

Durnhythe Care Home Service

Durn Road
Portsoy
Banff
AB45 2QJ

Telephone: 01261 455 828

Type of inspection:
Unannounced

Completed on:
26 February 2025

Service provided by:
Aberdeenshire Council

Service provider number:
SP2003000029

Service no:
CS2003000299

About the service

Durnhythe is registered to provide a care home service for a maximum of 35 people. The provider is Aberdeenshire Council. At the time of our inspection there were 26 people living in the service. The home is set within landscaped grounds in the coastal town of Portsoy. There are two floors and there is a lounge and dining room on each floor. Only one bedroom has en-suite facilities. There are shared bathrooms and shower rooms and toilets on each floor.

The aims and objectives of the service are to:

- Fulfil the rights of people using the service and meet their needs as far as possible.
- Provide a safe and secure environment which does not over-protect but makes people aware of any risks.
- Respect people for who they are.
- Make full use of resources available to assist people to reach their potential.
- Always listen with empathy to any views and to act accordingly.

About the inspection

This was an unannounced inspection which took place on the 18, 19 and 20 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people using the service and their relatives;
- received 14 completed feedback forms from staff;
- received eight completed feedback forms from relatives;
- spoke with several members of staff and the management team;
- spoke with four family members;
- spoke with two visiting professionals;
- observed practice and daily life;
- reviewed documents.

Key messages

- People were being supported by staff who treated them with respect and warmth.
- The home was clean and tidy.
- The home had spent time creating different areas for people to spend their time, such as library and sensory spaces.
- Changes to people's health and wellbeing needs were not being recorded or communicated effectively which meant that there was a risk of people not receiving the appropriate care and support.
- Quality assurance processes and systems did not highlight areas of improvement effectively.
- There were a number of staff vacancies which impacted on service delivery.
- Support plans did not accurately reflect people's needs and outcomes.

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
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	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

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People benefited from the kind and respectful way that staff supported them. Relatives said they thought their family members were being looked after. This meant people felt welcomed and comfortable living at the home.

People had opportunities to be involved in activities in the home and in the local community. Activities were varied and included visits from the local nursery, trips to local coffee mornings and in better weather trips on the home's trishaw. We observed people taking part in light exercise activities and one relative told us that their relative benefited from one-to-one time when staff read to them. It would be beneficial for the activities timetable to have more details about the activities on offer, including the times that they are on. This would enable people and their families to plan ahead and make the most of their time.

People enjoyed well presented meals. During the inspection we observed, whilst fluids were on the table, these were not offered to people who may not have been able to help themselves to a drink. This was raised at the time and the service assured us of the improvements they would make, which included using smaller jugs on the table, to promote independence.

Medication storage had improved and medication was administered safely from its original packaging (see what the service has done to meet areas of improvement since the last inspection). Guidance on when to administer as and when required medication was unclear and we could not see the outcome being recorded when people received this medication. It is important to ensure that protocols are in place regarding when to administer as and when required medication and to monitor the effectiveness of this medication to ensure people receive the appropriate treatment. **(See area for improvement 1).**

Communication about people's care and support needs was not working well. Handover sheets were not comprehensive and did not inform staff about changes to people's health and wellbeing. We could not track what action had been taken to address changes or concerns. For example, there was no evidence of onward referral to other health professionals for someone who had not been eating well. On another occasion bruising had been identified and recorded in daily notes, however, there was no evidence of this being discussed at handover or investigated. This meant there was a risk that people were not receiving the appropriate care and support. **(See requirement 1).**

Regular food and fluid care assessments are essential to identify and support people who might be at risk of malnutrition. Although nutritional screening tools were included in the care plans, these were not consistently completed or kept up-to-date. For example, one person had not had their weight reviewed for several months despite the care plan saying it should be done monthly, and another person's weight had not been recorded upon admission to the service. Another person had only one weight recorded since they moved in, with no further evidence of their weight being monitored. When we pointed this out it was identified that this person had experienced significant weight loss, which the service had not recognised or responded to. These gaps in monitoring posed a risk to the wellbeing of the people living in the home. **(See requirement 2).**

There had been a large number of falls for one person and whilst it was good that the falls audit identified this, there was no record of what action the service was taking to reduce falls. In other cases people's falls risk assessments were not fully completed nor reviewed. This meant that people were at risk of harm from falls which could potentially be reduced if appropriate action had been taken to minimise risk.

