

The Meadows (Care Home) Care Home Service

Meadow Road
Dornoch
IV25 3SF

Telephone: 01862 811 133

Type of inspection:
Unannounced

Completed on:
9 February 2022

Service provided by:
Dornoch Medical Care Ltd

Service provider number:
SP2004005108

Service no:
CS2003048911

About the service

The Meadows Care Home is a purpose built two-storey home located in the town of Dornoch in Sutherland. It is registered to provide a care service to a maximum of 40 older people, including one named person under the age of 65 years. There were 35 people living in the service at the time of the inspection.

All bedrooms are single occupancy with en-suite toilet and wash-hand basin. There are a number of communal rooms including lounges, bathrooms, showers and toilet facilities situated throughout the home.

About the inspection

This was an unannounced inspection which took place over three days by two inspectors on 2, 3 and 7 February 2022.

To prepare for this inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spoke informally with people living in the service and eleven of their family members
- spoke with staff and management
- spoke with external professionals who support the service
- observed practice and daily life
- reviewed documents.

Key messages

- We saw staff providing kind and compassionate care
- Further work was required to improve record keeping and accurate recording of risk assessments
- Work was required to ensure a safe medication management system
- The home had benefited from continuing improvements to the environment
- Infection control practice was of an adequate standard
- The staff team worked well together and felt supported by the leadership team despite ongoing sector-wide recruitment challenges

What people told us

People we spoke to generally had confidence in the staff and were happy with the care and support they were receiving. One relative told us that the staff genuinely cared about people.

Families felt well informed regarding changes in their loved one's health and the visiting arrangements, which were described as flexible.

They were positive about the improvements to the environment and said they were looking forward to the new mini bus being used for trips out.

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 care and support during the COVID-19 pandemic?	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. There were important strengths which impacted positively on outcomes for people. However, these were outweighed by weaknesses in some key areas in relation to nutrition, skin care, record keeping and medication management.

The staff team worked well together and took time with people, treating them with dignity and respect, with one exception. This was addressed during the inspection. Staff knew people well and understood their interests. This meant people living in the Meadows felt valued.

Relatives told us that there was a lovely feeling in the home and one said, 'The staff are brilliant. I have listened to them when they are helping my relative with personal care. They are really reassuring'.

People living in the Meadows said they liked the staff, and they were kind to them. They could choose how they spend their time, in their room or in the communal areas. Activities and events were planned and displayed in advance, so people knew what was available. Where they were able to, people kept themselves busy with reading, watching television or moving freely around their home. We saw that care staff were very busy supporting people's care needs in the morning. However, in the afternoon when they were quieter, staff missed opportunities to involve people in meaningful conversations.

Before the recent Covid-19 outbreak in the Meadows, there were no restrictions on people seeing their loved ones. People were starting to visit again during the inspection and they told us that arrangements were flexible and could visit as often as they wanted.

Care plans should set out and provide guidance to staff about how to care for and support people. The care plans we reviewed, included a range of healthcare assessments, such as people's nutritional and skin care needs. Care plans were being reviewed monthly. This review aimed to make sure they were up to date and detail any changes in people's health.

However, some gaps were noted. The recordings did not always reflect the most up to date assessment of the person's condition. There were two examples where people had lost weight, but this had been missed. Where people were at risk of becoming dehydrated, the service had introduced a fluid balance chart. However, these were not always accurately completed which meant there was a risk that staff may not recognise a person was not drinking enough or needed help (see area for improvement 1).

At a previous inspection we had asked the service to improve their care of people who have or are at risk of

developing a pressure ulcer. Some progress had been made in this area and at the time of the inspection, no one living in The Meadows had a pressure ulcer. However, some of the records lacked enough detail about wound care provided and the records were not always completed accurately. For example, how often someone should be re-positioned to prevent skin damage developing. Prompt action was taken at the time of the inspection to address this. We have also made a requirement to ensure any improvements are continued (see requirement 1).

Access to external healthcare professionals, such as the community psychiatric nurse and general practitioner was good. Their advice was acted upon, and details of their input were documented. This provided confidence that everyone involved in their care, respects people's wishes and choices, especially at end of life or in the event of an unexpected event.

To make sure people's medical needs are met, it is vital that the correct medication is always given at the right time. However, there were errors in the recording of medications given and stock counts, which meant we could not be sure that medication had been administered. The service told us they were planning to introduce an electronic medication system to improve their medication management. We have made a requirement to ensure this is addressed (see requirement 2).

