

Inchmarlo House Care Home Service

Inchmarlo
Banchory
AB31 4AL

Telephone: 01330 824981

Type of inspection:
Unannounced

Completed on:
8 January 2021

Service provided by:
Skene Enterprises (Aberdeen) Limited

Service provider number:
SP2003002326

Service no:
CS2003010394

About the service

Inchmarlo House is a care home situated in a retirement community at Inchmarlo on the western outskirts of Banchory. It is registered to provide a care service for up to 52 older people and has been registered with the Care Inspectorate since 2011.

The home is a converted mansion-house with accommodation over three floors. It is set in extensive landscaped grounds which includes a large, enclosed garden. Bedrooms can accommodate both single and double occupancy if required, all have en suite facilities. Shared facilities include dining and sitting rooms with an inhouse bar.

The service aims to 'provide individualised care of a high standard in a homely environment, in pleasant surroundings.'

This was a follow up inspection, focussed on how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisers from the Care Inspectorate and Healthcare Improvement Scotland.

What people told us

We spoke with only three residents on passing during the inspection as most people were self-isolating in their rooms.

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic? **3 - Adequate**

Considerable progress had been made to each Quality Indicator to improve people's care and support, infection control practices and staffing arrangements.

We have therefore re-evaluated:

'7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic' from weak to adequate;

'7.2 Infection control practices support a safe environment for both people experiencing care and staff' from weak to adequate; and

'7.3 Staffing arrangements are responsive to the changing needs of people experiencing care' from weak to adequate.

All requirements and most areas for improvement identified previously were corrected promptly and appropriately.

We have re-evaluated the service to be performing at an adequate level. (See 'What the service has done to meet any requirements and areas for improvements.')

Areas for improvement

1. In order to improve the wellbeing of people, the management team should further develop the range of meaningful ways in which people are supported to maintain contact with their families and friends.

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

'I am supported to manage my relationships with my family, friends and partner in a way that suits my wellbeing'. (HSCS 2.18).

2. In order to improve the wellbeing of people, the management team should further develop the range of meaningful activities specific to people's individual needs, likes and interests.

This is in order 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 activities every day'. (HSCS 1.25); and

'I can maintain my interests, activities in the way that I like'. (HSCS 2.22).

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

Requirements

Requirement 1

By 05 January 2021 you must ensure that the care delivered meets the individual needs of people and takes into account the individuals' choices and wishes. In particular you must ensure:

- a) People remain safe and well in their bedrooms.
- b) There are clear processes to reduce and manage the risk of falls.
- c) People received fortified foods and specialist diets according to their needs.
- d) Staff are available and responsive to people's needs.
- e) People's stress and distress reactions are managed to reduce their anxiety.
- f) Appropriate information about specific care needs is shared with staff in a format that is useful.

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

'My human rights are protected and promoted, and I experience no discrimination'. (HSCS 1.2);

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me'. (HSCS 3.13); and

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the focus of people's attention'. (HSCS 3.1).

This is also in order to comply with Regulations 3 and 4(1)(a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 5 January 2021.

Action taken on previous requirement

Some residents were using communal areas. These were laid out to ensure good social distancing, reducing the risk of harm from cross infection. Staff were allocated to spend time with people who chose to remain in their rooms each day. People could be confident that their wishes and choices were accounted for. The activities co-ordinator had appropriate plans in place for small group activities and for one-to-one activities for people remaining in their rooms.

People could be confident that care plans were comprehensive and information was clearly set out to ensure needs were met.

Plans of care held comprehensive documentation for people at risk of falling. People benefitted from current

risk assessments, demonstrating careful consideration about how best to reduce/minimise the risks for individuals. This could be further improved through using leg strengthening exercises where possible.

At the time of the inspection, there were no residents showing signs of stress or distress. This was possibly because people were no longer self-isolating in their rooms and could walk freely throughout the home. Staff we spoke with were able to explain the appropriate management of this. The community psychiatric nurse had been contacted to arrange group sessions for staff around appropriate management of stress/distressed residents. This will make sure people can be confident staff have the training and skill to assess and manage such situations, should they arise.

People enjoyed well presented, healthy snacks and meals. People requiring fortified or special dietary needs had these documented in their care plan and staff verified these were given.

Almost all permanent staff had returned to work and people could be confident that their needs were being met by the right number of people. Staff we spoke with knew people well and care was delivered sensitively and respectfully. The service had kept the staffing level high and the current duty rotas reflected this.

Met - within timescales

Requirement 2

By 05 January 2021 you must ensure that that infection protection procedures are followed, and practice is sustained in line with Health Protection Scotland COVID-19 Information and Guidance for Care Home settings. In order to do this the provider must ensure that:

- (a) All care equipment is clean and safe for resident use.
- (b) Safe systems of work are in place to manage laundry.
- (c) All staff are aware of and have ready access to current national infection prevention and control guidance and COVID-19 Information and Guidance for Care Homes.
- (d) Staff changing areas are decluttered, clean, and fit for purpose.
- (e) Cleaning schedules and audit processes in relation to infection prevention and control and staff practice must be further enhanced, and document action taken to address omissions or gaps.

