

Kintyre House (Care Home) Care Home Service

Saltburn
Invergordon
IV18 0JX

Telephone: 01349 853 248

Type of inspection:
Unannounced

Completed on:
15 April 2022

Service provided by:
Gate Healthcare Limited

Service provider number:
SP2003001705

Service no:
CS2003008482

About the service

Kintyre House is a purpose built care home for older people and is situated in the town of Invergordon. The service provider is Sanctuary care Ltd.

The care home has a pleasant setting and overlooks the Cromarty Firth. The care home is close to local amenities and facilities. Kintyre House is surrounded by spacious garden areas.

Kintyre House is registered to provide a care service to a maximum of 41 older people and at the time of the inspection there were 38 people living in the home. The home is located over two floors, with communal areas and the majority of the bedrooms on the ground floor, but with four bedrooms on the first floor.

About the inspection

This was an unannounced inspection which took place on 12 and 13 April 2022. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with three people using the service, and fourteen relatives. We spoke with 10 staff and management, observed practice and daily life, reviewed documents and spoke with four visiting professionals.

Key messages

Peoples benefited from a proactive approach to seeking specialist support from health and medical colleagues.

Visitors were made welcome and people benefited from being able to spend quality time with each other.

People enjoyed a very good range of activities, outings, and interactions.

Cleanliness in the home had improved and was now of a good standard.

There was visible management and leadership, and there was a focus on identifying, implementing and sustaining improvements in how people were supported.

Staff training had improved, but further work is required to address a previous requirement to make sure that all the team have the right knowledge and skills.

The environment needs attention. The provider had a three year plan which will significantly improve the quality of the accommodation when it is implemented.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, improvements in key areas needed to be embedded and sustained.

We saw positive relationships between staff and people living in Kintyre House. Relatives and people living there agreed with this, telling us that the staff were friendly, and that they could see that their relative was happy with those providing their support. One person told us that the staff were "brilliant" and that they saw their relative's face light up when they saw their support workers. Comments such as "he has settled well and we are very happy with his care" was reflective of the feedback we had from relatives. People also told us that communication with the home was good and that they were confident of being kept up to date and included.

People were encouraged to move around the home, spending time in communal areas according to their preferences. People were supported to maintain their mobility in a way that made the most of what they could do but took into account any difficulties they were experiencing.

People's health benefited from their care and support. People were supported with their health and wellbeing by staff who asked for support and guidance from other health professionals, for example, GPs, community nurses and dieticians when this was required.

Staff handovers promoted effective communication, and kept people up to date with any changes. Staff were busy, and although we heard that staff shortages regularly created additional pressures, we observed an organised team who were working hard to deliver care.

We assessed that a previously made requirement about nutritional needs had been met, and that good outcomes were being experienced in this important area of care. One relative told us that "my relative is not eating well at the moment but they are doing everything they can to encourage him." People told us that the food was good.

In relation to skin care we saw that various assessments were used to plan care, and that good use was made of tools such as sskin bundles to support care delivery. However, we identified that application of topical medication was not adequately recorded, meaning that we could not be confident that people got the full benefit of these preparations.

(See area of improvement 1)

More effective evaluation of care related documents, for example, around personal care delivery, would support staff to address any situations where support plans were not being followed, or where planned care could benefit from being reviewed or changed.

There was an encouraging focus on developing and strengthening oversight and consistency of care. This had resulted in recent improvements and were reflected in what people told us about recent improved care experiences that those with longer experience of the service told us about. Some of this work needed to be embedded, as the changes were still recent, so that practices would be consistent, sustained and consolidated.

The care home has positively embraced guidance about visiting. This resulted in people having a very good experience, which while bearing safety risks in mind, has flexibly supported meaningful contact with loved ones in a person centred manner. Activities were also a stand out strength in this service. There was a planned programme of activities throughout each week. These included various group sessions which we observed people enjoying from the activity, and also from the interaction and conversation that this offered. The needs and preferences of those for whom group activities were not suitable were also taken into account.

People were also encouraged to continue using their skills, for example, contributing to the service by answering the telephone, using their sewing skills, and assisting with household tasks. People told us about regular outings to local places of interest as well as to cafes and shops. All this gave people an opportunity to remain connected with family, the local community and to have regular interesting and meaningful experiences. We consequently evaluated performance specific to this key question as being very good.

We assessed that the service evidenced good practice in relation to safe infection prevention and control practice and procedure. People told us that this area of practice had improved. People described the service as "clean and tidy." Domestic staff were working well to maintain the environment to a satisfactory standard. The provider should continue to review and evaluate how they deploy staff, so that this standard can be consistently maintained.

