

Etive House Care Home Care Home Service

Benderloch
Oban
PA37 1QW

Telephone: 01631 720 278

Type of inspection:
Unannounced

Completed on:
14 October 2021

Service provided by:
Etive House Care Home Ltd

Service provider number:
SP2019013363

Service no:
CS2019376878

About the service

Etive House Care Home is registered with the Care Inspectorate to provide a care home service to a maximum of 62 older people assessed as requiring residential care. The provider is Etive House Care Home Ltd.

The service has been registered since 11 November 20. There were 46 residents living in the home during our inspection visit.

The home is situated in the village of Benderloch near Oban. The accommodation is within a purpose-built two storey building. The home is divided into four care units, two on each floor.

Pleasant lounge and dining areas are available on each floor with additional quiet rooms and an activity hub.

Each unit has several bedrooms with ensuite toilet facilities. These are supplemented by shared assisted bathroom and shower rooms.

Garden areas are accessible on the lower floors with outside furniture.

What people told us

We spoke to some people living in Etive House and observed individual, and small group exchanges with residents. Staff were seen to engage with residents who responded well to staff and appeared to be very content in their company.

We were able to speak to several relatives visiting the service. Overall, they felt staff provided helpful support and created relationships that made a difference to people's lives.

We asked people using the service and their relatives to share their recent experiences of Etive House and we received positive comments about the quality of the staff. People said the staff were friendly and kind, they also told us,

- the best thing is regular contact with the manager,
- the staff are very responsive to requests with very good communication, swiftness, and action,
- the homeliness and the friendship is the best, its first class,
- nothing to improve from our perspective,
- no resistance to family visiting the service has worked very well with the guidance,
- this is a great place, and my dad has come on leaps and bounds,
- the care is great here and everyone is helpful and nice, even when they are busy,
- when you call, staff can tell you immediately what is going on,
- no concerns the staff are very caring,
- very much been treated with kindness, respect, and dignity.

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
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How good is our care and support during the COVID-19 pandemic?	4 - Good
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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 observed warm relationships between staff and people living in the home. Staff were mindful of maintaining people's dignity and privacy. People using the service told us the staff were helpful and friendly.

Areas around the home had been adapted to support safe physical distancing. People were able to use an appropriate mix of private and communal areas. We observed there were opportunities to be outside. This should be encouraged to promote good mental health and wellbeing.

During lockdown people had been supported to keep in touch with their families. Visits were taking place following guidance with no unnecessary restrictions. One person told us, 'they are happy to accept that I test myself and we have never had any issues with visiting.' This meant staff were all able to ensure good communication and families felt well supported.

Some challenges with recruitment meant there was a spontaneous approach to activities. Engagement was identified by the service as an area for continued improvement. Additional staffing would help increase the level of meaningful activity for everyone and prevent some people being lonely or isolated. See Area for Improvement (AFI) 1.

Decisions about care and treatment were informed by care plans and a range of good practice tools, reviews, and risk assessments. The health and welfare needs of people were well managed by a knowledgeable staff team. The service had developed close links with external healthcare professionals, who visited regularly. Staff were quick to notice any changes in people's health and follow these up with professionals.

Whilst care appeared to be of a good standard, details about the levels of basic care delivered, was not always recorded in daily communication notes. This was improved during the inspection. The service had plans to commence a full review of care plans. See AFI 2.

People's medication was managed safely and effectively. There were no issues with the supply of medications, and we saw good practice and health outcomes around, for example, pain management. We suggested the service explore a homely remedy supply.

Mealtimes were well managed, and staff had improved peoples dining experience. We observed people were positive about the quality of the food served and range of menu choices. Staff developed mealtimes into a social event to ensure people could enjoy their meals in a calm and unhurried way. This helped to support the health and wellbeing of the people living in the home.

Key information about the nutritional needs of people was well communicated. Food and fluid charts used to monitor daily intake were routinely completed and evaluated. The level of referrals associated with weight loss was appropriate, with virtual support and regular reviews with healthcare colleagues.

Areas for improvement

1. The provider should ensure people's day-to-day activities are meaningful, and accessible for everyone living in the home. This should involve all staff, reflect individual preferences, and include activities to maintain and enhance people's level of independence, skills, and abilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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) and 'People have time to support and care for me and to speak with me.' (HSCS 3.16).

