

# Inspection report

## Mo Dhachaidh Care Home Care Home Service

North Road  
Ullapool IV26 2XL

**Inspected by:** Rosemary Stallard  
**(Care Commission Officer)**

**Type of inspection:** Unannounced

**Inspection completed on:** 6 January 2009

**Service Number**

CS2007142972

**Service name**

Mo Dhachaidh Care Home

**Service address**North Road  
Ullapool IV26 2XL**Provider Number**

SP2003002454

**Provider Name**

Barchester Healthcare Ltd

**Inspected By**Rosemary Stallard  
Care Commission Officer**Inspection Type**

Unannounced

**Inspection Completed**

6 January 2009

**Period since last inspection**

6 months

**Local Office Address**Pavilion 5  
Castle House  
Fairways Business Park  
Inverness  
IV2 6AA

## **Introduction**

Mo Dhachaidh Care Home was registered with the Care Commission on 31 January 2007, under its current providers, Barchester Healthcare Ltd.

The care home is registered to provide a care service for up to 21 older people and is situated within the village of Ullapool. It comprises a purpose-built building on two floors of which the main accommodation of the service is on the upper floor. The dining area is situated on the lower floor. The remaining parts of the building are occupied by the local GP practice and Local Council Point. The accommodation comprises 19 en suite rooms.

The aims of the service are to create an environment where service users can maintain their independence, rights and identity; to treat the service users as unique and individual people in an environment that supports physical as well as mental well being, which will then create a spirit of trust and confidence between service users and care professionals.

Based on the findings of this inspection the service has been awarded the following grades:

Quality of Care and Support - 4 - Good

Quality of Environment - 4 - Good

Quality of Staffing - 4 - Good

Quality of Management and Leadership - 4 - Good

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website ([www.carecommission.com](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

### **Before the Inspection**

#### **The Annual Return**

The service submitted a completed Annual Return as requested by the Care Commission.

#### **The Self-Assessment Form**

The service submitted a self-assessment form as requested by the Care Commission, prior to the previous, announced inspection.

#### **Views of service users**

The Care Commission Officers had opportunities to meet with service users and to observe staff interaction with them during the inspection visit.

#### **Regulation Support Assessment**

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations

and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

During the inspection process

This inspection was a follow-up to the announced inspection on 17 July 2008. The CCOs did not examine quality statements again in the same detail as previously, but checked progress made in relation to quality statements previously inspected.

This report contains a description of previously identified strengths and areas needing improvement with some additional comments regarding progress on these and/or additional observations made during the follow-up visit.

Staff at inspection

The lead CCO was Rosemary Stallard and she was assisted by Christine Tweddle.

Evidence

The CCOs gathered evidence from a number of sources, including:

Personal plan

Observation of staff interaction with service users and of the premises

Meeting with individual service users

Discussions with the administrator and staff.

They also met with the manager and 2 members of Barchester Ltd senior management with responsibility for operational work in the Highlands and Scotland generally at the feedback session.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

<http://www.carecommission.com/>

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

**Action taken on requirements since last Inspection**

N/A

**Comments on Self Assessment**

The manager had completed an electronic self assessment in advance of the previous,

announced inspection visit, as requested by the Care Commission. She had identified some areas for improvement as well as strengths of the service.

**View of Service Users**

The CCOs met generally with most service users during the inspection visit, speaking individually with 2 and more generally with others. The overall level of frailty of service users was fairly high and opportunities for discussions with service users were limited.

**View of Carers**

No carers were encountered during the visit.

## **Quality Theme 1: Quality of Care and Support**

### **Overall CCO Theme Grading: 4 - Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.**

#### **Service Strengths**

Strengths of this quality statement remain as described in the report of the announced inspection on 17 July 2008.

The service provided an information pack to potential service users, which included information on service provision in relation to the company's statement of purpose, aims & objectives, the range of needs that the home intended to meet, nursing care provision, quality policy, accommodation, facilities and services, terms and conditions, and definition of needs.

The welcome pack, including the Service Users' Guide, promoted issues of individuality of service users, plus an emphasis on choice and involvement. These were referred to in the statement of aims and philosophy, documents referring to residents' rights, 'Arrangements for Consultation with Service Users' and some policies, including the policy on Dying and Death and the Open Door policy.

Packs also contained information on advocacy services, a copy of the latest Care Commission inspection report as well as an outline of the complaints policy and the right of access to the Care Commission, as well as terms and conditions of admission and a standard contract.

Barchester issued customer satisfaction surveys annually and shared the results with staff and service users.

Some meetings had recently been arranged for service users and carers and these had been minuted. Some information was displayed regarding how to access advocacy services and how to make a complaint. The last Care Commission inspection report was made available to visitors.