The provider had provided appropriately located PPE stations so that staff could access PPE near to the point of use. Staff felt that the training they had received about Covid-19, including practice around PPE, and infection control was satisfactory.

Areas for improvement

1. To ensure people's health needs are consistently met the provider should ensure that topical medications are administered as prescribed. To achieve this the provider should ensure that:
 - a) the correct preparation is always administered to people at the right time
 - b) accurate records are maintained of what has been administered

This is to ensure that care and support is consistent with the health and social care standards which state that:

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

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths taken together clearly outweighed areas for improvement

The service has a good service improvement plan. This had been developed through a process of self assessment, and using the quality framework for inspection as a guide. This framework sets out the quality of service provision that people should expect and focuses on outcomes for people.

This meant the management team had an understanding of how well the service was doing in all areas and where they needed to improve further. The plan was kept under constant review, and this enabled them to prioritise and identify progress. We were confident that the action plans were being used to drive

improvements, and that these had the potential, within reasonable timeframes, to raise and maintain standards in the service.

The provider has a comprehensive quality assurance system which was being used effectively. A range of audits were being used by the manager to check their performance in key areas. Audits and action plans were completed with a focus on the experience of people using the service, and where this could be improved. We saw examples where improvements had taken place following internal audits. For instance, oversight of medication practice had been strengthened following more regular audit, which helped reduce the risk in that area of practice. Similarly we could see that this approach was being positively utilised in areas such as support planning and delivery, physical environment, and developing staff skills and knowledge.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. This was because while the strengths had a positive impact, there was still outstanding actions to be completed in a previous requirement about staff training. The provider must ensure that staff have the right knowledge, competence and development to care for and support people.

The provider had a comprehensive training system, where staff, according to their role complete a suite of online training courses. This is supplemented by face-to-face training from both organisational trainers, and staff who have been supported to develop additional skills in key areas, for example, moving and handling training. We were pleased to see that bespoke training was being sourced to increase staff knowledge on health conditions that people in the service were living with. This will increase staff understanding of the impact of this illness on people's lives and needs.

Competency assessments were being reviewed, and where appropriate, some elements of induction were being revisited with staff. This was in recognition that some things had been missed, or that refreshers would be beneficial to individual learning. Overall induction was being strengthened, and we saw this reflected positively in the comparison between the experience of some staff that we spoke with.

The provider have made arrangements for staff to shortly attend training in catheter care, which we would consider very relevant to the role and to the needs of people receiving their support.

The previous, and still partially unmet requirement about training stated that staff should take part in training in relation to (but not exclusively) to the care of people with dementia and skin care. We are mindful that during the pandemic there have been difficulties in sourcing additional training opportunities. However, given the skills that staff, including new and inexperienced staff, need to have, for example, in meeting the needs of people with dementia who experience stress and distress, this remains relevant. **(See previous requirement).**

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The care home premises were clean, soft furnishings and mattresses were of a good standard, and we could see that these were being replaced when this was required. Communal areas were generally pleasant spaces, and were warm and comfortable. People had been supported to personalise their bedrooms so that they reflected their preferences and interests. We spoke with a person living in the service who was very pleased with her bedroom and in particular with how her views had been listened to with regard to decoration and floorcoverings. The home has nice garden areas around the home. These are easily accessible, and are safe spaces to enjoy fresh air.

The provider had a very good system in place to ensure that essential safety checks and maintenance takes place as and when this is required, and that records are maintained so that this can be overseen.

However it is acknowledged that despite these strengths the premises remain in need of extensive refurbishment. Some areas appear tired, and some of the facilities, for example, en-suite showers, are no longer suitable to the needs of the majority of people living in the home.

The provider have set out a comprehensive improvement plan which it is expected will take in the region of two to three years to complete. Some essential repairs, including to the roof of the building has taken place. There are plans to replace all unsuitable en-suite bathrooms and the completed example we saw was finished to a high standard. Floorings and redecorating also remains ongoing. We would expect that when completed this plan will have substantially improved the quality of the environment. **(See area of improvement 1)**

The manager has comprehensively assessed the environment using the Kings fund tool which sets out good practice guidance for how environments can better support people living with dementia. An action plan has been created and they are planning to incorporate these improvements into the general repair and refurbishment plan.

Areas for improvement

1. To ensure that people can benefit from high quality facilities the provider should:

- a) progress, and complete, all the works identified in the current environmental improvement plan.
- b) also continue to evaluate the premises, and ensure that their findings, influence ongoing repairs and refurbishment.

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 5.22)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, we assessed that further improvements continued to be required.

We observed that there had been a recent focus on improving the quality of personal plans. We concluded that this work was going in the right direction, but that as yet, this remained a work in progress. Plans set

out people's health care needs and were generally up to date. A range of assessment tools were used to plan support.