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

'My future care and support needs are anticipated as part of my assessment'. (HSCS 1.14);

'I make informed choices and decisions about the risks I take in my daily life and I am encouraged to take positive risks which enhance my quality of life'. (HSCS 2.24); and

'My environment is safe and secure'. (HSCS 5.17).

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d).

This requirement was made on 5 January 2021.

Action taken on previous requirement

Care equipment was clean and safe for residents to use. Cleaning schedules were in place for shared equipment to enable ongoing auditing and monitoring of cleaning.

All fabric chairs were in the process of being removed and new chairs were ordered that were easier to keep clean. Residents were socially distanced in lounge areas, and staff wore appropriate personal protective equipment (PPE) during interactions, reducing the risk of harm to people from infection and cross infection.

Completed cleaning schedules and rotas were available and further monitoring of mattresses was in place, reducing the risk of cross infection for people.

The laundry area had been altered to ensure that there was no cross contamination of linen. All linen was sent to a local company for washing and systems were in place to ensure clean and dirty laundry were held separately. These revised practices kept people safe from the risk of cross infection. Staff we spoke with were familiar with uniform laundering requirements, which decreased the risk of cross infection for staff, people and the wider community.

Staff changing areas were altered to give more room for staff to change. All areas were clean, tidy and clutter free. Outdoor clothing was stored safely. Portacabins had been ordered for future staff changing facilities and break out/welfare areas for staff.

Staff infection control practices were being observed regularly by senior staff and recorded for audit purposes. Infection prevention and control training was recorded in staff members' training files. Guidance manuals for national infection control were available throughout the home.

Met - within timescales

Requirement 3

By 05 January 2021 the provider must work with the HSCP to develop an exit strategy that is responsive to the needs of people. The strategy should support improvement in the service's individual performance, be based on relevant legislation and good practice to establish and sustain improvement. The strategy must be focused on improving the outcomes and the quality of life for people who use 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19); and

In order to comply with Regulation 3 - Principles and Regulation 4(1)(a) - Welfare of Users of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 5 January 2021.

Action taken on previous requirement

The service had a comprehensive action plan which was developed together with the Health and Social Care Partnership. The plan was led by the management team and highlighted specific areas requiring support and actions that had been taken which demonstrated improvement. Almost all the issues identified had been met and there were a small number that were work in progress, which required more time to organise.

We found the completed actions from the plan were borne out during the inspection and people's outcomes and quality of life would benefit from a plan for continuous and sustained improvement.

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 improve the wellbeing of people, the management team should further develop the range of meaningful ways in which people are supported to maintain contact with their families and friends.

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

'I am supported to manage my relationships with my family, friends and partner in a way that suits my wellbeing'. (HSCS 2.18).

This area for improvement was made on 16 December 2020.

Action taken since then

Several families were invited to comment about how well contact was being maintained over the last few months. The majority of responses were positive and empathetic to the difficulties for staff during the outbreak, however, a number of comments expressed dissatisfaction about how this was managed. The service should consider innovative ways to ensure people can remain connected with their families and families can receive person-centred information from the service in a way that people feel included. In order to sustain improvements already made, this area for improvement will remain in place.

Previous area for improvement 2

In order to improve the wellbeing of people, the management team should further develop the range of meaningful activities specific to people's individual needs, likes and interests.

This is in order 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 activities every day'. (HSCS 1.25); and

'I can maintain my interests, activities in the way that I like'. (HSCS 2.22).

This area for improvement was made on 16 December 2020.

Action taken since then

People enjoyed small group activities within the communal areas, while safely socially distanced from each other. One to one activities were offered and enjoyed by those who preferred to remain in their rooms. Care plans were being developed further to ensure individual's social histories, likes and dislikes, wishes and choices would be appropriately reflected in the activities they are offered. The service should use the Health and Social Care Standards to ensure people get the most out of life and can achieve their full potential while living in Inchmarlo.

In order to further develop care plans and sustain improvements already made, this area for improvement will remain in place.

Previous area for improvement 3

In order to improve the safe practice, the management team should review the medication processes in relation to repurposing of medication.

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

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24).

This area for improvement was made on 16 December 2020.

Action taken since then

People could be confident that comprehensive medication repurposing guidelines were in place. Staff we spoke with understood where this may be required and were confident about when and how to do so. Appropriate risk assessments were in place. There were no residents having repurposed medication administered at the time of the inspection. Agency or temporary staff should be given updates on the guidance around repurposing of meds on commencement of employment.

This area for improvement has been 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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