The manager and the senior management team responded very quickly to the feedback we gave during the inspection. The provider assured us that there will be increased support and oversight to improve the quality of people's care.

Requirements

1. By 7 April 2025, the provider must ensure that when people's health and wellbeing needs change, that they receive the right care and support to keep well.

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

- a) that any changes to people's needs are correctly recorded, documented and, where appropriate they are followed up;
- b) that the process for handovers is robust, ensuring that staff are aware of any changes to people's care so that they can respond appropriately;
- c) that advice is sought, and referrals are made to relevant health professionals when this is required.

This is to comply with Regulation 4(1)(a) and 4(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:

'My care and support meets my needs and is right for me'. (HSCS 1.19).

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

2. By 7 April 2025, the provider must ensure people receive care that meets their nutrition and hydration needs.

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

- a) people's nutritional assessment is accurate;
- b) people's weight is monitored in accordance with their assessed needs;
- c) information about any dietary requirements is recorded, known by staff and used to provide people with meals, snacks and drinks that meet their needs and preferences;
- d) when required, food and fluid charts are consistently completed, analysed and appropriate action is taken to improve people's intake;
- e) care plans contain the most up-to-date information about people's nutrition and hydration needs.

This is to comply with Regulation 4(1)(a) and 4(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:

'My care and support meets my needs and is right for me' (HSCS 1.19).

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure as and when medication protocols have sufficient information as to when medication should be given and keep a record of the effectiveness of the medication.

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 meets my needs and is right for me'. (HSCS 1.19).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The manager was visible in the home and there was a duty manager available day and night. Families told us they found management in the service to be approachable.

Given the concerns that were identified about the quality of care and care planning (see section 'How well do we support people's wellbeing?' and 'How well is our care and support planned?'), the leadership team must increase their oversight of people's care, communication about people's care needs and the care planning process. This should include spending more time with people and staff to seek assurance that people receive care in accordance with their assessed needs, and that care plans and how people are supported are updated in a timely manner when people's needs change.

Whilst there were some processes in place to monitor aspects of service delivery such as daily walkarounds, maintenance records and check sheets, this information was not effectively analysed to identify potential improvements to people's care, the environment or how the staff team worked together. We were concerned that the service's own environmental audits had not identified the issue we raised during the inspection. **(See requirement 1).**

We were unable to see evidence of what action the service had taken in response to complaints, including learning to improve staff practice and people's care. The service must ensure that there is a clear process in place to deal with formal and informal complaints and that records are kept that include the actions taken, the outcome of any investigation and learning identified. **(See requirement 1).**

Documentation about incidents, including referrals to external bodies, were not made available during the inspection. This meant we could not be confident that all incidents had been responded to appropriately. Notifications to the Care Inspectorate were not always submitted appropriately. We shared the guidance for notifications and the thresholds for referral to the adult support and protection team with the manager during the inspection.

(See requirement 1).

There was a service improvement plan in place, however, it was difficult to track what the service had identified as priorities, what actions had been completed and when it had been last reviewed. **(See area for improvement 1).**

Requirements

1. By 7 April 2025, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for service users through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

To do this the provider must, at a minimum:

- a) ensure that quality assurance processes, checks and audits provide accurate and meaningful information about the quality of care and how the service is provided.
- b) ensure that information about the quality of the service is used by the leadership team to identify what is working well and what can be improved to support better outcomes for people.
- c) ensure that any areas of improvement that could pose a risk to people's health, safety or wellbeing are investigated and acted upon in a timely manner.
- d) retain accurate records of the investigation and outcomes of all complaints.
- e) ensure that all relevant incident and accidents are appropriately investigated and that any actions arising from these investigations are recorded with timescales and details of who is responsible.
- f) ensure relevant accidents and incidents are notified and shared appropriately with other agencies, in line with local and national guidance.

