

North Argyll House Care Home Service

Bealach-an-Righ
Dunollie Road
Oban
PA34 5TG

Telephone: 01631 562 168

Type of inspection:
Unannounced

Completed on:
7 March 2024

Service provided by:
North Argyll Eventide Home
Association Ltd

Service provider number:
SP2015012517

Service no:
CS2015338261

About the service

North Argyll House is a care home for older people located in Oban. It is registered with the Care Inspectorate to provide support to 23 older people. There were 22 people resident at the service during this inspection.

The accommodation is on two levels, ground and first floor with lift access. Rooms are for single occupants and all have a toilet and wash hand basin, some rooms have shower facilities. Communal areas include three lounges, dining room, and accessible outside areas including gardens. The service is located close to the town centre of Oban.

The service is owned and operated by North Argyll Eventide Home Association Ltd, a not-for-profit organisation with historic links to the area.

About the inspection

This was an unannounced inspection which took place on 4, 5, 6 and 7 March 2024. The inspection took place at varied times each day between the hours of 07:30 and 18:00. The inspection was carried out by one inspector from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with three people using the service and six family members
- received survey responses from 12 family members and five people using the service
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff understood people's needs and preferences and communicated clearly, helping people to feel included and respected.
- The service had effective links with external health and social care professionals to support health and wellbeing.
- People needed more opportunities for meaningful activity and interaction.
- Quality assurance systems were in place but required improvement to ensure effective oversight and development of the service.
- Staff needed further training and development opportunities to promote consistent good practice.
- People benefitted from a comfortable, clean and homely environment.
- The service had experienced reduced staffing, but was taking steps to address this through international recruitment.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	5 - Very 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 evaluated this key question as good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. Strengths had a significant positive impact on people's experiences and outcomes.

The service provided compassionate care which reflected people's views and preferences. People were involved in decision making, and interactions between people and staff were warm and encouraging. Staff understood people's needs and preferences and communicated clearly with them. This helped people to feel respected and listened to. There was a small staff team who worked well together. This helped provide continuity and enabled staff to share information about people's needs. Visitors were welcome at all times, and those we spoke to told us they were encouraged to provide feedback to staff and the manager about their loved ones' care. Feedback from people and their families during the inspection and from survey responses was very positive about the quality of care in the service.

People were encouraged to choose where they spent their time and had a variety of comfortable and attractive places to spend their time each day. Some areas were peaceful, whilst others were busier with more opportunities for interaction with others. Some people chose to spend time in their own rooms which were personalised and comfortable. Some people were encouraged to maintain their personal interests, but for those who were less independent, there were limited options for meaningful activity. We observed missed opportunities for providing one-to-one and small group interactions. This meant that people lacked opportunities to participate in activities that were meaningful to them. Staff told us that the service had been short-staffed which made it more difficult to spend one-to-one time with people. Staff responsible for leading activities had not received activities training, and activities had not been evaluated to identify how well they met people's needs. We asked the manager to review training and development opportunities for staff to improve experiences and opportunities for people to explore their personal interests.

The service had effective policies in place to help keep people safe from harm. Staff were aware of their responsibility to report concerns about people's wellbeing and had received training in Adult Support and Protection (ASP). Senior staff were knowledgeable about ASP policies and had effective relationships with appropriate partner agencies to support good practice and information sharing. This helped to ensure people were protected from harm and that their legal rights were protected.

The service had effective systems in place to promote good health and ensure access to healthcare from the right people at the right time. Medication systems were well managed with effective oversight from senior staff and managers. The service had links with local health services including GP services, pharmacy and district nursing. Personal plans were clear about the level of support people required to manage their medication and health needs safely. Falls were monitored and all residents had a falls risk assessment which was regularly reviewed and used to analyse risks and seek support where required. People were supported and encouraged to mobilise independently using equipment that had been assessed for their needs. This helped to ensure people were supported to maintain good health and mobility in line with good practice guidance.

The service provided a range of nutritious food and encouraged people to make choices about where they wished to eat. The chef was aware of people's preferences and had completed training to understand different nutritional needs and food textures. People's preferences were recorded in personal plans, but in some cases, more detail was required to ensure the information reflected current needs and preferences. People had regular access to drinks and snacks and had been consulted about their preferences. A recent positive change was the introduction of small fruit bowls in the afternoon which people had requested following a survey. This demonstrated that the service involved people in planning and choosing food and snacks they enjoyed.

