

Tigh-A'Chomainn Care Home Service

4 Craigton Crescent
Peterculter
AB14 0SB

Telephone: 01224 732 656

Type of inspection:
Unannounced

Completed on:
6 February 2025

Service provided by:
Tigh-a'Chomainn Camphill Ltd

Service provider number:
SP2003000027

Service no:
CS2003000261

About the service

Tigh-A'Chomainn is a care home providing 24 hour support for up to 10 adults who have a learning disability. At the time of inspection nine residents were living in the home. The service is based in two houses in large grounds, in the town of Peterculter. Each person has their own bedroom, with shared bathrooms, kitchens, lounge areas and garden. There is a separate day provision service for people to use during the week. The people are supported by some staff who do not live in the home, and they also share their home in partnership with live-in support staff. Everyone spends some time socialising and planning together.

The houses are within walking distance of a range of shops and bus routes both into the city of Aberdeen and out into the local countryside.

About the inspection

This was an unannounced inspection which took place between 29 January and 5 February 2025. 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 one person using the service and three of their family/representatives
- Spoke with 18 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- At the time of this inspection there were several outstanding requirements. The timescale for meeting these requirements had not been reached, therefore we did not evaluate them.
- There were conflicting views among staff about the quality of support and development they received.
- People's daily lives were usually uneventful and satisfying.
- Care for some people's physical and mental health needs required improvement.

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 leadership?	2 - Weak
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

People's health and wellbeing was being supported at an adequate level. There were areas of strengths which only just outweighed weaknesses.

The house and surrounding garden were neat and had clear paths and wide areas, making it safe for everyone. People were enabled to be active and engage in activities throughout the day and weekends, with friends from within Tigh a Chomainn and from elsewhere. These included workshops, for example craft or gardening; social activities at Newton Dee and trips into Aberdeen.

There was a good range of quality food and drink readily available, and people helped grow some of the ingredients, and prepare their meals. There were pleasant areas for socialising and eating and these were shared by all people and staff. This was an arrangement which suited people, and they enjoyed these regular social times in their day.

There were several situations when people did not get the right care and support. This included a lack of clear guidance about how to support a person when they did not eat or drink, a delay in seeking timely medical advice for a person who appeared to be in pain, and proactive care planning with other professionals to support a person with their changing care needs. The care home kept limited care notes about people's every day physical health and mental wellbeing, and their care and support. This made it more difficult for the staff team to recognise people's changing needs and to offer assurance to people, their families and other professionals, that people received the right support at the right time to help them feel healthy and well. Managers and staff who are responsible for planning and monitoring the quality of care must take responsibility for improving this aspect of people's care.

People's physical and mental health should be supported by caring relationships and professional support being around all the time. The areas which need improvement were addressed in requirement 1 from the last inspection and can be found in the Outstanding Requirements section of this report.

How good is our leadership?

2 - Weak

The way that staff were led was weak. There were strengths but these were compromised by significant weaknesses. The management and support of staff affected the support for people and meant they were not consistently achieving good outcomes.

There were regular meetings between staff and their mentors. Some staff found these helped them discuss their work, and some staff were not able to have open and helpful conversations.

A quarter of the staff, co-workers and foundation year co-workers, were not comfortable with their support on a daily basis and after incidents. There had been situations when staff did not feel their views were valued or used to inform improvements to people's care or how the staff team worked together. For example, records of community meetings recorded concerns raised about a person's pain and this information did not lead to timely care and attention. There were occasions when staff did not feel that the support they received following incidents promoted their wellbeing or helped everyone to learn from what happened to protect people's health and safety in the future. For example, recordings in an incident report indicated that the manager felt the staff were to blame for an escalation in a person's aggression. Also two

managers expressed the view that staff were overly concerned with their actual or potential injuries, to the detriment of people's wellbeing.

Leaders need to facilitate professional discussion that supports a respectful sharing of views and demonstrates that everyone's views are valid and worthy of exploration and support. All staff should be aware of what to do if they have raised a concern about a person's wellbeing and it has not been resolved. This will help develop a culture where everyone feels valued, and people benefit from the knowledge, skills and experience of the whole staff team.