2. The provider should make sure care plans and daily records of care are consistently reviewed and completed. In particular you should ensure:

- a) care and support plans accurately reflect the assessed need of everyone experiencing care,
- b) supplementary records and charts including, for example, personal care and risk assessments are consistently completed and reviewed to assess effectiveness,
- c) the review of actions taken to address any identified improvements with an evaluation of the progress made.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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 assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13); 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23); 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24) and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.18).

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

4 - Good

7.2 Infection control practices support a safe environment for people experiencing care and staff.

Staff followed best practice guidance assessing the health of visitors to reduce the risks of spreading infection. Lateral Flow Device (LFD) testing was in place for visitors and agency staff. Visitors were also encouraged to self-test. This was to assist in the early detection of potential Covid-19 symptoms.

The service had developed and implemented systems to manage the isolation of residents when necessary to reduce the risk of infection. Staff were able to recognise Covid-19 symptoms and maintained helpful contact with the local health protection team.

There was an adequate supply of alcohol-based hand rub (ABHR), personal protective equipment (PPE) was supplied, and we observed staff using PPE appropriately. We saw a range of signage was available to promote hand hygiene, donning and doffing of PPE and respiratory hygiene. These included accessible pictorial and written cues. Clinical waste bins for the safe disposal of PPE were visible throughout the service. Hand washing areas were adequately stocked.

Laundry staff had access to equipment to help them follow guidance for the safe handling, transfer, and thermal disinfection of laundry. The service adjusted information on the laundry colour coding in line with

guidance. The high level of linen trolleys and clinical waste bins should be reduced to create a less clinical environment whilst ensuring they remain close to key points of use.

Staff uniforms were currently washed at the service. Staff changing rooms were available with signage to limit access thus reducing any risks of spreading infection.

The overall environment was seen to be clean and free from odours. We checked a range of equipment, staff, and resident areas. Shared equipment was routinely cleaned between use and documented as such. This meant people were better protected from the spread of infection through contact transmission where equipment was shared.

Housekeeping staff we spoke to told us about normal and enhanced cleaning routines. We signposted the service to the current guidance for the use of Chlorine. This may change in response to an admission or a suspected outbreak.

There was evidence of maintenance for the general environment with routine refurbishment. Surplus stores of products and equipment was being reviewed. The provider took immediate action to declutter areas currently not in use. This was to help reduce risk of transmission and spreading infection.

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

The service used peer support to improve practice along with competency assessments for the use of PPE and hand hygiene. Records were available and had been periodically maintained.

Staff we spoke to were confident about infection, prevention, and control (IPC) practices which presents a risk to those experiencing care. The service should continue to capture, and evidence practice confirming the changing guidance around IPC is consistently implemented into day-to-day practice.

The service should review training compliance levels in other key areas of mandatory training including, for example, adult support and protection, dementia, anticipatory care, skin care, and nutrition. This would help to ensure current, temporary, and new staff are confident with access to a range of appropriate and up-to-date knowledge.

A system for staff development and practice was in place. Team meetings, staff supervisions had been periodically completed. The service identified staff supervision as an area for further continuous improvement to promote good outcomes for people.

The service had a system to ensure the care home maintained a safe level of support for those people experiencing care. This was important to ensure people had access to enough staff with the right knowledge and skills available to support them. The approach to allocation ensured core staff familiar with residents were working within each unit and supported by agency staff where required. To improve consistency the service was using regular agency staff.

Staffing challenges may cause delays around responsive care and support for some people experiencing care. However, staff were working hard and remained committed to doing a good job. We spoke to a relative who told us, 'my dad receives excellent care. He is always clean and tidy, and he is showered when he likes.'

Staff were proactive in the management of people's health needs and sought support from external health professionals and their advice was acted on. This meant people's health needs were being met.

Overall, staff were positive and felt well supported by the management. We saw the service undertook a number of daily, weekly and oversight processes across all departments. This helped to support managerial and clinical overview, communication, and leadership. This was essential to reassure people and families enough staff were available for the wellbeing and safety of residents.

Staff supervisions and training was in place although the planning, management and monitoring of training required some further improvement See AFI 1.

Areas for improvement

1. People experiencing care should have responsive support from the right number of staff with the correct skills and qualifications. The provider should:

- a) maintain a staffing plan for recruitment,
- b) detail how vacant posts will be covered during a recruitment phase,
- c) review and analyse current staffing, skills, and qualifications,
- d) include up to date records of all relevant training and competency assurances of staff,
- e) evidence planned and regular staff supervision.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13); '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); 'My needs are met by the right number of people.' (HSCS 3.15); 'People have time to support and care for me and to speak with me.' (HSCS 3.16); 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

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	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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