Many people chose to eat in the dining room each day which had a pleasant and welcoming atmosphere. We observed staff undertaking a range of tasks before, during and after mealtimes, which meant they appeared rushed and over-stretched at times. We asked the manager to ensure appropriate numbers and deployment of staff during mealtimes to allow sufficient time to support people effectively. Some people told us they didn't feel hungry at dinner time as the time gap between lunch and dinner service was quite short. We asked the manager to review the timing of meals to ensure these were timed for the benefit of people in the service.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While there were some strengths which had a positive impact on people's experiences, these just outweighed weaknesses. Improvements were required to ensure people could experience positive outcomes.

The service had developed some quality assurance processes but improvements were required to ensure leaders had the capacity to oversee the service and drive meaningful improvement. Systems for monitoring quality included oversight of reviews of personal plans, staff training, supervision schedules, and observations of staff practice. We found that information from audits was not always readily available. We asked the manager to review these processes to ensure audit processes were clearly aligned with organisational policy, well organised and scheduled effectively. **(See area for improvement 1)**

Observations of staff practice were not well recorded. It was not clear that meaningful actions were taken from these observations or discussed with staff. Staff supervision had not taken place regularly which meant opportunities were missed to identify staff development needs, promote reflective practice, or provide ongoing guidance and support. Care staff should expect to have frequent opportunities to discuss their practice and development needs in order to meet the requirements of their professional registration. This was an area for improvement at the previous inspection which was not met. **(See previous area for improvement 5)**

The service missed opportunities to involve staff in quality assurance systems which would have enabled them to share their views about areas for development in the service. Team meetings had been sporadic and were not well recorded. Staff told us that they didn't feel involved in the development of the service, but informal day-to-day interactions with leaders were positive and encouraging. Involving staff in quality assurance activities and regular information sharing can promote responsibility and accountability which improves experiences for people.

The manager demonstrated knowledge of what was working well in the service and where improvements were needed. Steps had been taken to gather people's views formally using feedback surveys. Some people told us they were regularly asked for their views and felt involved in changes and developments in the service. The service has a board of trustees who are active and involved in supporting the leadership team to make improvements, including addressing staffing shortages and making improvements to the environment. Oversight of key areas such as people's health needs, medication, nutrition, accidents and incidents was effective and well led with appropriate and timely sharing of information with key professionals.

While leaders understood their role in identifying and supporting improvement, ongoing staffing shortages had impacted the manager's ability to prioritise quality assurance and oversight. Leaders should be able to clearly demonstrate their role in monitoring practice and driving improvement to ensure the service continues to meet people's outcomes effectively.

Areas for improvement

1. To ensure effective oversight of the service, the provider should improve quality assurance processes.

To do this, the provider should ensure, at a minimum:

- a) routine and regular management audits are planned and completed, including oversight of; staff supervision, competency checks, staff training and regulator notifications;
- b) clear action plans are developed and tracked to ensure issues which may negatively impact on the health and welfare of people are identified and addressed;
- c) action plans are regularly reviewed and signed off by an appropriate person once achieved; and
- d) areas for improvement identified in quality assurance checks are added to the service development plan and regularly reviewed.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as good, as we identified a number of important strengths which had a positive impact on people's experiences. Some improvements were required to ensure people consistently experience positive outcomes.

Staff received training and learning opportunities to ensure they had the skills required to meet people's needs. Training at induction was of good quality and covered a wide range of key training, including medication support, identifying changing health needs, moving and handling and good practice in skin care. Staff told us the quality of 'in person' training was good and supported their development.

Some systems were in place to monitor compliance with mandatory training using an eLearning system. Staff told us they were encouraged to keep this training up-to-date. We identified gaps in recording of training compliance so it was difficult to ascertain if training after induction was up-to-date or if any incomplete training had been discussed with staff. It was not clear that there was adequate oversight of staff training and development needs or how these linked to the needs of people in the care home. **(See area for improvement 1)**

There were some arrangements for monitoring of staff competence but these were not always scheduled or recorded. It was therefore difficult to ascertain how competency checks led to identifying learning and development needs of staff. Senior staff demonstrated skills in observing practice and sharing their knowledge with care staff. For example, one senior staff member had developed good practices for supporting staff development through reflective practice and discussion. The service should formalise this practice to demonstrate commitment to staff learning and development.

Staff were confident about approaching senior staff for guidance or advice and were skilled and effective. Some staff didn't have a clear understanding of the Health and Social Care Standards (HSCS) when asked and should have opportunities to discuss the standards regularly as part of supervision, team meetings and handovers. This would support staff to make connections between their own practice and good practice guidance to ensure people's rights are recognised and prioritised.