Requirements

1. By 28 March 2025, the provider must ensure people benefit from a well led staff team.

To do this the provider must, at a minimum:

- 1) Ensure leaders at all levels empower staff to support people, through a collaborative approach to planning and delivering care and support.
- 2) Ensure leaders actively listen to staff, and respect, and respond to different perspectives.

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

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

3 - Adequate

The staffing arrangements were adequate. There were always staff on duty to support people but sometimes these staff did not have the right knowledge, skills or experience to deal with the situations that could arise.

There was a varied approach to developing workers' skills, with methods such as modelling from experienced staff, discussion and formal training sessions. For some areas it was useful for experienced staff to develop newer staff, for example in the ways that the meals were prepared and shared. In other areas, for example how to deal with behaviour from stress and distress when people could pose a risk to themselves and others, there needed to be formal training and development. The manager should anticipate the need for all essential skills and ensure staff are trained very early on in their time at Tigh-A'Chomainn. This would help everyone to be confident that staff could be actively supportive in all situations.

A good plan for weekly training and development for new foundation year co-workers was in place. Although this was planned it had not consistently taken place, leaving the workers uncertain about how they should behave in different situations. This was not reassuring for the people who relied on them for support.

The areas which need improvement were addressed in requirement 4 from the last inspection and can be found in the Outstanding Requirements section of this report.

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

Requirements

Requirement 1

By 28 March 2025, the provider must ensure that people's health and wellbeing benefits from staff practice being informed by accurate information.

To do this the provider must, at a minimum:

- a) Ensure accurate information about how people express their emotions is recorded by the service, and appropriately shared with other professionals, families and guardians.
- b) Ensure this information is discussed with all staff, leading to a recognition of a change in support needs.
- c) Ensure any identified development or training needs are implemented and the impact on people's care, health and wellbeing is evaluated.

This is to comply with Regulation 4(1)(a), (b) and (c) and 5 (2) 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:

'I am recognised as an expert in my own experiences, needs and wishes' (1.9); 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 requirement was made on 18 November 2024.

Action taken on previous requirement

The timescale for meeting this requirement had not been reached, therefore we did not evaluate it.

Not assessed at this inspection

Requirement 2

By 28 March 2025, the provider must put in place a plan that will ensure staff changes, and in particular the annual change of foundation year co-workers, are managed in a way that supports consistent care and people's health and wellbeing.

This is 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 state that:

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

This requirement was made on 18 November 2024.

Action taken on previous requirement

The timescale for meeting this requirement had not been reached, therefore we did not evaluate it.

Not assessed at this inspection

Requirement 3

By 28 March 2025, the provider must ensure that all information is accurate on the Care Inspectorate register. This should include, but is not limited to, the Whole Time Equivalent staffing number and the day provision part of the service.

This is 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 state that:

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 18 November 2024.

Action taken on previous requirement

The timescale for meeting this requirement had not been reached, therefore we did not evaluate it.

Not assessed at this inspection

Requirement 4

By 28 March 2025, the provider must ensure there are enough skilled staff at all times, to manage all situations safely and effectively.

To do this the provider must, at a minimum:

- a) Maintain a staffing tool that reflects the needs of each individual person and the group as a whole, over the whole year period.
- b) Ensure that all staff are adequately trained to meet all support needs of all residents over any 24 hour period.

This is to comply with section 7 and 8 (1) (a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is 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' (3.14).

This requirement was made on 18 November 2024.

Action taken on previous requirement

The timescale for meeting this requirement had not been reached, therefore we did not evaluate it.

Not assessed at this inspection

Requirement 5

By 28 March 2025, the provider must ensure the environment is safe for all people, and meets the requirements for the condition on their registration to be met.

To do this the provider must, at a minimum ensure:

- a) The hot water and hot surfaces in the day provision are suitably regulated.
- b) The entrance to the day provision is fully accessible.

This is to comply with:

Regulation 10(1)(A) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure the environment is consistent with the Health and Safety Executive guidance (Health and Safety in Care Homes published by the Health and Safety Executive 2001).

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

'My environment is secure and safe' (HSCS 5.19); and

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

This requirement was made on 18 November 2024.

Action taken on previous requirement

The timescale for meeting this requirement had not been reached, therefore we did not evaluate it.

Not assessed at this inspection

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 leadership?	2 - Weak
2.4 Staff are led well	2 - Weak
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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