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Recorded delivery

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14 September 2018
2018366736
CS2003055110

Dear Sirs

COMPLIANCE WITH IMPROVEMENT NOTICE

On 31 May 2018 you were served with an Improvement Notice in relation to Spynie - (Care Home), Duffus Road, Elgin, IV30 5JG, in terms of section 62 of the Public Services Reform (Scotland) Act 2010 ("the Act"). The Improvement Notice stated that unless there was a significant improvement in provision of the service, Social Care and Social Work Improvement Scotland (hereinafter referred to as "the Care Inspectorate") intended to make a proposal to cancel your registration. The Improvement Notice specified the nature of the improvements to be made, and the period within which they were to be made.

As there has been a significant improvement in the service, the Care Inspectorate has decided not to proceed to make a proposal to cancel the registration of the service. Our conclusions about the improvements made are noted below.

Improvements

1. By 24 August 2018 you must demonstrate to the Care Inspectorate that proper provision is made to meet service users' physical, social, emotional and psychological needs in a way which respects their wishes and choices. In order to achieve this, you must ensure that:

a) each service user and/or their representative, together with relevant professionals, are included in assessing their own needs and planning how those should be met;
b) a care plan is written for each service user which sets out how their needs will be met in a way which respects their wishes and choices. This is in relation to, but not limited to: continence, nutrition, pressure ulcer prevention and supporting service users with stress and distress;
c) identify and implement a system that will ensure that service users receive the care that is identified in their care plan and where there are indications of poor care, this is recognised and action is taken promptly to address this; and

d) there is a process in place to identify and respond promptly when there is a significant deterioration in service users' health and wellbeing or they are unhappy.

This is in order to comply with Regulations 3 and 5 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210)

Outcome:

Each person using the service had either taken part in a review of their care needs or had been supported to do so with their relative or representative. As a result the care plans had been further developed and contained information with regard to their preferences, wishes and choices. Staff were seeking information about people's life history, their abilities and what they needed help with to further support a more person centred way to plan the care and support that was needed. We observed that staff were taking these into consideration when supporting people with their day to day lives.

When speaking with staff there was a better sense of their knowledge of the person and how they could support people with positive experiences. For example there were better interactions from staff when people were anxious and stressed which led to them becoming calmer and then able to take part in an activity. Staff appeared more confident when speaking with people about their worries and concerns. People were being supported with their continence needs in a manner which promoted their dignity and also took into account ways that would promote people's independence. Mealtimes were a more positive social experience and we could see that people were enjoying their meals. Staff supported people with their individual needs and promoted a sense of enjoyment. Choices were offered and drinks were regularly promoted and available throughout the day.

The manager carried out monthly audits for those who were at risk from poor nutrition and wounds. They identified what the risks and issues were and how they were addressing these. They identified allied healthcare professionals involvement and this information then formed part of the care that was needed to promote positive outcomes. In addition the manager had an overview of all visiting healthcare professionals each month and the treatments that were identified.

Monthly audits of the care plans took place; however these were more about ensuring care plans were in place rather than assessing how they were meeting people's needs.

Therefore this improvement has been met.

care inspectorate

2. By 24 August 2018 you must demonstrate to the Care Inspectorate that members of staff relevant to their role are trained, competent and skilled. This is in relation to continence, nutrition, pressure ulcer prevention and supporting people with stress and distress. In order to achieve this you must:

a) ensure that there is an assessment of staff competence and skills in relation to the aspects of care and support identified above;
b) that staff receive training based on the above assessment; and
c) ensure that there is a system in place to assess the ongoing competency and skills of members of staff in relation to the aspects of care and support identified above. Where poor practice is identified, action must be taken promptly to address this.

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

Outcome:

Training opportunities for staff had improved and we could see from the training matrix that had been developed that large numbers of staff had taken part in continence, nutrition, and pressure ulcer and skin care and dementia awareness. Staff we spoke with were very positive about these opportunities and said that they had helped them to refresh their knowledge and practice.

During our observations staff appeared more confident when supporting people with their day to day lives. They showed compassion, maintained people's dignity and offered assistance and support that resulted in positive outcomes. When we spoke with staff they were confident and knowledgeable about the people they were supporting and the needs that they had as individuals. Some relatives that we spoke with said that they could see an improvement in staff's approach and that they were always friendly and approachable. Overall there was a significant improvement in the quality of care people experience.
A large number of staff had taken part in supervision and while this was positive these could be further developed to look at the exploration and assessment of staff's skills. Individual and group discussions could be based around sharing best practice, approaches and challenges to the different areas of care and support. Following staff's training and learning, discussions could look at how these new skills and knowledge could be put into their everyday practice thereby promoting positive outcomes for people using the service.

Therefore this improvement has been met.

3. By 24 August 2018 you must demonstrate to the Care Inspectorate that people's health, safety and well-being needs are met in a manner which promotes their dignity by implementing effective management arrangements for the service. In order to achieve this you must:

a) make proper provision to assess and improve the quality of service users' care and support; and
b) ensure all staff with line management responsibilities are made aware of their roles and that they are given the necessary knowledge and skills with which to fulfil them.

This is in order to comply with Regulations 3 and 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Outcome:

Quality assurance monitoring visits were being carried out and completed by a senior manager and care home manager from another of the provider's services. The manager said that the benefits were around having other independent professionals' perspective as well as providing direction and moral support.

Daily workarounds had been introduced to assess the daily lives of people living in the service. The manager was including reflections on people's experiences; however the documentation format did not prompt other staff to include these types of observations. We advised that the format used could be reviewed and amended to incorporate this.

The manager had an overview of every health care professional visit and the actions needed to be taken to promote people's healthcare.

The manager was monitoring higher risk aspects of people's care such as the risk of malnourishment and people with wounds. There was information about the actions needed to be taken to promote people's healthcare and other allied healthcare professionals who were involved with this.

There was a formal on call rota in place to enable staff to contact the manager or deputy at all times.

We spoke with some staff and they said that they felt more confident with management arrangements and more able and supported in taking any concerns to the manager. They felt that there was clear direction for them in relation to what needed to improve as a result of this enforcement and were positive about how this could be achieved.

Therefore this improvement has been met.

The Improvement Notice dated 31 May 2018 is no longer in force.

A copy of this notice has been sent to the local authority within whose area the service is provided.

Yours faithfully

[redacted]

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cc: Local Authority: The Moray Council
Health and Social Care Moray