We were able to confirm that progress had been made in improving people's mealtime experience. People benefited from a choice of meals which were of a good standard. However, there was a delay in people receiving their meals because the dining room was not in use. This was difficult for people living with dementia. The provider confirmed that the dining room would be opening again with new dining furniture in place. We will review progress at the next inspection.

Requirements

1. By the 31 May 2022, the provider must ensure that effective arrangements for the management of skin damage (including excoriation) and minimising the risk of development pressure ulcers are in place.

To do this, the provider must ensure:

- a) that all service users have a skin assessment which includes their nutritional status, undertaken by a trained and competent professional;
- b) that where a service user has been assessed as at risk of a pressure ulcer or has skin damage, a wound or pressure ulcer, their care plan/records include:
 - a wound assessment/treatment chart which provides a record of the treatment, including prescribed wound care products used;
 - level of risk and skin status using a body chart and dated photographs to document location and progress of skin damage, pressure ulcer or wound;
 - regular review, evaluation and a record of progress;
 - use of an appropriate type of pressure-relieving equipment for their level of risk and its settings, if using dynamic equipment;
 - frequency of positional changes using a repositioning chart, to include skin or wound checks;
 - levels of pain experienced using an appropriate pain chart;
 - the frequency of the care plan review; and
- c) Ensure staff receive training on skin care integrity and have suitable arrangements in place to monitor practice.

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

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. By the 31 May 2022, the provider must ensure people's medication needs are administered as prescribed and intended. This is to ensure people's overall health and medical needs are consistently met.

To do this, the provider must ensure:

- a) they progress their plan to introduce an electronic medication system;
- b) the correct medication is always administered to people at the right time by trained and competent staff;
- c) an appropriate pain assessment tool is used to obtain a clear description of a person's pain;
- d) staff evaluate the efficacy of 'as required' medication to ensure people's pain and other symptoms are well managed;
- e) there is on-going assessment of staff competence and skills in relation to medication administration; and
- f) that where there are indications of poor practice, this is recognised and prompt action is taken to address this.

This is in order to comply with regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order 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); and
'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).

Areas for improvement

1. To ensure the prompt recognition of changes in people's health or level of risk, the provider should improve people's personal records and care plans, with specific concentration on the need to ensure;

- a) all records related to nutrition and hydration should contain the most up to date information;
- b) if information is gathered, e.g. for a person's nutritional risk assessment, it should be accurately assessed and recorded, regularly reviewed and used to develop better outcomes for the person;
- c) fluid balance charts are accurately maintained;
- d) staff training is provided in the use of the Malnutrition Universal Screening Tool (MUST); and
- d) all language and terminology used in every record should be consistent and respectful.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

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

3 - Adequate

7 How good is our care and support during the COVID-19 pandemic?

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. There were important strengths which impacted positively on outcomes for people. However, these were outweighed by weaknesses in some key areas in relation to infection prevention and control and staffing arrangements.

7.2 Infection prevention and control practices are safe for people experiencing care and staff.

A Covid-19 outbreak had recently ended prior to this inspection and staff had worked hard to keep people safe.

People living in the Meadows Care Home and relatives felt that the improvements to the environment of the care home had been beneficial. A relative said, 'The care home looks so much better, looks cleaner and much nicer since the new company took over'. Work to two new bathrooms was underway. The investment in the environment also had a positive impact on staff morale.

Improvements to some areas of the environment were still required. For example, the sluices and domestic cupboards could not be cleaned effectively because the walls, flooring and storage needed repair or upgrade. The hand washing sinks in the sluices were too small for effective hand hygiene. We also discussed the need to review the staff changing area because the area lacked ventilation, which may be a risk of infection spread. The service had reduced this risk by limiting the number of staff using the room at one time and providing covers to store their clothes safely.

The service had an environmental action plan which included the improvements outlined above. We were not clear about the time scale for completion of this work. These continuing improvements will mean that people and staff can experience a care home which is well looked after (see area for improvement 1).

To reduce the risk of spread of infection, the environment should be clean. The commonly used areas, such as floors and communal areas were visibly clean, generally tidy. However, housekeeping staff shortages on the first day of our inspection meant that some bathrooms and sluices were not cleaned. This was addressed the next day when staffing levels improved.

We observed some positive practice. Staff were wearing personal protective equipment (PPE) appropriately, although we saw some examples where face masks were not worn correctly (see area for improvement 2). Staff took opportunities to carry out hand hygiene at the right time. We highlighted the need to make sure people living in the care home were supported to wash their hands prior to dining.

