updated. The quality of information in personal plans varied, particularly in relation to how risk assessments were used to plan and deliver care. Audits of personal plans had been completed but these did not clearly identify areas where improvements were required. This meant we could not be assured that staff always had the right information to support people safely. **(See Area for improvement 1)**

Personal plans were regularly reviewed as people's needs changed. Senior staff reviewed and updated personal plans on an ongoing basis to ensure new information was included. Six monthly reviews were taking place. People living at the service and their family or professionals were included or consulted. Clear records of discussions, including any changes requested by people or families were maintained. This information had been transferred into people's personal plans which meant decisions from reviews could be tracked over time. This assured us that people's views were taken seriously and used to plan their care and support. The service managed future care planning sensitively with people and their families fully included. This meant that people could be assured their wishes would be followed if they could no longer make their views known. The service obtained copies of legal documentation including power of attorney and medical certificates, where appropriate. This meant that people's legal and medical rights were upheld.

Meaningful activity was well planned and inclusive. Staff were obtaining good quality, detailed information about people's preferences about how they spent their time. This had been recorded very clearly and in a way that supported staff to understand people's outcomes and what was important to them. Staff spent time with people regularly throughout the day and we observed a range of activities taking place. People also had ample time to relax and enjoy being in the company of others or enjoy private time alone or with family members and friends. This meant that people could be assured they could spend their time in ways that were enjoyable and meaningful.

Areas for improvement

1. To ensure people's outcomes, needs and risks are met, the provider should improve oversight of personal planning. Staff responsible for completing personal plans should have adequate guidance and training to support best practice. There should be regular audits of personal plans with improvements clearly noted, allocated to the appropriate person, and followed up to ensure completion.

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

and

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

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 effective oversight of the service, the provider should improve quality assurance processes.

To do this, the provider should, at a minimum:

- a) ensure routine and regular management audits are planned and completed, including oversight of staff supervision, competency checks, staff training and regulator notifications;
- b) ensure clear action plans are developed and tracked to ensure issues which may negatively impact on the health and welfare of people are identified and addressed;
- c) ensure action plans are regularly reviewed and signed off by an appropriate person once achieved; and
- d) ensure areas for improvement identified in quality assurance checks are added to the service development plan and regularly reviewed.

This is to ensure that care and support is consistent with the 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).

This area for improvement was made on 1 April 2024.

Action taken since then

The provider had implemented additional quality assurance processes and we were able to see action plans which demonstrated work completed. It was not always clear when actions had been identified how the service intended to track these to ensure completion.

While there was a new strategy for the service which was comprehensive, the service improvement plan needed to be re-implemented to demonstrate the self-evaluation and improvement work that is ongoing in the service.

This area for improvement is not met.

Outstanding areas will be captured in a new area for improvement under key question 1.

Previous area for improvement 2

To ensure people are supported by staff who are well trained and competent, the manager should maintain accurate records of completed staff training. Training needs of staff should be analysed and where additional learning needs are identified, these should be recorded with timescales for completion agreed with staff.

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 1 April 2024.

Action taken since then

The staff training matrix was up-to-date and reflected a high compliance with mandatory training. A new individual staff training analysis had been implemented to support staff and their line manager to identify training needs. This was discussed with all staff at supervision with a focus on staff development needs and understanding what training they wish to complete.

The manager had sought funding for SVQ to support staff to meet the conditions of their registration with the Scottish Social Services Council (SSSC).

Oversight of staff training had improved and the manager was able to easily access this information. We asked the provider to keep mandatory training under review to ensure it continues to meet the needs of people living in the service.

This area for improvement is met.

Previous area for improvement 3

To protect people's wellbeing, the manager should adhere to all elements of the guidance 'Safer recruitment through better recruitment' (2023) and current Home Office guidance for international recruitment.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 1 April 2024.

Action taken since then

We evaluated recent recruitment files at this inspection. All recruitment had been completed in line with the Safer recruitment through better recruitment guidance.

We found one area area where Home Office guidance had not been fully implemented but the manager took action and resolved this during the inspection.

We asked the provider to update their recruitment checklist to better support the manager's oversight of the recruitment process.

This area for improvement is met.

Previous area for improvement 4

To ensure people are supported by staff who are confident in their role and who have the opportunity to reflect on their practice, the manager should recommence a schedule of staff supervision in line with the organisations policy. Supervisions should be planned, tracked for completion and documented.

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 1 April 2024.

Action taken since then

A new tracker was in place for staff supervision. All staff responsible for supervision were aware of their responsibility and had planned supervision sessions in advance.

Staff told us that supervision was taking place regularly and was supporting them in their roles. Supervision sessions were documented and agreed by the staff member and their supervisor.

This area for improvement is met.

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?	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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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