Domestic staff had recently had an annual appraisal and also attended regular team meetings. This enabled them to feel supported in their role and to identify their development needs. Supervision for care staff had not been taking place regularly which meant care staff had few opportunities to discuss and reflect on their practice. We have made an area for improvement in relation to supervision in Key Question 2 'How good is our leadership?'

There was a comprehensive recruitment policy in place. Recruitment files we sampled largely followed good practice guidance (Safer recruitment through better recruitment, 2023), but we identified some areas where improvements were required. For example, not all references were fully recorded. The provider was in the process of applying for an overseas recruitment licence. We asked the manager of the service to ensure recruitment processes are robust and that there is effective oversight of overseas recruitment to meet Home Office requirements. **(See area for improvement 2)**

Areas for improvement

1. To ensure people are supported by staff who are well trained and competent, the manager should maintain accurate records of completed staff training. Training needs of staff should be analysed and where additional learning needs are identified, these should be recorded with timescales for completion agreed with staff.

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

2. To protect people's wellbeing, the manager should adhere to all elements of the guidance 'Safer recruitment through better recruitment' (2023) and current Home Office guidance for international recruitment.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How good is our setting?

5 - Very Good

We have evaluated this key question as very good, as we identified major strengths which supported positive outcomes for people. Where there were areas for improvement, these had already been identified by the service with work underway to implement improvements.

People benefitted from a comfortable and homely environment which was safe and well maintained. The Kings fund tool 'Is your care home dementia friendly?' had been used by the manager to evaluate how well the home supported people living with dementia. Changes and improvements had been identified and put in place, or added to the service development plan. This helped to ensure people were living in an environment that had been adapted to meet their needs.

People had access to a range of private and communal areas which were homely and inviting. Signage was clear and effective which supported people's independence, where appropriate. People had access to appropriate equipment which had been assessed for their needs and was clean and well maintained. Staff had completed training to assist people to use equipment safely. This helped reduce risk by ensuring people were supported and encouraged to mobilise and use the space in the home safely and within their abilities.

People had been consulted about the décor and layout of the home and recent upgrades to the environment had been completed, including new carpeting and furniture in communal areas. People and families told us they had been given opportunities to influence these changes. Individual rooms were nicely personalised and families told us they had been encouraged to bring personal belongings and furniture to make rooms as comfortable and homely as possible. The environment was welcoming, comfortable and bright. Communal areas were tidy and smelled fresh. Noise levels varied in different lounges but people were able to choose where to spend their time depending on their preferences for music, television, conversation or quiet time.

Cleaning schedules were clear and the environment was kept clean. Domestic staff were aware of their responsibilities to reduce the risk of spread of infection. Laundry processes followed good practice guidance but some improvements were needed when transferring clean linens to ensure they were kept covered. This was to reduce the risk of cross infection from laundry.

Some areas of the home were in need of upgrade, including the dining area, access to the outdoors and the hairdressing salon. These changes had already been identified, were outlined in the improvement plan, and had been approved by the board with works due to commence in the coming months.

The home benefitted from frequent safety and maintenance checks which were clearly recorded with remedial actions followed up as required. This helped to ensure the environment was safe and accessible for people living in the service, staff and visitors.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. We identified a number of important strengths which contributed to positive experiences and outcomes for people. Some improvements were required to ensure people consistently experience positive outcomes.

People were involved in personal planning and plans were kept up-to-date with regular reviews and good quality daily recording. Senior staff were responsible for updating personal plans and understood the importance of accurate record keeping and sharing of information. This helped to ensure people's needs were regularly reviewed and their experiences evaluated.

Six monthly care reviews were taking place and were scheduled in advance. Appropriate people such as professionals, family and people holding legal powers, such as power of attorney, were involved in planning and encouraged to share their views. This helped to ensure people's care was based on knowledge of the person and best practice guidance.

The service demonstrated good practice in future care planning. This was carefully recorded in people's personal plans which reflected their views about their preferences if their health started to decline. This was an area of strength in the service identified by professionals and families who had been supported by the service. This helped families to feel confident their loved one's needs would be met in line with their preferences if they experienced deterioration in their health.

While personal plans reflected people's rights, choices and wishes, the level of detail and clarity in personal plans varied. Personal plans should be audited regularly to ensure all staff are aware of expected standards and supported to develop their skills in personal planning. We asked the manager to ensure staff have opportunities to spend time with the people they support to discuss their personal plans. Senior staff should be encouraged to discuss and record changing care needs with staff to ensure good quality and up-to-date information in personal plans.