Care equipment, such as hoists and wheelchairs were clean, with dated, signed labels in use to confirm cleaning had taken place and were safe for people to use. There was a good supply of cleaning equipment, products, and solutions, suitable for a range of infection control purposes. However, immediate improvements were required in their use by housekeeping staff, to prevent the spread of infection. This was addressed during the inspection.

Clinical waste was managed in line with current guidelines, apart from two occasions when a clinical waste bin was overfull. This was an infection control risk (see area for improvement 2). The laundry area was improved since our last inspection. Further education was needed to ensure staff knew how to use of the different coloured linen bags to ensure separation of used laundry. This means the risks of cross infection would be minimized (see area for improvement 2).

The manager conducted regular spot checks of the environment and all staff to make sure they were following current guidelines. We discussed the need to increase these audits to make sure the above concerns were addressed and ensure staff put into practice what they have learned.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

A Covid-19 outbreak had recently ended prior to this inspection which had caused significant staff shortages. However, staff morale was good and there was a pleasant and relaxed atmosphere. People benefited from a team that worked together.

Staff said that they felt confident about being able to meet people's care and support needs when there was enough staff. We found that generally, staffing levels were right to meet people's care needs during the inspection, but there was little time to do activities or talk with people (see section 1.2 above).

Having the right staff at the right times had been difficult for the service. There were ongoing recruitment challenges which meant there were vacancies across all departments. For example, nursing and care staff posts were being advertised. This was in addition to the vacancy for an additional activities coordinator.

To reduce the impact of this on people's personal experience of living in the Meadows, the provider had taken positive action to recruit staff. This had resulted in the appointment of new overseas nursing staff and new care staff. The Provider had a recruitment strategy which included pay enhancements and three carers were undertaking the Nurse Associate Course.

Progress in the service's staffing arrangements was clear. However, there were some continuing concerns raised about staffing levels. The service aimed to have three carers available for each floor during the day and a senior carer and nurse. However, we found that this staffing level was not consistently met, particularly at weekends. This would result in less care staff being available for people (see area for improvement 3). Some staff told us:

- 'We are short staffed especially at the weekend'.

- 'All residents get the care but it's only the basics as we have no time to do any extras'.

Relatives also made some comments about staffing levels. For example:

'I wonder if at weekends they are short staffed, as sometimes I try to phone and the phone rings and no one answers'.

'Staff are doing their very best, but with Covid they are rushed off their feet, short staffed and long days'.

Although staff were working under pressure, this did not impact on how they spoke with or responded to people. Staff knew residents well and throughout the inspection, we saw staff supporting people in an unhurried and caring manner.

Staff felt well supported by management and were confident they could ask for additional help and guidance if this was required. They received supervision and benefited from regular team meetings. This helped staff with their professional development. Staff we spoke with confirmed that they had received training related to Covid-19 and infection prevention and control and were able to access updated guidance (see 7.2 above).

Areas for improvement

1.

To meet the needs of all people living in the Meadows, the service should continue to make improvements to the general environment and people's rooms. This should include but not limited to:

- a) the planned redecoration and replacement of the remaining worn areas of flooring;
- b) improvements to the sluices and domestic store rooms;
- c) ensure staff have access to a safe, ventilated changing area/areas; and
- c) undertake a king's fund audit to identify improvements needed for the wellbeing of people living with dementia.

The improvement plan should include clear priorities and timescales for each item.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16); and 'My views will always be sought, and my choices respected, including when I have reduced capacity to fully make my own decisions', (HSCS 2.11).

2. To keep people safe and minimise the risk of cross infection, the service should take the following actions, but not limited to:

- a) ensure staff consistently wear their PPE correctly at all times;
- b) ensure that staff are competent in the handling of potentially contaminated laundry;
- c) ensure clinical waste bins in the sluices are large enough; and
- d) to ensure cleanliness and the above standards are consistently applied, the manager should undertake a minimum of a daily walk round/audit and take immediate action where required.

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

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

3. To keep people safe, meet their health needs and enable people to get the most out of life, the provider should ensure there are sufficient staff consistently rostered.

In order to achieve this, the provider should include, but not limited to:

- a) continue to review the overall support and skills mix required by people who live in the Meadows and use this to identify accurately where staffing hours require to be increased;

- b) continue to maximise opportunities to recruit people into the vacant posts; and
- c) ensure that staffing is regularly evaluated to demonstrate that it is responsive to people's changing needs.

