

The Meadows (Care Home) Care Home Service

Meadow Road
Dornoch
IV25 3SF

Telephone: 01862 811 133

Type of inspection:
Unannounced

Completed on:
20 June 2023

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.

All bedrooms are single occupancy with en-suite toilet and wash-hand basin. Assisted bathrooms are available upstairs and downstairs.

There is a large, attractive dining room downstairs and communal lounges on both floors. A lift enables people using the service to access the dining room and upstairs bedrooms which is suitable for use by people with disabilities.

The service is provided by Dornoch Medical Limited.

About the inspection

This was an unannounced inspection which took place over three days by one inspector from the Care Inspectorate between 14 and 16 June 2023.

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

In making our evaluations of the service we:

- spoke with thirteen people using the service and nine of their family/friends/representatives and received seven completed online surveys
- spoke with twelve staff, management and received eleven completed online surveys
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals and received one completed on line survey.

Key messages

- Care staff supported people with sensitivity, warmth and affection.
- The service continued to forge strong relationships with the local community.
- Meaningful connections with family and friends could be enhanced with improved telecommunications and technology in people's rooms.
- The service needs to ensure everyone has access to planned activities or offer more one to one support.
- Quality assurance systems were of a good standard.
- The staff team worked well together and morale had improved.
- The service had worked hard to recruit new staff.
- The home had benefited from continuing improvements to the environment.
- Care plans were of a good quality and up to date.

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

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, outweighed areas for improvement. Whilst some improvements were needed, the strengths identified, had a positive impact on people's experiences.

Staff treated people with sensitivity, warmth, and affection. People benefited from positive relationships with all the staff and said:

"I like it here because I know everyone"

"They are nice to me even though they have a lot to pack in the day"

"I don't think we could get a better home".

Most relatives confirmed they were happy with the care and support their loved one's received and said;

"My relative's quality of life has improved so much since going into the home and he is happy and settled"

"My relative feels happy and comfortable with the staff and has developed a genuine trust in them"

"They have made amazing progress with (my relative's) personal care and all the little things which were such a huge challenge at home for years".

Considerable effort went into people's birthdays and special events. Strong links with the local community remained in place and local groups were supporting The Meadows with their planned garden improvements. Group activities were undertaken regularly and trips out in the home's minibus was a regular feature.

Families told us;

"There is always music on, sometimes a wee bit impromptu dancing and evidence of special activities, like Easter celebrations and the Coronation".

However, some relatives felt their loved one's did not access these events and needed more encouragement. For example;

"I feel the team need to help the shyer residents more and do more one to one"

"My relative has said to us that she doesn't get asked"

"It would be lovely if staff were able to sit with (my relative) more often when alone".

The majority of families felt people were supported to maintain connections with them, although some said, improved digital participation would enable better connectivity with families who live remotely. We have made an area for improvement to address these concerns. (See area for improvement 1).

Most families had confidence that the home would keep them informed about any changes in their loved one's health. For example;

"Staff are always happy to discuss any changes in (my relative's) health"

"I always get a phone call if there are any concerns about their health".

People's mealtimes provided an opportunity to be sociable in a relaxed atmosphere. The dining room benefited from good quality furnishings and tableware. Food was of a good standard, home cooked, fresh, and hot with a choice available. Home baking and hot drinks were available in between mealtimes. People's preferences were respected. Where someone was not eating, staff gently offered support and assistance in a warm and encouraging manner, offering alternatives to ensure their dietary needs were met.

The provider had successfully introduced an electronic medication system last year. This gave assurance that people's medication needs were administered, as prescribed and intended. Any improvements needed in medication management were dealt with quickly. However, we raised the need to ensure that where a person was identified as being at risk from choking, the service's medication risk assessment took account of this. Care staff who supported people's medicine needs undertook an annual review of their knowledge, skills, and competencies or earlier if required. This provided confidence that well trained staff administered medication.