This is to comply with regulations 4(1)(a), 4(2) and 18 (7) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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

Areas for improvement

1. To promote positive outcomes for people, the provider should review and develop their service improvement plan. This should include, but not be limited to, their own self evaluation of the service, the views of people who use the service, their families and staff. The service improvement plan should be regularly reviewed going forward.

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 improve the service I use, in a spirit of genuine partnership'. (HSCS 4.7);

'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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People and their families spoke positively about staff. They said they were warm, kind and caring. They said that staff were approachable and that management were available. Some staff had worked in the service for a long time which meant they knew people's needs well. We observed warm interactions with a lot of laughter between staff and the people they supported. This meant people benefited from positive relationships with staff and people knew them well.

The service used a tool to plan safe staffing levels. However, we were unable to determine how people's needs were being taken into account when planning the number of staff on shift. This meant we were unable to see how the tool helped plan safe staffing levels.

The service had a number of care staff vacancies, including staff who were responsible for planning people's care. The quality of care planning was impacting on people's health and wellbeing (see section 'How well do we support people's wellbeing?' and 'How well is our care and support planned?'). It is essential that the skill mix is right and that there are enough staff on duty to assess people's needs, plan care and give direction to other care staff on how to meet people's needs. Due to the number of staff vacancies some staff were working extra shifts which was having an impact on their wellbeing. The provider must ensure there is sufficient staff to support all aspects of care. **(See requirement 1).**

Some staff said they felt unsupported and that they did not receive regular supervision. Some staff said they felt management could listen and support them more. They also said that communication could improve, including around handovers, as reported under section 'How well do we support people's wellbeing?'. Opportunities for professional discussion had reduced. Team meetings were infrequent, with the last meeting noted to be over six months ago.

(See requirement 2).

We were unable to view the management team's oversight of training and supervision so could not be confident that staff had up-to-date training. The provider should support the management team to gain and maintain this oversight. We will follow up on this at future inspections.

Requirements

1. By 7 April 2025, to ensure that people's care and support needs are met, the provider must ensure staffing arrangements are safe and effective.

To do this the provider must, at a minimum:

- a) regularly assess and review people's care and support needs;
- b) demonstrate how the outcome of people's assessments are used to inform staffing number, skills mix and arrangements;
- c) implement quality assurance systems to evaluate care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is in order to comply with section 7(1)(a)(b)(c) 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:

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

2. By 7 April 2025 the provider must ensure that people are cared for by a well supported staff team who are suitably trained to carry out their role.

To do this the provider must, at a minimum:

- a) ensure that all staff have received the required training for their role.
- b) ensure that staff receive regular support and supervision which includes discussion about their own development and wellbeing needs.
- c) ensure that staff have the opportunity as a group and individually to have professional discussion about how people's care needs are met and how the service is being delivered.

This is to comply with section 8(1) 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' (HSCS 3.14).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The home was clean and tidy. People's bedrooms were personalised and people told us they were comfortable. There was a large outdoor space for people to use if they wished. The service had developed smaller areas where people could choose to sit at the end of corridors, for example, a library area and a sensory area. This meant people had the opportunity to spend their time as they wished.

During the inspection we identified that there were no window restrictors on any of the windows on the first floor which meant that the windows could open fully. This was a serious risk to people's safety. We immediately raised this concern with senior managers. Action was taken by the provider to ensure window restrictors were fitted and this was completed within 72 hours. We were concerned that this risk was not identified by the service's safety or environmental audit. (See section 'How good is our leadership?').