There was still a variation in the quality of the support plans and we could see that some standardisation would be beneficial. We concluded that there were also improvements that could be made to ensure that each plan reflected a person centred approach to support planning. We highlighted occasion where important guidance to staff was not included in a plan, or where evaluations following changes were absent. It was also apparent that although reviews were regularly taking place, and according to the required timeframes, the records maintained did not reflect an opportunity being taken to reflect on people's experiences or improve outcomes.

We remain confident that management oversight and quality improvement approach evident in the service, will given appropriate timescales, support the development of good practice in relation to all aspects of assessment and personal planning. (**See area of improvement 1**).

Areas for improvement

1.

To ensure that personal plans support good outcomes for people the service should;

- a) ensure that each person has a plan that is reflective of them as an individual
- b) ensure that plans are in place for all areas relevant to the person, including up to date visiting plans
- c) ensure that plans include guidance for staff as to how sensitively support stress and distress or other behaviours
- d) ensure that evaluations are regularly recorded
- e) ensure that reviews are used to reflect on peoples outcomes, and action points recorded in a way that will support follow up

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)

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

Requirements

Requirement 1

1. By 30 June 2020 the provider must ensure that persons employed in the provision of care are trained, competent and skilled from taking part in effective induction, training and supervision;
in order to achieve this the provider must ensure that:

- a) There is an on-going assessment of staff competence and skills in relation to the identified aspects of care and support;
- b) That staff received training based on the above assessment;
- c) That staff took part in training in relation to, but not exclusively to the care of people with dementia, nutrition, skin care, effective care planning and the management of falls. d) There are effective systems in place to monitor that staff are competent and skilled and where there are indications of poor practice they are recognised and action is taken promptly to address them.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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),

and in order to comply with

Regulation 15(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). SSSC Codes of Practice for Employers, 1.4, 3.1, 3.2.

This requirement was made on 17 March 2020.

Action taken on previous requirement

We have reported on this in details under key question 4. Our conclusion was that there were elements of this requirement which had not yet been fully addressed, for example, around training in dementia (including stress and distress) and skin care and to include all staff in relevant roles.

This requirement will therefore be continued so that this can be followed through on.

Not met

Requirement 2

By 30 June 2020 the provider must ensure that people's nutritional needs were being fully met. In order to achieve this they must:

- a) Ensure that regular assessments were used to monitor people's nutritional needs and;
- b) make timely referrals to the relevant health professional (for example dietician, speech and language therapist), and maintain clear records to detail the outcome of professional visits
- c) Ensure that within the care plans there was clear person centred information regarding the support required to promote eating and drinking
- d) Ensure that there was a regular evaluation and review of the care plan e. Ensure that the catering staff were kept informed of people's needs and requirements and that they were informed regarding any changes.

This is in order to comply with Regulation 4(1)(a) and 5(2)(b)(i)(ii)(iii) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care is consistent with Health and Social Care (HSCS) which state that, '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 from harm.' (HSCS 3.21)

This requirement was made on 17 March 2020.

Action taken on previous requirement

We have reported on this in detail under key question 1.

Met - outwith 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

The provider and management should ensure that care plans are further developed and look at the outcomes they wish to achieve through the planned care. Plans should contain personal and unique information gathered by the service, which influences how they support people in their day to day life and makes a positive difference. There should also be guidance for staff in relation to appropriate strategies to use when supporting people in times of stress and distress. Staff need to ensure that when they are evaluating care plans/carrying out reviews with people that they review if outcomes have been achieved, or if changes need to be made to the care plans. This will ensure that information in each care plan is a current reflection of people's health and wellbeing needs. Staff should review people's care plans with them and their representative at least once every six months and more often, where needed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 1.12 which states:

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1.12)

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 confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.'
(HSCS 3.4)

This area for improvement was made on 20 February 2019.

Action taken since then

This area of improvement will not be continued. A new area for improvement, reflective of the work that has taken place regarding personal planning, will replace this.

Previous area for improvement 2

The provider should ensure that risk assessments are further developed. These should contain information which influences how they support people in their day to day life and makes a positive difference. Risk assessments should be reviewed and updated to ensure that the information is a current reflection of people's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards: which states;

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

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

This area for improvement was made on 20 February 2020.

Action taken since then

This area of improvement will not be continued. A new area for improvement, reflective of the work that has taken place regarding personal planning, will replace this.

Previous area for improvement 3

It is important that people can take part in positive mealtime experiences. This was in relation to people's preferences and choice, the presentation of meals and the dining experience. Therefore the provider and manager were to review the mealtimes for all people regardless of their needs and abilities. People's views and opinions were to be gained to inform continued positive and enjoyable outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33)

This area for improvement was made on 17 March 2020.

