

Care service inspection report

Validation inspection

Inchmarlo Continuing Care Retirement Community - Nurse Agency Nurse Agency

Inchmarlo
Banchory

Service provided by: Skene Enterprises (Aberdeen) Limited

Service provider number: SP2003002326

Care service number: CS2009216653

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

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1 About the service we inspected

Inchmarlo Continuing Care Retirement Community - Nurse Agency is registered to provide registered nurses to work within the homes of people who live in Inchmarlo Retirement Community, close to Banchory on Deeside. The nurse agency operates in response to emergency calls from anyone on the estate and to support the care at home service which is provided to some of the people who live in the Inchmarlo Retirement Community.

The aims and objectives of the service state that the service will provide '...affordable, reliable and motivated staff who are both qualified and have the relevant experience to undertake such work...', and that 'Clients should be able to have confidence that the agency is compliant with National Care Standards'.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

2 What we did during the inspection

The Care Inspectorate are reviewing how we inspect and support improvement where necessary and, as part of that, we are going to make some changes and are carrying out some tests of change of how we inspect.

We have decided to inspect this service as a 'Validation Inspection' as part of a test of change as the service has been operating at a very good or excellent level with positive outcomes for people using the service. Tests of change are about implementing new ideas on a small scale, quickly and effectively. The results are then measured and any adjustments made before rolling out the tried and tested change. The Care Inspectorate will undertake a full evaluation of the 'Validation Inspections' and other tests of change. Further information can be found on our website www.careinspectorate.com.

We wrote this report following an unannounced inspection. This was carried out by one inspector. The inspection took place on Wednesday 2 December 2015

between 10.00am and 4.30pm. We gave feedback to the manager and the deputy manager on 3 December 2015.

In recognition of the fact that this service is closely integrated with the other services provided within the retirement community, we co-ordinated our inspection with an inspection of the other services at Inchmarlo. These were carried out separately by another inspector at the same time.

As part of the inspection we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We also asked the manager to give out five questionnaires to staff and we received five completed questionnaires.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- three service users
- one relative
- the manager
- deputy manager
- three nurses
- one care manager.

We looked at a range of documents, policies and procedures, including:

- welcome pack
- newsletters
- residents' and relatives' questionnaires
- support plans
- evidence of contact with other professionals
- incident and accident records
- complaints policy.

We also spoke to some people who had used the service, both in their homes and by phone.

3 Conclusion

This service was part of an integrated service to older people within a retirement community. The service provided was much appreciated by the people who stay in the community and who had used it. People who had not used the service also said they were more confident and felt safer because they knew it was there as a back-up should they need support.

People using the service often did so in a crisis when they could have been distressed or upset. They appreciated the calm professional manner of the nurses and the way these nurses dealt with their concerns themselves or summoned help where that was necessary.

This validation has reaffirmed the previous very strong performance of this service, which was identified through a full graded inspection.

4 Quality of information

Findings from the inspection

This validation inspection showed that the quality of information that people received about the service continued to be of a very high standard.

Inchmarlo is a retirement community, which provided ongoing support at a level that people wanted, from the time they moved in. People bought homes within the estate at a point where they were able to support themselves and they could then go on to access support within their own home as they needed it. There were security staff on duty 24 hours a day and there was also a housing support and care at home service provided for people who stayed in the community. Within the grounds was a care home, Inchmarlo House, which is where the nurses were based. As people's needs changed, they could move to the care home. The nurse agency was limited in its scope, in that it only provided support to people within the community and usually only on a short-term basis. They also provided professional support, back-up and assessment for people using the housing support service. This meant there was an integrated service available to meet most care needs, from the point that people moved into the community until the end of their lives.

People were provided with detailed information on the services available, from when they first expressed an interest in buying a house within the community. They received a detailed pack when they first moved in, explaining the support available and the applicable charges for that support.

There were community liaison staff who arranged informal community events for people who stayed in the community. They met with people regularly and were able to answer any questions about the nurse agency and other support available. These events also provided opportunities for people who stayed there to share information about the service with each other, if they chose to do so. Once a year updated information was circulated to everyone within the community and they were advised who to contact if they had any questions. Newsletters also gave information on the services available, and again advised who to contact if there were any questions. This encouraged a strong sense of community and helped people to understand the services on offer and to get to know how the services operated before they needed to use them.

All of this confirmed, as previously identified by the graded inspection, that good quality information was provided in a range of ways, both in writing and verbally, with the option to talk to someone if anything was not clear. The people we spoke with were happy with the information provided and were confident they would receive the support they needed when they asked for it.

5 Quality of care and support

Findings from the inspection

This validation inspection showed that this service was providing a high quality of care to the people they were supporting.

When people first moved into the community, and at regular intervals afterwards, they were offered the opportunity to provide some health recordings as a baseline. Most, but not all, people took up this offer. This meant that when people needed support, particularly in an emergency situation, the nurses had some information on the person's health already, to compare with how they were at the time they asked for help.