Appropriate legal documentation was obtained by the service and clearly recorded in personal plans. This helped to ensure people's legal rights were upheld where they were subject to legal restrictions such as Power of Attorney. Risk assessments were in place where they needed to be and were regularly reviewed. We observed people being supported to maximise their skills and independence, and the risk assessments which were used to support this were clear and meaningful. For example, people were encouraged to mobilise as much as possible rather than using equipment. Their risk assessments outlined how this could be supported and when it would be more appropriate to use mobility equipment.

The electronic planning system allowed for good practice and recording in relation to stress and distress, but this wasn't always used effectively. The manager acknowledged that the planning system could be used more effectively and that staff are still developing their confidence using the system. Further training should be developed for senior staff to support this.

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

Requirements

Requirement 1

By 30 November 2022, the provider must ensure that quality assurance for the service is carried out effectively.

To do this the provider must, at a minimum:

- produce a schedule of routine and regular management monitoring of the quality of care and support, staffing, environment and management and leadership;
- quality audits relating to the above areas must be produced if not in place and kept up-to-date;
- a service development plan must be made available to show how and when improvements will be made; and
- an environmental improvement plan must be made available to show how and when improvements will be made

This is to comply with SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This requirement was made on 25 August 2022.

Action taken on previous requirement

The service had developed audits to monitor the quality of care and support.

The service had a service development plan in place.

An environmental improvement plan was in place and completed actions had been recorded.

The manager of the service is undertaking further work to improve the overall quality of oversight of the service. A new area for improvement will be made to ensure continued development of effective quality assurance processes.

Met - outwith timescales

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

Areas for improvement

Previous area for improvement 1

To support people's health and wellbeing, the manager should keep sufficient records to demonstrate that people's care needs are adequately monitored, actioned and interventions are effective. This should include, but is not limited to, all medication administration and key health information.

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

'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 25 August 2022.

Action taken since then

A new electronic recording system had been implemented in the service which supported effective recording of medication and health-related information.

Personal plans had been regularly reviewed by senior staff to ensure the information was updated and current.

This area of improvement has been met.

Previous area for improvement 2

To support people's health to benefit from safe infection prevention and control practices and procedures, the manager should ensure that staff are familiar with the National Infection Prevention and Control Manual. This includes, but is not limited to, developing written procedures, guidance, checklists and audits based on the best practice guidance contained in the manual.

This is to ensure that care and support is consistent with the 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 25 August 2022.

Action taken since then

The Infection Prevention and Control Manual had been made available to all staff.

The deputy manager was responsible for overseeing IPC procedures.

Regular meetings with the domestic team were taking place to support good practice.

All staff had access to the IPC 'App' on their phones to support their practice. (Preventing infection in social care settings, NHS Education for Scotland, 2023).

Daily and weekly cleaning schedules were in place and are audited by the deputy manager.

This area of improvement has been met.

Previous area for improvement 3

To support people to have confidence in the service to provide high quality care and support, the provider should review and update the service policies and procedures in line with relevant legislation, guidance and best practice.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 25 August 2022.

Action taken since then

All policies had been reviewed and updated by the manager of the service.

Policies were due for review again in 2024.

This area for improvement has been met.

Previous area for improvement 4

To protect people's wellbeing, the manager should adhere to all elements of the guidance 'Safer recruitment through better recruitment' (2016). This includes, but is not limited to, undertaking a written risk assessment where indicated in the guidance.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 25 August 2022.

Action taken since then

This area for improvement was not met, and will be replaced in a new area for improvement in Key question 3 'How good is our staff team?'

Previous area for improvement 5

To ensure people are supported by staff who are confident in their role and who have the opportunity to reflect on their practice, the manager should recommence a schedule of staff supervision in line with the organisations policy. Supervisions should be planned, tracked for completion and documented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 25 August 2022.

Action taken since then

Supervision had not been taking place in line with organisational policy.

This area for improvement was not met, and remains in place.

Previous area for improvement 6

To ensure that people living with dementia experience an environment that supports high quality care and support, the manager should audit the home environment to identify improvements that could be made. This includes, but is not limited to, using the Kings Fund Audit Tool.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

This area for improvement was made on 25 August 2022.

Action taken since then

The Kings Fund audit has been completed by the manager and actions taken to make required improvements.

This area for improvement has been met.

Previous area for improvement 7

To support people to meet their outcomes, the management team should ensure that care plans contain up-to-date and relevant information aligned with best practice guidance.

This includes, but is not limited to, appropriate risk assessments, anticipatory care plans and a robust care plan audit system.

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).

This area for improvement was made on 25 August 2022.

Action taken since then

Personal plans had all been migrated to the new electronic recording system.

Personal plans, risk assessments and future care plans were updated and reviewed monthly by senior staff.

This area for improvement has been 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
1.1 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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

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