Action taken since then

We observed meal times to be enjoyable and positive experiences for people. Food appeared tasty and people told us it was good. Staff were working well to make sure that people got the assistance they required to eat and drink. A taster session has been planned to inform menu planning.

This area for improvement has been met.

Previous area for improvement 4

It is important that people's care and support needs are anticipated as part of their assessment and that care plans set out how their needs will be met. Therefore the service was to ensure that assessments, care plans and associated documentation in relation to skin integrity and tissue viability were reviewed and then updated to ensure that people were receiving the right level of care and intervention. Care plans were to be

regularly evaluated and reviewed to ensure that they met their personal needs, thereby protecting their healthcare needs.

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)

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

This area for improvement was made on 17 March 2020.

Action taken since then

This area of improvement will not be continued. A new area for improvement, reflective of the work that has taken place regarding personal planning, will replace this.

Previous area for improvement 5

The provider was to improve the overall management of falls in order to protect the safety of people who were at risk. There should be clear information within the monthly analysis. This was to include such areas as any spikes in falls and reference to staffing, deployment and the overall environment. Any necessary follow up actions were to be clear as to what actions the service was taking. The service was then to ensure that all necessary assessments, care plans and relevant documentation in relation to falls was up to date, regularly evaluated and reviewed.

This is to ensure that service users' care and support is consistent with the Health and Social Care Standards which state that, as an adult',

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

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

This area for improvement was made on 17 March 2020.

Action taken since then

We observed that the management and prevention of falls was being well managed and supported. There was clear documentation to support any adverse events, and appropriate actions were taken to evaluate what had happened and what could be done to prevent this reoccurrence. Use was being made of tools such as falls safety cross to monitor and retain oversight of falls.

This area for improvement has been met.

Previous area for improvement 6

The provider should self evaluate the quality of the service against the Health and Social Care Standards in order to make and implement a plan, which improves outcomes and experiences for people. People, their relatives and staff were to be involved and their views taken to inform an improvement action plan which should be used to regularly review progress.

This is to ensure 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 17 March 2020.

Action taken since then

Progress in this area has been reported in detail under key question 2.

This area of improvement has been met

Previous area for improvement 7

The service was to review the use of their dependency tools and ensure that it took account of all aspects of staff management and the environment. There was to be clear information about how decisions were made with regard to planning for staffing levels that met people's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that,

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

This area for improvement was made on 17 March 2020.

Action taken since then

The service manager/provider uses IORN dependency tool to measure dependency. They use these findings alongside observations and professional judgment to assess the required staffing levels. The manager plans to build up the bank staff pool, so as to have better contingency in place to address unplanned short notice staff absence which places pressure on the team.

This area of improvement has been met.

Previous area for improvement 8

1. The provider was to ensure that once they had completed their assessment of the environment that they provided us with an action plan. The action plan was to be clear as to what needed to be carried out by whom and by when.

This is to ensure that the environment meet people's needs and is consistent with the Health and Social Care Standards which state that, as an adult

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

This area for improvement was made on 17 March 2021.

Action taken since then

This area has been reported on in detail under key question 4.

This area of improvement has been met

Previous area for improvement 9

In order to further enhance the overall environment, the provider and management were to continue to use the Kings Fund tool, so that they could plan for and implement improvements. Thereby, creating an environment that was conducive and pleasant for people who lived with dementia or a cognitive or visual impairment.

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

'I can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11)

This area for improvement was made on 17 March 2020.

Action taken since then

This area has been reported on in detail under key question 4.

This area of improvement has been met.

Previous area for improvement 10

It is important that people should experience care in a planned and agreed way that sets out how their needs, wishes and preferences will be met. They were to ensure that the information was person centred with outcomes that were clear to the person and the staff. In addition, it is also important that the care and support was regularly evaluated and reviewed to ensure continued positive experiences, which focused on improving outcomes.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that,

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

This area for improvement was made on 17 March 2020.

Action taken since then

This area of improvement will not be continued. A new area for improvement, reflective of the work that has taken place regarding personal planning, will replace this.

Previous area for improvement 11

The service was to ensure that people's care plans contained sufficient information to enable staff to meet people's needs, preferences and choices. People were to be offered a range of opportunities to take part in regular discussions about their care and support to promote their involvement and influence positive change and outcomes. The service should ensure people's care is effectively evaluated to help improve their experiences. This included the recording and evaluation of as and when needed medication to ensure it met their healthcare needs.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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)

This area for improvement was made on 25 November 2020.

Action taken since then

This area of improvement will not be continued. A new area for improvement, reflective of the work that has taken place regarding personal planning, will replace this.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - 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?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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