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Whilst staff in the service knew people well, the care plans we sampled were of a poor quality and lacked information and detail. Information was sometimes inaccurate or incomplete. One person who had recently moved into the home had no information recorded in their plan. This meant staff were unable to learn

about people's care and support needs from the information in their files and that staff did not have access to the most up-to-date information about the people they supported. **(See requirement 1).**

People's care plans did not show how the person or their family members had been involved in the care planning process and there was very little evidence of their wishes being recorded. **(See requirement 1).**

As reported under section 'How well do we support people's wellbeing', there was conflicting information about people's needs in their care plans. For example, there were notes about one person being on a special diet, however, this was not reflected in the eating and drinking section of their plan. Another individual with identified dietary requirements had no details in their personal plan about how best to support these requirements which could lead to poor outcomes.

We saw evidence that some reviews had taken place but we could not track the actions that had been identified in these reviews. There was limited, if any, evaluation of whether people were happy with their care and support and what improvements could be made to make their care better. (See section 'How good is our leadership?').

We were unable to see how the management team were keeping track of care plan updates or reviews, although they said that there was a system in place. We will review this at the next inspection.

Some information in care plans was not dated or signed by the staff who had completed it. Important documents, such as risk assessments, were also not signed by people or their family members which meant we were unable to see if people had been involved in discussing and agreeing the care plans and assessments that were in place. We also saw information that had been added into plans retrospectively which wasn't signed or dated, making it unclear as to when it had been added. **(See requirement 1).**

Requirements

1. By 7 April 2025, the provider must ensure people's care plans and associated documents are up-to-date, accessible and used to inform care staff how to provide the right support.

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

- a) that care plans are accurate, outcome focussed, detailed and updated when people's needs change; and at least every six months.
- b) that reviews take place, at least every six months, and are outcome focussed.
- c) care plans and information required to direct care staff are accessible.
- d) care plans reflect the views and wishes of people or their welfare guardian/appointed representative.

This is to comply with Regulation 4(1)(a) and Regulation 5 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);

'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17).

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

Requirements

Requirement 1

By 22 September 2023, the provider must ensure that quality assurance processes are effective and reflective of the experiences of people and staff practices. Outcomes from audits must be used to inform positive changes to the service provision and people's experiences.

This is to comply with Regulation 4(1)(a) (welfare of service 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 am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7);

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

This requirement was made on 20 June 2023.

Action taken on previous requirement

We were unable to see evidence that quality assurance processes were reflective of the experiences of people and staff practices or that the outcomes from audits being used to inform positive changes to the service provision and people's experiences.

(See section 'How good is our leadership?' for more details).

This requirement has not been met and is now part of a new requirement.

(See requirement 1 under section 'How good is our leadership?').

Not met

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 service should complete an audit of the environment to ensure that an overview of outstanding upgrades is captured. A realistic timetable for completion of the upgrades should then be made.

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).

This area for improvement was made on 20 June 2023.

Action taken since then

The service had started daily walkarounds and completed a record of these, however, we were not able to see evidence of an environmental audit that included outstanding upgrades. (See section 'How good is our leadership?' for more details).

This area for improvement has not been met and is now part of a new requirement. (See Requirement 1 under section 'How good is our leadership?').

Previous area for improvement 2

The management team should plan and implement the change from prefilled medication dispensing systems to medications in original packaging. This will ensure that medications are received, stored and dispensed using recommended practices.

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 20 June 2023.

Action taken since then

Medication is now administered from its original packaging. (See section 'How well do we support people's wellbeing?' for more details).

This area for improvement has been met.

Previous area for improvement 3

The management team should ensure that there is an opportunity for the management and staff to learn lessons from critical incidents. Thus giving the service the opportunity to make informed change.

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).

This area for improvement was made on 20 June 2023.

Action taken since then

We were unable to see evidence of learning from complaints or incidents. (See section 'How good is our leadership?' for more details).

This area for improvement has not been met and is now part of a new requirement. (See Requirement 1 under section 'How good is our leadership?')

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
1.1 People experience compassion, dignity and respect	4 - Good
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
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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