To support people's mental health and general wellbeing, there were good links with external services such as general practitioners, podiatrist, and community psychiatric nurses. They were regularly involved in providing advice and support which was followed and documented. This made sure people received the most appropriate support by the right person at the right time to maintain their health and wellbeing.

For example, people who were living with dementia could become restless and feel stressed. It was evident that the service sought advice about the best way to support someone in this event. They responded promptly to reduce people's anxiety, with warmth and encouragement. However, due to the number of newly recruited staff, we discussed the need to ensure they received training in supporting people experiencing stress and distress. (See section 5 and area for improvement 1).

Areas for improvement

1. To enhance people's wellbeing and support people to maintain their interests and make meaningful connections to get the most out of life, everyone living in the Meadows should have the opportunity to participate in both indoor and outdoor activities. This should include but not limited to:

- a) the regular provision of group and one to one activities which are reflective of people's choices and preferences;
- b) activity is tailored to people's identified needs which are clearly set out in an individualised activity plan;
- c) improve telecommunication and technology within people's rooms to enable them to remain in contact with relatives and friends as well as benefit from the opportunities of internet access to entertain and maintain their interests; and
- d) activities should be planned, delivered, and evaluated on a regular basis to ensure they remain relevant for each person.

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 recreational, social creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25) and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. This means there were important strengths with some areas for improvement in quality assurance to drive change and improvement.

There had been recent changes in the management team. Feedback from relatives and staff about the impact of this was favourable overall. One staff member commented, "there is a lot more structure and staffing levels have improved".

The service had responded to previous inspection feedback and had taken effective action to address areas for improvement. The service had a detailed improvement plan which set out the priorities for service development within identified timescales.

The views of people who experienced care in The Meadows had been sought. Recent surveys, including mealtime experience, provided a positive insight into how people felt about their care. Meetings with people living in The Meadows and relatives took place regularly. These events were an opportunity to hear feedback and plan future events and discuss the garden improvements.

Some relatives said they could raise concerns and had confidence the managers or staff would deal with their worries; however, this was not consistent and could be improved. For example, we were told, "We find communication as a whole in the home less than we would expect". This was because some families had experienced a delay in receiving a response after raising concerns and timely action had not been taken. To encourage a greater emphasis on listening to and responding to people's feedback to improve people's care, we have made an area for improvement. (See area for improvement 1).

There were robust systems in place to identify risks and plan appropriate actions in the event of an adverse incident or accident, such as a fall. For example, a post fall review was completed which looked at what had gone wrong and what actions were needed to reduce a person's risk of falling again. As a result of these reviews, appropriate risk assessments and care plans were amended. This included guidance for staff about how to reduce a person's risk in the future. For example, the use of walking aids or regular observation.

Training for new staff was of a good standard and included moving and assisting people. Records indicated the majority of staff had recently completed their core training, such as infection prevention and control (IPC) and dementia awareness. However, with the exception of IPC practice and medication administration, there was limited evidence that direct observation of staff to assess the impact of any completed training and care standards were being routinely undertaken. To ensure there is regular assessment of staff competencies across a range of care activities, such as providing personal care, we have made a new area for improvement. This will enable staff to identify their learning needs to further improve practice and outcomes for people. (See area for improvement 2).

In addition to improving practice through observation, all staff should have regular opportunities for protected time with their line manager to discuss their practice, training, and support needs. However, just under half the staff had been involved in a one-to-one supervision this quarter. Records confirmed these quarterly reviews provided an opportunity to reflect on the preceding year and identify strengths as well as areas for development. These measure all provide confidence that staff are trained, competent and skilled.

