# Melvich Community Care Unit (Care Home)
# Care Home Service

Sinclair Court
Port Skerra
Melvich
Thurso
KW14 7YL

**Type of inspection:**
Unannounced

**Completed on:**
28 May 2025

**Service provided by:**
NHS Highland

**Service provider number:**
SP2012011802

**Service no:**
CS2012307250

## About the service

Melvich Community Care Unit (Care Home) is a care home registered to provide a service to a maximum of six older people. The provider is NHS Highland. The service was registered with the Care Inspectorate on 30 March 2012.

The home is located in the hamlet of Port Skerra near to the village of Melvich on the west coast of Sutherland. The home is a single storey building. The care home accommodation comprises of 6 single bedrooms with full en-suite facilities. Each bedroom has a small kitchenette where people who used the service or their visitors could make tea, coffee and snacks. There are on-site laundry and kitchen facilities; most meals are freshly prepared on-site and dining is provided in a homely lounge/dining area.

At the time of the inspection there were five people living in the home.

## About the inspection

This was an unannounced inspection which took place between 15 and 16 April 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 four people using the service and three of their family;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents.

## Key messages

- People experienced kind and compassionate care and support from skilled staff that knew them well.
- The service had made very good progress in implementing processes to support staff.
- Residents and their families felt they were listened to and their views respected.
- The service had strong links to the local communities and benefitted from the support of local organisations and services.
- Care planning and assessment needed to improve to ensure documents and recordings were up to date and reflected the current needs of people
- Some progress had been made in developing accurate dependency assessments and initial findings had started to inform staffing levels.

## 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? | 5 - Very Good |
| How good is our leadership? | 4 - Good |
| How good is our staff team? | 4 - Good |
| How good is our setting? | 4 - Good |
| How well is our care and support planned? | 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? 5 - Very Good

We evaluated this key question as very good. This means that we identified some major strengths in supporting positive outcomes for people.

Staff engaged with people in a respectful, compassionate, and kindly manner. It was clear that they knew people's needs well and we saw helpful friendly interactions between staff and residents. It was clear that genuine, warm and affectionate relationships had been developed with people living in the home. Several staff members said they viewed residents as '*part of the family*'. One staff member explained that the community was small, with most knowing the residents when they were still living at home and active members of the community.

Staff worked well with healthcare agencies including the local community nursing team, GPs, speech and language therapists, dentistry, opticians and dieticians. This helped to ensure people's health and wellbeing was supported. For example, where staff noted changes in people's health, presentation or wellbeing, advice and guidance was sought from the appropriate health professional and any recommended interventions were put in place quickly. Referrals for more specialised health consultations were acted on in a timely manner. This provided confidence that staff and professionals worked together to support good health and wellbeing outcomes for people.

The service had a safe, well managed medication system. Staff practice in administration of medication followed good practice guidance. Staff were sensitive to people's needs and wishes and medication was delivered in such a manner to protect people's privacy. Recording of medication administration was robust and regular checks enabled any errors to be picked up on and tracked. Care staff who were responsible for managing people's medication had completed training and their practice was audited routinely. This provided assurance that medication was administered by well trained staff.

People's nutrition and hydration needs were met well. Drinks and snacks were readily available and offered regularly throughout the day. Meals were home cooked, looked appetising and smelled delicious. This helped stimulate appetites and encouraged good nutritional intake. Staff, including the cook were aware of people's food preferences and any dietary needs they had. People who required assistance to eat, were supported sensitively, ensuring their dignity was promoted. This meant that people were enabled to enjoy nutritious meals, snacks, and refreshments consistent with their needs and preferences.

Some people were experiencing high levels of stress and distress. We observed all staff demonstrate skilled responses to people experiencing distress. Staff showed empathy and understanding; reducing anxiety and providing distractions that generated feelings of safety and comfort for people. This meant that people's emotional needs were recognised and validated.

The needs of residents have steadily increased, and many were no longer able to participate in outings or community events. People continued to enjoy regular visits from the local nursery. However, other than this, there was very few activities or stimulation available for people to engage with. **(See area for improvement 1).**

Families told us that they were welcomed into the home and enjoyed good communication with the staff and management team.

One relative told us,
'They all know my mother and have known her for years. She feels at home here. The staff are so good to her and if she's not well they are straight on the phone to me. I go home reassured that my Mum is well cared for and happy'.

Another relative said,
'We get informed if she's had a difficult time and we can visit her here any time we want to. She genuinely seems happy here and we are so grateful that she is looked after here and not anywhere else'.

### Areas for improvement

1. To support people's wellbeing and social inclusion, the service should consider developing a planned programme of activities, and in house events. Activities should be made available daily, including evenings and weekends and include time for 1:1 activity for those people who benefit from this type of interaction.