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

'My needs are met by the right number of people' (HSCS 3.15); and
'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should continue to regularly review and seek advice from external health care professionals to inform people's care and support needs. Any change in a person's health and care needs or in people's risk as a result of a review or advice given, should be:

- a) immediately updated in any appropriate documentation, for example re-positioning charts; and
- b) updated within the care plans.

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

'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.16) and

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

This area for improvement was made on 5 August 2021.

Action taken since then

This area for improvement has been met. See Key Question 1 above – 'How well do we support people's wellbeing?'.

Previous area for improvement 2

The service should continue to make improvements to their care planning documentation. This should include simplifying the care plans to ensure they are easy to read, are understandable and provide easily accessible and accurate information to staff about people's specific care needs.

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

'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.16)

This area for improvement was made on 15 July 2021.

Action taken since then

This area for improvement has been met. See Key Question 1 above – 'How well do we support people's wellbeing?' and Requirement 1.

Previous area for improvement 3

To minimise the risk of cross infection between people and different areas of the environment, the service should ensure they;

- a) review their current arrangements for handling of potentially infectious linen to the laundry to reduce the risk of the spread of infections is undertaken; and
- b) continue to work with health and social care partners to obtain accurate infection prevention and control advice and provide staff training opportunities.

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

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

'I have confidence in people because that 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 5 August 2021.

Action taken since then

This area for improvement has been met. See Key Question 7.2 above - 'How good is our care and support during the COVID-19 pandemic?'

Previous area for improvement 4

To keep people safe, to meet their health needs and enable people to get the most out of life, the service should ensure that there are sufficient staff consistently rostered.

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

'My needs are met by the right number of people' (HSCS 3.15); 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 5 August 2021.

Action taken since then

This area for improvement has not been met. See Key Question 7 above – 'How good is our care and support during the COVID-19 pandemic?' and area for improvement 3.

Previous area for improvement 5

To ensure that all people are able to enjoy a positive dining experience and are supported to make individual food choices. In order to achieve this, the provider must ensure:

- a) all people living in the service experience a consistent dining experience;
- b) menus are display each day in an appropriate format;
- c) 'show and tell' menu plates are used to support those people who live with dementia or have

communication difficulties.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS 1.34);

'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 15 June 2021.

Action taken since then

This area for improvement has been met. See Key Question 1 above – 'How well do we support people's wellbeing?'

Previous area for improvement 6

To ensure that people's medical needs are consistently met. In order to achieve this the provider must ensure that people's medication including pain relief is administered as intended and prescribed.

Staff should evaluate the efficacy of medication to ensure people's pain is well managed.

This is in order 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).

This area for improvement was made on 15 June 2021.

Action taken since then

This area for improvement has not been met. See Key Question 1 above – 'How well do we support people's wellbeing?' and Requirement 2

Previous area for improvement 7

The provider should implement a structured system of supervision and appraisal. These meetings should provide staff with an opportunity to directly reflect on practice, discuss changes in guidance or learning opportunities relevant at this crucial time.

This is in order 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)

This area for improvement was made on 15 June 2021.

Action taken since then

This area for improvement has been met. See Key Question 7 above – 'How good is our care and support during the COVID-19 pandemic?'

Previous area for improvement 8

To ensure that the service evidence the good care they provide to people with tissue viability needs they should complete all assessment and wound treatment care plans as planned. This will provide a consistent and accurate record and support a regular evaluation to be carried out of each person's wound/pressure ulcer. This will help ensure that the care provided remains appropriate to support good healing and positive outcomes for people.

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 22 January 2020.

Action taken since then

This area for improvement has not been met. See Key Question 1 above – 'How well do we support people's wellbeing?' and Requirement 1

Previous area for improvement 9

The provider should review communication methods to people's named representatives and ensure they are fully involved as they are legally entitled to do so. All communication to resident's representatives should be recorded to evidence this.

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

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

This area for improvement was made on 1 May 2021.

Action taken since then

This area for improvement has been met. See Key Question 1 above – 'How well do we support people's wellbeing?'

Previous area for improvement 10

People residing in care and do not have English as their first language, should be given the opportunity to ensure they can converse in their language of choice. The provider should ensure they support people to converse in their language of choice and seek appropriate resources to do so.

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

'I can access translation services and communication tools where necessary and I am supported to use them' (HSCS 2.10).

This area for improvement was made on 1 May 2021.

Action taken since then

This area for improvement has been met. The Provider uses a 'Language Line' which is available for people to access translation if required. The service did not have any people whose first language was not English at the time of the inspection. However, they provided assurance that people would be supported with translation if required.

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
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
1.4 People are getting the right service for them	3 - Adequate

How good is our care and support 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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