Etive House Care Home
Care Home Service

Benderloch
Oban
PA37 1QW

Telephone: 01631 720 278

Type of inspection:
Unannounced

Completed on:
1 February 2023

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 45 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 room which was being converted to a cinema room.

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.

About the inspection

This was an unannounced inspection which took place on 30, 31 January and 1 February 23.
The inspection was carried out by two inspectors from the Care Inspectorate.

This was an unannounced statutory inspection and we reviewed three areas for improvement made at a previous inspection which was completed 14 October 21.

Overall the areas for improvement had been progressed.

At the time of the inspection 45 people were living in the care home.

In making our evaluations of the service we:

- Spoke with six people using the service.
- Observed 13 residents over three days.
- Spoke with two families and friends and gathered feedback by email from others.
- Spoke with staff, management, and external stakeholders.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- Staff knew people well and provided care in a kind and compassionate way.
- Care plans and assessments were reviewed.
- Staff completed daily records of personal care and support.
- Access to homely remedies medications was to be progressed.
- Nutrition management was satisfactory.
- Quality assurance processes were embedded.
- Regular audits informed the service improvement plan.
- Infection prevention and control practices were good.
- Recruitment practices were aligned to safer recruitment guidance.
- Staff had opportunities for planned formal supervision.
- A programme of activity and engagement had been developed.
- Residents were connected with their family and friends through open visiting.
- People expressed a high level confidence in the staff and care service.

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

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 found strengths across key aspects of the care provided. We evaluated key questions as good. This meant staff demonstrated strengths in supporting positive outcomes for people. There were some areas for development which had a marginal impact on people's experience of care.

1.3. People's health and wellbeing benefits from their care and support.

Care plans were supplemented with assessments of people's needs, and outcomes. They helped direct staff about peoples' support needs and preferences. Plans we viewed were seen to be evaluated to reflect changing needs.

Each resident's care plan had a profile section containing important information with key contact details of significant people in their lives, an assessment and a plan of care was based around activities of daily living. We suggested the service record people's preferred name. This was to ensure staff were supported to value and recognise peoples choices, their experience and age.

A well-developed handover report helped substantive, new and agency staff to identify and deliver effective care. Care delivery was at times task focussed. We encouraged the service to explore person centred staff allocation. This was to enable relationship-based care and provide increased traceability.

People's skin integrity and wound care was based on good practice guidance. Assessment, treatment, and ongoing evaluation was led by the community nursing services. Care plans contained a good amount of detail relevant to the person and therefore could be described overall as person-centred.

People had access to a range of allied health professionals (AHPs) to help promote, sustain and improve people's overall health and wellbeing. Residents changing needs were supported by a range of assessments. Managers had implemented RESTORE2. This tool was developed by the Royal College of Physicians and used by staff to help improve the detection of and response to clinical deterioration. This meant we were assured staff were regularly monitoring people's health.

The 'Malnutrition Universal Screening Tool' (MUST) a five-step nutritional assessment tool was used. There were a few instances where information recorded in respect of weight loss was inaccurate. Referrals to the dietician had been actioned. Staff may benefit from a refresher on the application of the MUST step five assessment tool.

First line dietary interventions were implemented in response to assessment. There was additional support at mealtimes for those people who preferred to stay in their bedrooms and needed support to eat and drink. Food and fluid charts included a daily target and routinely included the previous three days targets and totals. Food and fluids records were well maintained.

A four-week cyclical menu had been developed. This may benefit from overview by a qualified dietician to ensure it continues to be nutritionally balanced. Whilst resident's choices for meals were made earlier in the day, alternatives were always available. We discussed the benefits of offering people with cognitive loss visual and verbal choices and suggested menus should be displayed.

People benefitted from a medication management system which adhered to good practice guidance.

Systems to administer and manage 'covert' and 'as required' medications were embedded, and staff used a pain management tool. We encouraged the service to consider the benefits of 'Homely Remedy' medications. This would require protocols and agreement with local GP practices for their use.