**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 leadership? 4 - Good

We evaluated this quality indicator as good. This indicated a service where there were a number of important strengths which taken together, have a positive impact on people's experiences and outcomes. Overall we saw the service had made some notable progress in developing, implementing and monitoring quality assurance processes.

Feedback from people we spoke with was positive about the management team - this included other professionals and relatives who had confidence in the way the home was run. Relatives said they could raise concerns and had confidence the managers or staff would deal with their worries promptly and effectively.

There were a number of audits carried out covering a range of issues including health and safety, infection control, and staff practice. We saw some observations and audits that looked at people's experiences around supporting people's mobility and delivering personal care which had led to improved experience for people. This helped identify where small adjustments could be made which could improve outcomes for people. One example of this would be that all staff, including non care staff were encouraged to completed advanced dementia training. This had provided participants with greater insight into impacts of the disease on people and as a result, interactions with people were more meaningful to them.

Auditing tasks had been delegated to different members of staff to enable them to take more responsibility and promote leadership skills. This was working well and staff we spoke with took leadership responsibilities seriously and knew what would work within the home to achieve improved outcomes.

There were detailed records of adverse events which were forwarded to senior management within the

NHS. This ensured there was good oversight of significant events when they occurred. The Datix forms we sampled show high incidence of unwitnessed falls and stress and distressed behaviours from some residents. Some of these had resulted in assault and injury to staff members. We found there was good information about the events and any follow up actions, such as monitoring and observations, but we did not see an analysis of risk or control measures that would support risk reduction. **(See area for improvement 1).**

Staff supervisions were now happening on a regular basis. This helps support staff and provides the management team with insight on the challenges staff are dealing with and how these can be managed safely.

The service had developed an improvement plan which is reviewed and updated regularly. It was good to see areas for improvement identified and resolved. It should be updated to include specific plans for the garden and developing suitable activities for residents that would provide regular stimulation to enhance their experiences and support good outcomes for them.

### Areas for improvement

1. To support people's safety and wellbeing, the provider should ensure a full analysis of significant incidents or accidents is undertaken. This should include: factors which contributed to the incident/accident, mitigating factors, what could have/will be put in place to prevent recurrence and how often this will be reviewed to ensure it remains up to date and effective. This will enable an overview of themes which have the potential to present risks for people and to take prompt action to intervene so that risks to people are reduced.

**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? 4 - Good

We evaluated this key question as good. There were important strengths which had a positive impact on people's experiences and outcomes.

The home is a small service, and on the surface, staffing levels appear to be appropriate. However, people living in the care home have complex needs, including high levels of anxiety with accompanying stress and distressed reactions. While this was managed consistently well, staff time was almost fully utilised with supporting people who were upset, anxious and in need of reassurance and comfort. This meant there were limited opportunities for residents that were able, to go on outings or to be supported to engage in activity.

We saw that people sitting in the lounge or having meals in the dining area, were often left on their own. This presented some risk to residents, and while staff engaged with them this was often of a passing or fleeting nature and not in a planned or meaningful way.

The manager had recently completed a time and motion exercise which clearly evidenced that the present staffing levels were not sufficient to meet the current needs of people. Ongoing recruitment has resulted in

some new appointments, but they have not yet started their induction. Unnecessary bureaucratic delays in onboarding new recruits presents risks of losing them and further burdening already stretched staff. The service 's contingency plan had not been effective in relieving staffing shortages. **(See area for improvement 1).**

We found the staff group worked very well together and had developed as a cohesive team. There was good communication between the staff team, effected by regular team meetings and team briefings. Information was passed on accurately and effectively, so issues like staff cover, or picking up prescriptions for a resident were acted upon quickly. Ancillary staff and the management team supported the care staff where they could by supervising mealtimes, walking with anxious residents and distracting people who were experiencing distress. All staff in the home had completed training on managing aggression and employing distraction techniques to support residents safely and de-escalate heighted emotions.

Staff training was challenging, however, most staff had completed their mandatory training, and a plan was in place to address gaps for staff whose mandatory training was not up to date. It was positive that all staff were undertaking dementia training at skilled or enhanced levels, including staff not usually involved in delivering direct care for residents. This promotes the development of an inclusive and cohesive staff team that works well together, is supportive of each other and works for the benefit of the residents.

### Areas for improvement

1. In order to promote and secure safe staffing within the home, the provider should explore options for fast tracking new applications and inductions for recent staff appointments.

**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);**
**'People have time to support and care for me and to speak with me'. (HSCS 3.16)**

## How good is our setting? 4 - Good

We evaluated this key question as good. Important strengths could be identified which outweighed any areas for improvement and had a positive impact on people's experiences.

