

# Scoonie House Care Home Service

Windygates Road Leven KY8 4DP

Telephone: 01333 426 735

Type of inspection:

Unannounced

Completed on:

30 June 2023

Service provided by:

ARIA HEALTHCARE GROUP LTD

GROUP LTD SP2013012090

Service provider number:

**Service no:** CS2013318122

## Inspection report

#### About the service

Scoonie House provides 24 hour residential care and support for up to 36 older adults. There were 32 people living in the home at the time of our inspection.

The accommodation consists of a two storey Victorian stone villa with a single storey contemporary extension to the rear of the building. The home has 36 single occupancy rooms all with en-suite facilities. There are several communal lounges, dining rooms and a conservatory/sun lounge with attractive outlooks over the gardens.

The house is located in a residential area of Leven, has adequate on-site parking and there is good access to public transport, the town centre and social resources. The care home is privately owned by Aria Health Care Group Ltd who took over earlier this year.

## About the inspection

This was an unannounced inspection which took place over 27 and 28 June 2023 between 08:30 and 20:50 hours. The inspection was conducted 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 10 people using the service and eight of their family members
- spoke with 10 staff, plus management
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documents

## Key messages

The management team were visible and approachable.

People were cared for with kindness by staff that knew them well.

Some care plans required more person centred information to direct the care.

Families reported being very happy with the care and support their loved one received.

People were able to stay connected to their families and the local community.

## 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?	5 - Very 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 as the strengths identified outweighed the areas for improvement.

Staff knew people well, with warm caring interactions observed throughout the inspection. Comments from people included 'I trust them, can go to them for anything' and 'I like it here, all good.' People were being treated with dignity and respect.

The home was welcoming and homely with people personalising their bedrooms. There was a variety of communal areas to access, providing people with choice throughout their day. The new provider had identified areas for refurbishment, including some new flooring being laid the following week. We suggested referring to good practice guidance such as the Kings Fund environmental tool to ensure that any improvements made consider the specific needs of the people living there, such as those living with dementia. Working in this way supports good outcomes for people.

Mealtimes were relaxed and a social occasion, with people enjoying fresh, home cooked meals. People could choose to eat in the communal dining room or in their rooms. Staff supported people discreetly at a relaxed pace. Some people would benefit from specialist equipment such as heated plates and the management responded immediately when this was highlighted during the inspection. The chef had knowledge of individual dietary requirements, and people were given daily choices, with alternatives offered if required. One person commented they would enjoy more fresh fruit on offer but on the main people felt happy with their meals. People's nutritional needs were being met.

Medication was well managed with robust audits in place. There were protocols in place for as required medication. Some of these required more detail to provide staff with sufficient information to ensure consistency for when the medication should be administered. This would support positive benefits for people's overall health. We made an area for improvement relating to this, see AFI 1.

People were being supported to access the wider community such as going shopping or attending community events. Within the home there were a variety of opportunities for people to be involved in activities and we saw evidence of regular meetings with people to gather their views and ideas. The provider was in the process of developing their opportunities for meaningful engagement, particularly for people with dementia. Staff received dementia training and management were identifying a dementia champion within the home to further improve practice. These measures can support people to have a richer life and keep them connected to those that are important to them.

Families told us that communication was good, with staff knowing their loved ones well, comments such as 'the care is exceptional' and 'staff really care' demonstrated the high regard families held the staff team. There were relative and resident meetings being held with people's views and opinions being considered. People and families told us that they felt any concerns would be addressed by the management team. Working in this way reduces the risk of future harm to people.

Care plans on the main held detailed information to direct the staff caring for the person although we identified some that would benefit from greater detail to reflect people's preferences and interests. Risk assessments were in place, as well as regular recording of people's food and fluid intake when necessary, with evidence of appropriate referrals being made to health. One health professional commented, 'it is a pleasure to come into this home,' with timely referrals being made to their service 'they are quick to refer to us.' This supports good outcomes for people's health and wellbeing.

Their anticipatory and end of life support plans required more information to fully inform how people wished their care to be delivered if their health deteriorated. We made an area for improvement relating to this, **see AFI 2**.

The home was clean and clutter free with effective systems in place to monitor and maintain this. There was evidence of care equipment such as bed mattresses being cleaned regularly and following current practice guidance. We could be confident that the risk of infection was being reduced.

#### Areas for improvement

- 1. To support people's wellbeing the provider should ensure that:
- a) suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis'.
- b) people's care plans should reflect the necessary information to support and inform staff when administering such medication.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 1.5).

2. To support people's wellbeing, the provider should ensure that end of life care is subject to early assessment and care planning which involves that person and/or their representatives to ensure their choices, wishes and preferences are documented and met when they become unwell.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 1.5).

#### How good is our leadership?

5 - Very Good

We evaluated this key question as very good as there were a number of key strengths which supported good outcomes for people living there.

For the purpose of this key question, we focused on quality assurance. Quality assurance are checks that make sure any issues are identified, and action taken to make improvements.

There was a range of quality assurance systems in place including areas relating to medication management, falls, incidents and support planning. Daily meetings were held with the focus on sharing key information and identifying any specific actions for staff, such as contacting the GP practice. Management team had a good overview on daily life and people's needs living there. There was a culture of continual improvement and a lesson learnt approach to any incidents. Working in this way reduces risk of future harm for people.

Staff did not start work until all the necessary pre-employment check had been completed. There was an induction plan in place with most staff reporting they found this beneficial. The induction programme lacked detail when documenting staff's understanding and knowledge of training, relating to their caring role. The provider had already recognised this, and was introducing changes to the current induction programme. A skilled, confident workforce is a key factor in delivering positive outcomes for people.

The management team were visible and approachable. Staff told us that they felt valued in their jobs with high satisfaction demonstrated. Comments included, 'this is a good place to work' and 'we work well together'. The manager was aware of the importance of supporting the staffs' well being with regular supervision being provided, alongside staff meetings. This approach can support staff development and positive outcomes for people's health and well being.

Staff told us that they valued the training provided but would welcome further opportunities to develop their knowledge in dementia care. The manager had identified a need for a dementia champion within the home and was in the process of arranging this training. Staff we spoke with demonstrated kindness and a desire to provide high quality care to the people living there, 'it is their home, just want them to be as happy as they can be'. A motivated and skilled staff team supports positive outcomes for people.

There was a service improvement plan in place which identified some key environmental actions that were being actioned. Involving people, families and staff more in the development of this would help inform any future priorities. Forums such as the existing relative and resident meetings would be a useful way of achieving this.

## 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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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