Anticipatory care planning was maintained with information around end-of-life choices, capacity, power of attorney and guardianship. People and families were included in decisions about the management of long-term and life-limiting conditions. We saw the service created short term care plans in response to peoples changing health needs.

Reviews were up to date and well planned. This was important to give those living in the care home and those closest to them an opportunity to feel involved in their care and support. We discussed the importance of people and families having an opportunity to read their care plan.

1.4 People experience meaningful contact that meets their outcomes, needs and wishes.

We found evidence of improved opportunities for people to maintain important relationships and be more engaged in a variety of meaningful activities.

There was a dedicated activity co-ordinator in post and another staff member was due to commence. Care staff were also well placed to assist people with participation. This was important to help residents feel connected, especially if they did not have family.

The introduction of the activities program whilst at an early stage had the potential to help people feel more engaged and included within the wider community. Staff were able to support people to stay connected through the use of technology. This was important where people may be required to self-isolate.

Family members and friends were comfortable with the arrangements for visiting. Changes in visiting due to an outbreak or infectious disease was supported with helpful guidance and information.

Meetings were planned to support people to share their views about what worked well for them and what could be improved. This was to help people and families feel they were listened to and could influence changes.

We encouraged the provider to review new and developing activities. This was to ensure they reflected individual preferences in order to ensure good outcomes for people using the service. **See area for improvement (Area For Improvement) 1.**

1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedures.

We reviewed a range of records including the frequent assessment of staff competencies in relation to infection prevention and control (IPC). People could be confident staff had access to regular training needed to help reduce the spread of infection and support them during an outbreak. IPC leads were identified and had completed additional IPC training. Staff we spoke to confirmed they had been involved in observations to help embed good practice.

Staff had easy access to equipment and resources including personal protective equipment (PPE). We observed good hand hygiene and use of PPE by staff. Waste bins for the safe disposal of PPE were visible throughout the service.

The overall environment was clean, uncluttered and well maintained. The service maintained a wide range of multiple cleaning schedules and extensive audit records. Duplication and the addition of further recording templates meant staff were finding the recording and checking of daily cleaning activities overwhelming.

The service was encouraged to review its extensive cleaning schedules in order tom make them more user friendly. These should identify who completed each cleaning task at the appropriate frequency. There was an opportunity to review additional visual checks undertaken by staff on a daily basis. This may release capacity to support frontline cleaning activities in response to changing risks for residents, visitors, and staff.

Following a recent Covid 19 outbreak the service was using a higher than required concentration of chlorine for environmental cleaning. This oversight was addressed during the inspection and a fresh solution of general-purpose neutral detergent was used for all routine environmental. A combined detergent and chlorine solution was prepared daily to provide a 1000 parts per million available chlorine which was used on all sanitary fittings. We signposted the service to the Care Home National Infection Prevention Control Manual (NIPCM). **See Area For Improvement 2.**

Laundry staff followed current guidance for the handling, transferring and thermal disinfection of laundry. The current layout of the laundry and the use of additional equipment supported the safe flow of used, infected and clean laundry.

Areas for improvement

1.
The service should ensure people's day-to-day activities are meaningful, and accessible for everyone living in the home. They should as a minimum:

a) involve all staff,
b) reflect peoples individual preferences,
c) maintain and enhance people's level of independence, skills, and abilities,
d) maintain records of meaningful engagement and activity.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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 service should review its cleaning schedules and ensure staff use products in line with the Care Home National Infection Prevention Control Manual (NIPCM). This should include the correct concentration of chlorine on sanitary ware to help minimise risks around contact transmission for all listed pathogens.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our leadership? 4 - Good

The registered manager and deputy were visible and responsible for the delivery of all aspects of care on a day-to-day basis. People living in the home benefited from the support from the care team.

Resident's health benefitted from a range of visiting health professionals who were able to support a positive impact on people's health. This responsive approach ensured the safe management of individuals assessed and changing healthcare needs.