Areas for improvement

1. To make sure people experience high quality care and support which will enable positive outcomes for people, the service should, at a minimum, take steps to ensure that people feel confident about giving feedback and raising concerns. Any concerns raised should be responded to and prompt action taken and in a spirit of partnership, learn from mistakes.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I know how, and can be helped to make a complaint or raise a concern about my care and support (HSCS 4.20) and 'If I have a complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

2. To make sure people experience high quality care and support which will enable positive outcomes for people, the service should, at a minimum ensure:

- a) competency assessments across a range of care activities are undertaken with care staff;
- b) these assessments are effective in identifying any gaps in skills and knowledge which should inform staff's individual training and development plan;; and
- c) where there are indications of poor practice, this is recognised, and prompt action is taken to address this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS3.14).

How good is our staff team?

4 - Good

We made an evaluation of good for this key question. This means there were important strengths with some areas for improvement to make sure staffing levels can meet the needs of people.

We saw that staff had developed positive relationships with individuals. They enjoyed their work and were flexible in supporting people and each other at times of staff shortages. Staff described having a strong team who worked well together to "enrich people's lives". Communication between care staff, nurses and senior carers was effective. Staff who were not involved in providing direct care and support to people, also played an important role in talking with and supporting people. This meant people benefited from a team that worked well together with the aim of providing support that was consistent and stable.

Significant effort and attractive welcome packages had resulted in new staff joining the service from abroad and locally which was having a beneficial impact on staff morale. There was less reliance on agency workers and staff felt that improved staffing and skill mix had made a positive difference to people's lives because, overall, they had more time to provide care and support.

However, the number of care staff on duty during the weekend remained a concern. Families and some staff said staffing levels were inconsistent with either too many or not enough carers on duty. Some people who lived in The Meadows told us, "Sometimes I have to wait a long time for my call bell to be answered".

Furthermore, there were some continuing vacancies and last minute absences which meant there were periods with less staff to support people to keep active and undertake individual activities. Whilst staffing levels had some additional capacity to use when people were unwell, at end of life, or stressed and

distressed, we discussed how this could be further improved to provide responsive support for people when they needed it most. We have made an area for improvement to address these issues. (See area for improvement 1).

In conclusion, good progress had been made. The full benefits have yet to be realised due to the recent introduction of staff who were new to their role. Moving forward, the service and provider were committed to continuing to recruit staff to outstanding vacancies and providing support to retain their current staff team.

Areas for improvement

1. To ensure people's care and support needs are met by the right number of people, the service should;

- a) ensure the inconsistencies in weekend staff levels are addressed as soon as possible; and
- b) consider having additional contingencies in place to be able to increase the number of staff available, including nights and weekends, when people's support needs and dependency levels are high.

This should include, but not limited to times when people are approaching end of life, are very unwell or experiencing stress and distress.

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 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any unknown vulnerability or frailty' (HSCS 3.18).

How good is our setting?

4 - Good

We made an evaluation of good for this key question. This means there were important strengths, however improvements to the environment are required to maximise wellbeing.

People living in The Meadows benefited from a comfortable and homely setting. The environment was relaxed, and overall, it was clean and tidy. Housekeeping staff worked hard to keep the environment clean whilst maintaining a homely atmosphere. People's laundry, bed linen and towels were managed to a good standard. All these measures minimise the risk of spread of infection.

There had been continuing investment in the fabric of the building. For example, new windows have been installed and the large communal bathrooms have been or are being refurbished. The environment benefited from good quality furnishings which were kept clean. This meant people benefited from living in a safe and well-maintained environment. Some families had experienced delays in the provision of safety equipment and repairs, which was raised during the inspection. Overall repairs and maintenance were addressed effectively, including fire safety, water temperature checks and fire training to keep people safe.

The care environment was relaxed. The dining room was a pleasant and homely area to enjoy a meal. The bedrooms were of average size with good light and views outside, although en-suite shower facilities would be beneficial. There was a continuing need for new furniture and furnishings in some bedrooms. It was positive that the provider was committed to a plan for further improvements to the environment. Any future improvements should take account of the King's Fund dementia friendly good practice guidance. (See area for improvement 1).