The home was clean, odour free and there were good arrangements in place in terms of general maintenance, safety checks on equipment and facilities. However, the premises was purpose build in the 70s and was now a bit tired and in need of refurbishment. For example, windows needed replacing. Some have had the double-glazed units replaced, but other windows had become compromised. We observed signs that double glazing seals were blown in several of the windows. This was likely to impact on heat retention within the home, and we noted several residents who felt cold to the touch during our visit.

Overall, the home was comfortable, and homely. However, the space in the dining area was quite limited for people who used mobility aids to move independently and safely. The management should seek alternative layouts to ensure safety was not compromised.

Bedrooms were spacious and comfortable. They were personalised to individual tastes and people could furnish them with their own furniture and beds if they chose to. There were good facilities within the

bedrooms, such as a fridge, sink and storage. This enabled people to retain skills and promoted their independence. Relatives or other visitors were able to use these facilities to make some light refreshments and added to the welcoming, homely atmosphere in the home.

Records demonstrated that equipment was regularly serviced. There was a handyman on site to manage day to day maintenance. However, these should be regularly checked to ensure that completed requests for maintenance were signed off as completed or reviewed to ensure they had not been forgotten.

The home benefitted from safe, secure outdoor space on both sides of the building. However, this had not been developed and was not well used by residents. The service had identified this as an area for improvement in their development plan and had invested in new outdoor seating and planned planting for summer. This will help make the area an attractive, inviting space for residents and their visitors to enjoy fresh air. However, we noted the paving slabs were uneven with sizable differences in heights between some slabs. This would present a significant trip hazard and should be made safe for people to walk on. **(See area for improvement 1).**

### Areas for improvement

1. To support people's health safety and wellbeing, the provider should ensure that the premises were safe and free from hazards, both indoors and outdoors.

In order to achieve this, they should at a minimum,:
a) complete a robust assessment of the premises, including the outdoor space;
b) ensure the outside area was safe for people to use, move around unrestricted and free from hazards;
c) the heating system is effective, efficient and maintains an even temperature;
d) replace defective windows.

**This is to ensure that care and support are 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)**

## How well is our care and support planned? 3 - Adequate

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

Personal planning included health and risk-based assessments. These were used to develop people's personal care plans which informed care staff about the support people required. Health assessments we sampled were basic and should be updated regularly. However, updates were not always completed. Health assessments indicated whether a need was present or not, but no meaningful assessment as to the person's state of health, whether this is likely to improve or deteriorate or remain static. It would be helpful to have more information about the health conditions as this would determine what support was needed, when, and how this should be delivered.

Health assessments and care plans were not evaluated to assess how they were working and if they were meeting people's needs and outcomes; changes were not always recorded when there clearly were changes in people's health and wellbeing. For example; one activities plan which was recorded as being updated in January 2025, listed a number of activities enjoyed, but the person concerned was no longer able to participate in any of these activities. They did, however, continue to enjoy visits from family and friends, but this was not recorded. Where information was missing, there were no plans on how to get this. For example: one person has partial dentures which they required support to clean them. The oral care plan states - 'record when I brush my teeth' but there were no records of this; 'dentures - age unknown,' there was no information about their fit or if there were issues with chewing or eating; and 'last dental appointment not known'. We did not see any record of referrals for dental assessment or dental appointment made.

We found several incidences of contradictory information in people's care plans. For example, one person was assessed as being both independent and requiring assistance and prompting with activities on five consecutive months, before these records ceased.
**(See area for improvement 1).**

We saw some good information in the 'At a glance' section, including descriptors of stress and distress and how this should be managed safely. This provided important guidance for staff including new recruits and temporary staff on how to support people well. However, this essential information was not in place for all residents. **(See area for improvement 2).**

It was good to see that legal arrangements were included in the care files. For example, Adults with Incapacity (AWI) certificates were in place for everyone and all were current; copies of Power of Attorneys (POA) and guardianship orders were in place. Do not attempt cardiopulmonary resuscitation (DNACPR)s and anticipatory care plans were also current. This means that legal authorities were in place to enable treatment, care and support to be provided in accordance with the known arrangements.

Reviews were held at least six monthly and details of the discussion and decisions made were clearly recorded. Communication with families and POA/Guardians were also recorded and it was clear that families' input into the review process and decision making was sought and their views discussed and taken into account.

In summary, there was a lot of information in people's care files, much was not fully completed and some of the information was inaccurate or out of date. Staff told us that they do not have time often to update care plans, reviews or evaluations as regularly as they should because their time is taken up with delivering direct care. Regular staff know the residents well, but it is essential to have up to date accurate information about the current health and wellbeing needs of people so that they can be supported safely and in accordance with their needs and preferences.