The service used a dependency tool often reviewed weekly. This meant staffing arrangements were informed by the assessment of peoples' nursing and care needs. There was sufficient staff rostered to respond to people's needs with a developed plan to meet any deficits.

At the time of inspection there was reducing reliance on agency staff due to successful international recruitment. Contingency plans were also available for bank and agency staff usage. This was important to ensure staff with the right knowledge and skills were available to support residents.

Quality assurance was well developed both at service and organisational level. This included access to information, audits, and reports to help inform improvement actions. Staff were pro-active in reporting and assessing incidents, accidents, risks, and sharing information to protect people from harm.

The service maintained a range of key clinical indicators which meant staff were proactive and responsiveness to day-to-day care. People were working hard to ensure the clinical overview provided good outcomes for individual's health, safety, and wellbeing.

Access to mandatory, statutory, and additional training was supplemented with the introduction individual staff training plans. Supervisions were being undertaken in all departments. This was supplemented by regular observations, competencies, and audits of staff practice.

Records of meetings with residents were available and meetings with families had been planned. The service had undertaken caring conversations. This involvement in decision making offered people and families experiencing care a sense of inclusion.

Quality assurance systems and audits were overall well developed to monitor key areas of care delivery. The service improvement plan demonstrated how changes identified as part of quality assurance and audits were to be managed. This helped to ensure expectations and outcomes were being met and people experiencing care informed the service improvement plan.

We asked the service to review the arrangements for the regular monitoring and maintenance of bedrails to ensure people were safe. **See Area For Improvement 1**

Areas for improvement

1.
Bed rails are considered work equipment when used in care homes. They are also 'medical devices', and product safety issues fall under the authority of the Medicines and Healthcare products Regulatory Agency (MHRA).

In order to ensure their safe use, bed rails should be :
a) included in planned preventative maintenance programme,
b) maintained in accordance with the manufacturer's instructions,
c) traceable, for example by using the manufacturers serial number,

In addition, records should be kept of inspections, repairs and maintenance completed on bed rails and staff should be deemed competent to maintain this equipment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices '(HSCS 5.21).

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 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 (HSCS) 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) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.24).

This area for improvement was made on 14 October 2021.

Action taken since then

Care plans were supplemented with assessments of people's needs, and outcomes. They helped direct staff about people's support needs and preferences. Plans we viewed were seen to be evaluated to reflect changing needs.

Resident's changing needs were supported by a range of assessments and supplementary records and charts. Reviews and evaluations were generally up to date and well planned.

We asked the service to continue to improve care and support planning including records of peoples day to day care and engagement in meaningful activities. We considered this area for improvement to be met

Previous area for improvement 2

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 (HSCS) 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).

This area for improvement was made on 14 October 2021.

Action taken since then

Overall we found evidence of improved opportunities for people to maintain important relationships and be more engaged in a variety of meaningful activities. There was a dedicated activity co-ordinator in post and another staff member was due to commence.

The introduction of the activities program was at an early early stage. We acknowledged the progress around meaningful engagement and agreed a new area for improvement. **See ongoing area for improvement (AFI) 2**

Previous area for improvement 3

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 (HSCS) which states: '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)

This area for improvement was made on 14 October 2021.

Action taken since then

We found the recruitment process to be well informed by the principles of 'Safer Recruitment, Through Better Recruitment' guidance.

Management and staff understood their responsibilities for professional registration with for example, the Scottish Social Services Council (SSSC). This included a robust overview to ensure staff are suitably registered and information regularly audited.

Staff induction training was satisfactory. Staff had access to online training, and a range of face-to-face training. To manage the range of statutory, mandatory, and additional training, the provider had systems to capture and maintain records of all training. Supervisions were being undertaken in all departments. This was supplemented by regular observations, competencies, and audits of staff practice.

At the time of inspection there was reducing reliance on agency staff due to successful international recruitment. Quality assurance audits on personnel files would help to inform further improvements around recruitment. We considered this area for improvement to be met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - 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

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