The garden area was large. A few people were using the area during the inspection. To improve access and use of the garden, the service had ambitious plans to make improvements which included the introduction of raised flower beds, circular and returning pathways. This will make sure the outside space is more attractive, accessible for walks and fresh air and safer for everyone and for people living with dementia. (See improvement 1).

Areas for improvement

1. To ensure The Meadows is a safe and well-maintained setting for the people who live there, the provider and service should continue to make improvements to the environment, both indoors and outside. All improvements should follow the principles for dementia friendly design. This should include but not limited to;

- a) bedroom décor and furnishings; and
- b) ensure people living in The Meadows have access to a safe outdoor space for fresh air and exercise.

This is in order to ensure the setting is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.17) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.3).

How well is our care and support planned?

4 - Good

We evaluated this key question as good. This means there were important strengths, however some improvements are required to ensure support planning consistently informs all aspects of the care and support people experience.

Effective action had been maintained to improve the standard of care planning and record keeping. Health and risk-based assessments were completed when people moved into The Meadows. The results of these assessments informed their care plans. For example, setting out how staff were to safely support individuals' eating and drinking, skin care needs or keep people safe.

These assessments, such as skin damage risk assessments, were up to date and were being reviewed monthly. Improvements in wound care had been maintained, for example where a person had a pressure ulcer. Wound treatment records were completed accurately and provided good evidence of the progress of the pressure ulcer. Records of when a person had received skin care or had been repositioned while in bed were generally well maintained with some recent exceptions. However, where people were sitting in a chair for long periods and unable to change their position independently, they also need to be encouraged to move regularly. These actions are vital to prevent a pressure ulcer. We have made an area of improvement to address this. (See area of improvement 1).

Nutrition care plans were up to date. Appropriate referrals to the dietician had been made. Regular oversight of people's nutritional intake and weight was being undertaken. These actions provided assurance that their nutritional health was being monitored. However, where a person was at risk of dehydration, staff should accurately record their fluid intake to identify if they are not drinking enough. This will provide assurance that people benefit from access to enough fluids as well as a varied, well-balanced diet. (See area for improvement 1).

People who were at risk of falls had sensor mats in their rooms where appropriate, to alert staff. The service had all the necessary consents in place for these and for the use of bed rails where people were not able to fully express their wishes and preferences. This ensured people's rights and choices were respected.

Similarly, it is important that people or their representatives are involved in saying what outcomes are important to them for their care and support. A good number of people and their families or those important to them had been involved in reviewing their loved one's personal plans within the last six months and the service had a plan to ensure these were undertaken twice a year. This will ensure people benefit from an opportunity to inform their personal plans, to take account of their wishes, choices and to help people to live well, right to the end of their life.

The team had continued to make sure that people's care plans were up to date and accurately reflected their current care and support needs with a good result. However, the current documentation folders were large and time consuming to maintain. The service was looking forward to the introduction of an electronic care planning system which will be easier to use and monitor, to make sure standards in care planning and record keeping were maintained.

Areas for improvement

1. To ensure that people can have confidence that staff will support them to stay healthy the provider should at a minimum ensure:

- a) the prompt recognition of the level of risk of skin damage and ensure support plans contain the most up to date information about promoting movement to reduce this risk;
- b) where people are at risk of underhydration, fluid balance charts are accurately maintained; and
- c) staff have access to training in supporting people who are living with advanced dementia and the prevention of stress and distress.

This is in order 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) 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' (HSCS3.14).

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

To support people's wellbeing, the provider should, at a minimum:

- a) ensure there are sufficient staff on duty and staff take responsibility for encouraging people to access the

gardens to promote an active life and support people to be able to take part in meaningful activities and conversations;

b) develop personal activity plans for people; and

c) ensure activity is discussed, and that related outcomes are being met and evaluated.