Initial contact with the service was usually by phone or buzzer. These buzzers were checked regularly to make sure they were working, and were maintained by staff on the estate. Nurses were available twenty-four hours a day to deal with these calls and they made a decision based on their assessment of the situation on how to

progress from there. In some circumstances they would summon medical help or an ambulance immediately, in others they would visit themselves and sometimes they would ask the housing support staff to visit.

Nurses had a well-stocked and checked selection of equipment in a first-aid kit, which they took with them when they were called to visit someone, in addition to the person's notes and records, where these existed. This meant they were able to check temperature, blood pressure and perform urine tests, should they regard that as necessary. The nurses we spoke with told us of circumstances where they had undertaken a visit, what they had found and how they had made the decisions they had about what was needed next. This showed that their approach was professional and detailed. Instances we heard of included identifying issues such as dehydration and of times where they called for medical support and people went to hospital for treatment.

The people who had used the service that we met, spoke very enthusiastically about the support they had received. They said the staff were very professional, treated them respectfully and were able to provide reassurance where they themselves were worried or upset. People saw the service as a single service and had some difficulty differentiating between the housing support service and the nurse agency for instance, which meant the services were working to provide a 'seamless' service, which was what they intended to do.

After every time the nurse agency was used, an incident form was completed, detailing why they were called and what the outcome was. We saw that these forms were well-completed and had details of follow up actions, and when these had taken place. All the forms we saw were then signed to show they had been checked by the manager. This meant that the service was able to learn from their experience and it also contributed to building up a picture of the needs and health situation for each person.

This all showed that the service was maintaining the high level of care and support, which was identified at the previous full inspection. The service fulfilled a clear, focused, role to provide nursing cover to people staying on the estate and made well-thought out professional judgments on the support needed going forward, whether that was provided within the community, or whether it involved asking for medical support and advice.

6 Quality of staffing

Findings from the inspection

The staff who worked for this agency were nurses employed within the retirement community, who normally worked in Inchmarlo House Care Home. Staffing was consistent, with a limited turnover of staff. As there was a lot of contact within the community, with social events, use of the bar, the housing support service and community liaison staff, nurses often knew the people they were called to support, whether or not they were receiving any support services. Basic health checks and screening was offered to everyone within the community, so people could also have met nurses through those services. This helped if it was a familiar face for the person who had called for help. People we met told us they appreciated the continuity and had confidence in the staff they met.

Nurses require to be registered with the Nursing and Midwifery Council (NMC) and the service made regular checks of the register to make sure that this registration had been maintained.

There was a strong record of staff training in place, with the service recently having signed up to online training, or e-learning. Some of the nurses had registered and were working their way through some of this training. Staff told us of being encouraged to develop expertise in certain areas, such as dementia, and of being supported to attend conferences and training in areas where they had an interest. Where people develop an expertise and share their knowledge with others, this can make a big contribution to raising the standard of care provided.

New nurses had a system of monitoring and support in place, to help them settle in and to ensure they were confident and comfortable with their role. They were not expected to take agency calls on their own, until they were familiar with the service and understood what was expected.

Staff told us that they were well supported, that senior staff were accessible and easy to talk to, that individual supervision was in place and that there were regular opportunities to discuss practice and learn from any events or calls that had occurred.

All of this showed that the quality of staffing had continued at a high level, as previously identified by a fully graded inspection. The staff used for the nurse agency were the same nurses that worked in the care home and the full inspection of that service, also found a very high level of performance for the quality of staff.

7 Quality of management and leadership

Findings from the inspection

This inspection showed that a high standard of management and leadership had been maintained, since the previous inspection.

This service was a small part of a retirement community, which was very well-managed and had been a highly performing service for several years. The manager's approach was very hands-on, with a good awareness of what was happening within the service. The manager had worked at the service for a long time, previously as the deputy-manager. There was a strong leadership team, with other key staff who knew the service well and who were also determined to maintain and improve quality. There was a well-planned and executed system of evaluating the service and auditing key indicators, such as care plans.

Every time that someone who stayed within the community used the nurse agency they were asked to complete an evaluation form. These were delivered to the person, often the day after they had used the service, usually by the community liaison staff. There was a high return rate for these forms, which meant that the service had detailed records of what people thought had worked well, along with any suggestions they had for improvement and any concerns they had about how the service had performed.

All of these forms were checked by the manager and signed by her, with details of any follow up action needed. This meant there was a clear recorded trail of any improvements implemented.

Incident forms for each call out were also checked by the manager and again these showed that they were regularly followed up, with community liaison staff often visiting the person after they had used the nurse agency, to see if they had any ongoing needs.

The team of nurses was small and those we spoke with were proud of being part of the service. They described how they approached their work and how they looked for improvements, including areas such as reviewing the contents of the first-aid kit they carried.

This all showed that although the service was only a small part of the whole retirement community, there was still an attention to detail and a determination to make sure it was providing a quality service and the management and leadership

were gathering information on how the service was performing and using that to improve the service.

8 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

9 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

There are no outstanding recommendations.

10 Inspection and grading history

Date	Type	Gradings	
27 Feb 2013	Announced (Short Notice)	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
20 Jan 2011	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good

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