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Intobeige Ltd
31-40 West Parade
Newcastle upon Tyne
NE4 7LB

10 July 2020
2019378008
CS2003055110

Dear Sirs

COMPLIANCE WITH IMPROVEMENT NOTICE

On 8/11/2019 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.

Improvement

1.

By 30 June 2020, extended from 10 January 2020 and 10 April 2020, you must ensure that service users' health, safety and well-being needs are met in a manner which promotes their dignity and choice by implementing effective management arrangements for the service. In order to achieve this, you must:

a) ensure that there is leadership of each and every shift to deploy staff to work in specific areas within the care service according to their skills and experience and service users' needs, to monitor the delivery of care to service users given by staff and to ensure that service users are receiving a level of care that is sufficient to meet their needs;
b) have an effective system in place to identify and minimise risks to service users;
c) ensure that service users' care and support is planned, delivered and evaluated with compassion, dignity and respect.

d) ensure service users receive care and support that meets their needs and is right for them.

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

Outcome:

We observed that the service had established a stable management team. Registered nurses were rostered across all shifts and led the delivery of quality nursing care. A clinical lead had been appointed who promoted the health, safety and wellbeing of service users through the appropriate use of health and risk assessments.

Health and risk assessments were up to date, and there was evidence that people's family and or carer were actively involved. We observed the service regularly evaluated people's plans of care to ensure this continued to meet their health and care needs.

The service had established a collaborative working relationship with the GP and advanced nurse practitioner that supported a responsive approach to people's health, safety and wellbeing through the development of agreed pathways of care for the management of urinary infections and wounds.

An allocation sheet was used to lead and plan care for each shift and staff told us that they clearly knew their responsibilities. Staff told us that they felt they had sufficient information to enable them to meet people's health and care needs.

We were told that generally communication between the home and visiting external health practitioners had improved and staff told us that the team worked well together.

Therefore, this requirement has been met.

2.
By 30 June 2020, extended from 10 January 2020 and 10 April 2020, you must ensure that service users' health, safety and well-being needs are met by implementing effective arrangements for the management of medication. In order to achieve this, you must ensure that:

a) prescribed medications are readily available and administered safely in accordance with the prescriber's instructions at all times;
b) 'as and when required' medications are assessed for their effectiveness;
c) body maps are used to identify the areas of application of creams and emollients and the times that these are to be applied.
d) the topical medication administration records are fully completed following each administration and the efficacy of the treatment is assessed;
e) arrangements are in place to quality assure the management of service users' medication, including taking prompt action to identify and address medication management risks that have caused harmed, or that may cause harm, to service users' health, safety or wellbeing.

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

Outcome:
The service had implemented a new medication ordering system which staff told us was working well.

Medication administration records confirmed that people received their medication as prescribed. Where medication had not been administered as prescribed, this was recorded as a medication incident. Where a medication incident had occurred that had the potential to cause harm, this was followed up promptly with the GP.

We saw, and staff told us that where there was a change in people's prescribed medication, this was implemented in most instances within the same day ensuring any changes to people's health and care needs were met in a timely and appropriate manner.

We found that topical medication administration records were generally completed, following the application of emollients and creams. Body maps were used to identify the areas of application, and staff were noted to generally evaluate the effectiveness of topical creams to ensure they were meeting people's health and care needs.

Medication incidents were recorded and there was a quality assurance program with regular evaluation of medication management. This ensured people's medications continued to be effective and contributed to their overall health and wellbeing.

Therefore, this requirement has been met.

3.
By 30 June 2020, extended from 10 January 2020 and 10 April 2020, you must ensure that service users' health, safety and well-being needs are met by implementing effective arrangements for the management of pressure area care and the management of wounds. In order to achieve this, you must:

a) ensure that all service users have a skin assessment that is documented;
b) ensure that where a service user has been assessed as at risk of pressure ulcers, their care plan includes:
   - level of risk and skin integrity status
   - type of pressure-relieving equipment in use and its settings if using dynamic equipment
   - frequency of skin checks
   - frequency of positional changes using a repositioning chart
   - any other relevant individual care interventions and;
   - the frequency of the care plan review
c) Ensure that, where a service user has a wound, there is a care plan in place for each wound, with evidence of a wound assessment/treatment chart, record of prescribed wound care products and evidence of ongoing evaluation of the status of the wound;

d) ensure service users consistently receive care and support to prevent skin damage and to minimise the risk of development of pressure ulcers. Where there is skin damage, appropriate care must be delivered to assist in wound healing.