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

- 'I can choose to have an active life and participate in a range of recreational, social creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25); and

- 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)

This area for improvement was made on 12 July 2022.

Action taken since then

The activities team had made progress and when staffing levels allowed they and care staff were able to use their time to support people with meaningful activities. However, there were still some improvements required to maximise wellbeing. Therefore, this area for improvement has been re written.

See section 1 and area for improvement 1 above.

Previous area for improvement 2

To ensure that people can have confidence in the staff and their care and support needs are met, the Provider should ensure;

a) that all care staff complete all essential training with an initial focus on skin care and the prevention of skin damage;

b) this should include but not limited to, the recording of topical medication records to ensure these are accurately recorded;

c) that care staff complete training in long term conditions such as Parkinson's disease; and

d) there is an on-going assessment of staff competence and skills and where there are indications of poor practice, this is recognised, and prompt action is taken to address this.

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)

This area for improvement was made on 12 July 2022.

Action taken since then

During the inspection we saw evidence that staff have skin care included in their Core Essentials training, which includes hydration awareness, and nutrition and hydration.

Skin damage risk was covered in moving & handling theory and practical and also within adult support and protection training. The service had offered senior care staff face to face pressure ulcer prevention training

and have received support from NHS Highland who have delivered training in skin care routines and related documentation.

However, the on-going assessment of staff competence and skills, with the exception of infection prevention and control and medication competency has not been established.

This area for improvement has been partially met and therefore rewritten.

See Section 2 and area for improvement 2 above.

Previous area for improvement 3

To ensure quality assurance and improvement positively impacts on the care and support people receive, the service should ensure that improvements to the current quality assurance processes are made, to include, but not limited to;

- a) a meaningful root cause analysis (RCA) is routinely undertaken in the event of a grade 2 or above pressure ulcer or fall/incident; and
- b) actions are fully completed when improvement is identified because of a complaint, care review or RCA and measures are in place to ensure improvement is sustained.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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
- 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 12 July 2022.

Action taken since then

Good progress had been made in this area. Robust system quality assurance processes were in place and there was evidence of these being used proactively to raise and embed standards and to ensure compliance. Adverse incidents, such as an accident, were well documented as part of the service's quality assurance system.

This area for improvement has been met.

Previous area for improvement 4

To ensure the health, welfare and people living in the Meadows are met, the provider must ensure that sufficient qualified and competent staff are working in the care service at all times.

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

This area for improvement was made on 12 July 2022.

Action taken since then

Significant effort and attractive welcome packages had resulted in new staff joining the service from abroad and locally which was having a beneficial impact on staff morale.

There was less reliance on agency workers and staff felt that improved staffing and skill mix had made a positive difference to people's lives because, overall, they had more time to provide care and support.

However, there are further improvements needed to ensure consistent staffing rotas are in place, particularly at weekends and ensuring contingency/flexibility to enable a more responsive support when people might be unwell, at end of life or presenting as stressed.

See section 3 and the new area for improvement 1 above.

Previous area for improvement 5

To meet the needs of all people living in the Meadows, the service should continue to make improvements to the environment, both indoors and outside. All improvements should follow the principles for dementia friendly design and ensuring people are protected from the spread of infection. This should include, but not limited to:

- a) making improvements to the sluices and domestic storerooms to include de-cluttering, new hand washing sinks and flooring;
- b) ensuring furnishings such as lounge chairs and people's bedroom furniture are always clean and in good condition; and
- c) an improvement plan which includes the recommendations for priorities and timescales.

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

- 'My environment is secure and safe' (HSCS 5.17); and
- 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.3).

This area for improvement was made on 12 July 2022.

Action taken since then

Good progress has been made and it was positive that areas previously identified have been addressed. This area for improvement has been met.

To reflect the outstanding improvements needed to the garden and ensure furnishings in people's rooms are in good condition, we have made a new area of improvement.

See section 4 and area for improvement 1 above.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.