### Areas for improvement

1. In order to support people's health and wellbeing safely and appropriately, the provider should ensure that:
a) all assessments and care plans were accurate, up to date and reflected the current care and support needs for individuals;
b) staff have allocated time to complete evaluations and to ensure changes in the needs of individuals were accurately recorded and care plans updated;

c) changes in people's health and wellbeing needs were discussed with the legal representatives at each review to ensure these changes were clearly communicated.

**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 because people have the necessary information and resources'. (HSCS 4.27).**

2. In order to support people's health and wellbeing consistently and in accordance with their preferences, the provider should ensure that:
a) all relevant information to support people is recorded in 'at a glance' format;
b) 'at a glance' information is easily accessible and location is known to staff;
c) 'at a glance' information is reviewed and updated as people's needs change.

**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 is consistent and stable because people work together well'. (HSCS 3.19).**

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

### Requirements

**Requirement 1**

By 30 March 2025, the provider must demonstrate that staffing is sufficient to meet people's health, welfare and safety needs.

In order to achieve this they must;
a) calculate the direct staff hours needed to meet each person's individual needs;
b) ensure this is recorded in the four weekly dependency assessment;
c) demonstrate how this informs the staffing numbers on each shift.

**This is in order to comply with 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)**

**This requirement was made on 7 January 2025.**

Action taken on previous requirement
The manager had completed a time and motion study over a four-week period between February and March 2025. This was fairly detailed and provided accurate information as to how much staff time was spent delivering direct care and support. Although a full analysis had not yet been completed, there was sufficient information to evidence present staffing levels were not sufficient to meet the current needs of residents. As a result the service are recruiting and will shortly be able to increase staffing to an appropriate level to meet people's needs safely.

In the interim, management and ancillary staff were supporting the care staff with supervision of residents, engagement in tasks, and in conversation which enables care staff to deliver direct care to people.

The service has made sufficient progress in this area to have met the requirement.

Met - within timescales

## 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**

In order to support good outcomes for people's health and wellbeing, the provider should ensure that staff training and developments needs are fully explored and provide training and development opportunities that are tailored to their specific learning needs and the needs of the service. In order to do this, they should complete a training needs analysis for each member of staff; the results of which should inform the annual training plan for the service.

**This is in order 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).**

**This area for improvement was made on 7 January 2025.**

Action taken since then
The training matrix was available and up to date, which shows that most staff had complete mandatory training, and further training had been identified through supervision, such as enhanced dementia training.

Competency in different areas of practice including medication and IPC was completed regularly which helps ensure staff practice was safe. Champions have been identified for areas of practice, including IPC, moving and handling and medication. Training opportunities were discussed with staff individually at supervision and at staff meetings. Staff were encouraged to attend and were supported by the manager to apply for and attend in-person training sessions.

This area for improvement is **MET.**

**Previous area for improvement 2**

The manager should ensure anticipatory care plans are in place for all residents and reviewed regularly to ensure they remain up to date and relevant.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: '**
**My future care and support needs are anticipated as part of my assessment.'**
**(HSCS 1.14)**

**This area for improvement was made on 23 May 2024.**

Action taken since then
We sampled care plans for three people. All legal documents were in place including POA/guardianships, incapacity certificates and DNACPR.

The anticipatory care plans showed clearly that people's wishes had been discussed with them and /or their POA / next of kin. Anticipatory care plans were in place and clearly recorded when people wished to be in the event of significant ill health or end of life care.

This area for improvement is **MET.**

### Previous area for improvement 3

To ensure people live in a safe and well-maintained setting, both indoors and outside, the provider should ensure as a minimum but not limited to:
a) the internal and external environment is reviewed to take account of good practice the 'King's Fund' tool for people living with dementia;
b) this assessment is used to inform any planned environmental improvements;
c) people living in Melvich Community Care Unit are involved in decisions about the ways which are meaningful to them.

**This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: '**
**I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support ' (HSCS 5.1).**

**This area for improvement was made on 23 May 2024.**

#### Action taken since then

A Kings Fund Tool was completed in January and several areas for improvement had been identified. This included better signage, high contrast toilet seats, new furniture and improving safety and access to garden areas and developing sensory planting areas. An improvement plan is in place to progress with making the identified changes, and the manager intends to review the Kings fund tool regularly to ensure the service continues to develop the environment to support residents' changing needs.

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? | 5 - Very Good |
|---|---|
| 1.1 People experience compassion, dignity and respect | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support | 5 - Very 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? | 4 - Good |
|---|---|
| 3.3 Staffing arrangements are right and staff work well together | 4 - Good |

| How good is our setting? | 4 - Good |
|---|---|
| 4.1 People experience high quality facilities | 4 - Good |

| How well is our care and support planned? | 3 - Adequate |
|---|---|
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 3 - Adequate |

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