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

Outcome:

We observed that people had regular health and risk assessments of their skin integrity that informed their plan of care. Where a service user was assessed as being at risk of pressure ulceration, the care plan included strategies to minimise harm. These included but were not limited to the following:

- the level of risk and skin integrity status
- the type of pressure-relieving equipment to be used
- the frequency of skin checks
- the frequency of positional changes

The care plans provided sufficient detail to enable staff to meet the person's health and care needs and supporting documentation demonstrated that people were receiving care as directed.

The service had appointed a clinical lead who was responsible for wound care management. We saw that where service users had a wound, individual plans of care had been developed that provided sufficient detail to staff to enable them to meet people's health and wound care needs.

We saw evidence that demonstrated the clinical lead evaluated people's wounds at regular intervals to ensure that treatment plans were effective.

Therefore, this requirement has been met.

4.
By 10 January 2020, service users must receive high quality care and support which meets their health, safety and wellbeing needs. In order to achieve this, you must always ensure that there are suitably qualified and competent staff working in and deployed across the service in such numbers as are appropriate for the health, welfare and safety of people.

This is in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Outcome:

We visibly observed good staff numbers within both units of the home. The service told us that they had successfully recruited additional nurses and carers in recent weeks who had brought a range of skills and experiences that enabled the service to respond to people's changing health and care needs.

Registered nurses were rostered across all shifts and led the delivery of quality nursing care. Health and risk assessments were up to date, and there was evidence that people's family and/or carer had been consulted.

The weekly GP clinic had been maintained, the format of which had been recently modified to ensure the safety of people and staff during COVID-19. The service continued to consult with external health practitioners as required.

The home had appointed a clinical lead who promoted people's health through the appropriate use of health and risk assessments. For example, it was identified that people were at risk of dehydration and new drinks stations were established in each unit and jugs of water were placed in people's rooms. Staff were observed to regularly offer people hot and cold beverages throughout our inspection. Where relevant we saw that people's fluid intake was recorded and monitored.

Improvement 4 was complied with on 16 January 2020.
Therefore, this requirement has been met.

5.
By 10 January 2020, extended from 10 January 2020 and 10 April 2020, you must ensure that all service users benefit from a robust approach to risk assessment and management which continually improves their safety and protects their wellbeing. In order to achieve this, you must:

a) ensure that staff are appropriately trained in how to recognise and respond to risks in order to reduce the occurrence of falls, accidents and incidents and the impact of these on service users;
b) record all accidents, incidents and near misses and report these in accordance with the care service's reporting policy and procedures and to the Care Inspectorate and other agencies where necessary; and
c) analyse trends in incidents and accidents and identify and adopt measures to continuously improve the management of risk to lead to a reduction in harm and distress for service users.

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

Outcome:

Staff told us and training records demonstrated that staff had sufficient training to enable them to meet people's health and care needs which included how to recognise and respond to risks to improve people's safety and protect their wellbeing.

Care plans were generally detailed and reflected how people were being supported to improve their overall health, safety and wellbeing. For example, the care plan for one service user who was at risk from stress and distress provided detail for staff on how to support them to minimise the potential for harm. A pictorial daily plan was used which provided the service user with structure that supported them to feel calm and decreased the triggers of stress and distress. The plan identified that only those staff who had received training and felt confident, were to provide the support the service user required.

We observed there were good systems and processes in place regarding the overall management and review of falls accidents and incidents. We could see that this work had led to a decrease in falls and incidents thereby protecting the safety of people.

Therefore, this requirement has been met

6.
By 10 January 2020, extended from 10 January 2020 and 10 April 2020, you must ensure service users' health, safety and wellbeing needs are met by staff who are appropriately trained, competent and skilled. This must include but is not limited to including:

a) risk assessment and management to promote service users' safety;
b) providing care in a manner that is compassionate and promotes choice;
c) safe and effective medication management;
d) safe and effective pressure ulcer prevention and wound care;
e) implementation of health and social care standards.

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

Outcome:

Staff told us and training records demonstrated that they received sufficient training to enable them to meet people's health and care needs which included how to recognise and respond to risks to improve people's safety and protect their wellbeing. Training included, but was not limited to:

a) risk assessment
b) safeguarding
c) dignity in care
d) medication management administration
e) skin integrity

We saw evidence that staff were supported with their learning through the use of individual supervision sessions. This enabled staff to discuss specific challenges and potential areas for improvement in meeting people's health and care needs.

Whilst the service had not provided any specific training on the health & social care standards, we observed during a visit on 28 May 2020 that staff provided care in line with the ethos of the standards.

Therefore, this requirement has been met

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

The Improvement Notice dated 08/11/19 is no longer in force.

Yours faithfully

[redacted]

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