Service users and their relatives were usually included in the care planning process. The size of the service facilitated participation in that it was relatively small and discrete local service.

#### **Areas for Development**

Areas identified for improvement in relation to this quality statement remain as described in the report of the announced inspection on 17 July 2008.

Barchester Healthcare Ltd should ensure its means of consulting service users and carers/families and the evaluation of this reflected more specifically the care provided at Mo Dhachaidh care home and was therefore more meaningful for this specific service and its development. It should ensure consultation allows service users and carers/families to influence change.

Efforts to involve service users and carers/families in meetings and other means of consultation should be further developed to ensure this is effective and inclusive.

Where reference was made to legislation and care standards in information provided for service users and carers, the provider should ensure this always relates to Scottish legislation and care standards, for clarity for service users and carers.

Staff should ensure service users or their representatives are always involved in developing and reviewing personal plans.

The service should ensure information on advocacy services relates to local agencies.

## **CCO Grading**

4 - Good

## **Number of Requirements**

0

## **Number of Recommendations**

0

**Statement 3: We ensure that service user's health and wellbeing needs are met.**

## **Service Strengths**

Strengths of this quality statement remained as described in the report of the announced inspection on 17 July 2008.

The service provider had put in place a range of appropriate policies and procedures to ensure care and support for service users and staff worked hard to implement these. There were appropriate procedures to ensure service users were not at risk of under nutrition. Service users were screened monthly, using the MUST tool. Risks were assessed and where these were considered high, the service's clinical development nurse was involved. In addition, the GP and dietician were consulted. Where service users could exercise choice independently they were supported to do so while being made aware of possible consequences in terms of risks.

All staff received annual food hygiene training via the Barchester cd rom training facility. The dietician also provided training locally. She had been invited to a forthcoming staff meeting to talk about diabetes.

There were policies on restraint and continence. Personal plans contained detailed information about how individuals' needs were to be met, particularly regarding healthcare. They included assessments of risks and continence care assessment. Staff had received both in-house and external training on continence and aimed to provide individualised support for service users with this issue.

Service users had very convenient access to medical support. In addition to the availability of trained nursing staff on duty at all times, all service users were registered with the GP practice which operated from a downstairs part of the same building as the care home. Chiropody appointments were arranged, either from the NHS practitioner or privately. There were satisfactory procedures for storage, management and administration of medication and a local medicines policy.

Menus were balanced and the cook ensured she served fresh fruit and vegetables regularly. Additional aids were available for service users who needed these to help them with eating or drinking. Service users had choices about meals and could order a cooked breakfast if they wished to. There was a water dispenser in a communal area and service users who could serve themselves had jugs of juice in bedrooms. Drinks were also served regularly from the trolley and on request. Service users had enjoyed a 'Hawaiian Day' recently, when catering staff had made additional efforts to prepare imaginative fare.

Barchester had a policy on pain management, acknowledging the roles of specialist teams such as Macmillan Nurses and vascular nurse specialists. Nursing staff had received training on the Liverpool Care Pathway in palliative care. The manager and charge nurse had enrolled on a palliative care course to be run by the Highland Hospice. They intended to cascade learning from this to other staff within Mo Dhachaidh.

Barchester had a number of systems in place to audit aspects of care to service users, including on nutrition, the dining experience, infection control and administration of medication.

### **Areas for Development**

Areas identified for improvement in relation to this quality statement remain largely as described in the report of the announced inspection on 17 July 2008.

The dining experience was still in need of improvement, to ensure this was an enjoyable experience for service users. Improvements needed to be made both in terms of the time service users had to wait to be assisted to the dining room and to be served food once they had arrived, plus the level of choice they had in respect of drinks served. The service also needed to improve ways in which staff assisted service users with putting on protective items of clothing and with eating meals, where service users were unable to feed themselves. The manager had plans to increase the number of care staff during the main part of the day, which would, hopefully help this situation. She should also find ways to enable service users to better choose and anticipate food served, by, for example the introduction of menus, appropriately illustrated.

In addition, staff's other caring duties, due to service users' levels of dependency, currently left relatively little time for one to one social interaction with service users. Also, some activities offered to service users were not based sufficiently on individuals' interest. The manager was hopeful that increasing the number of care staff during the day, plus training for the activities coordinator and staff would improve this aspect of care and support for service users.

Staff should ensure personal plans are updated appropriately to reflect changes in service users' needs and carry out risk assessments where these are indicated.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

## **Quality Theme 2: Quality of Environment**

**Overall CCO Theme Grading: 4 - Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.**

### **Service Strengths**

Strengths of this quality statement remain as described in the report of the announced inspection on 17 July 2008.

Findings for this Quality Statement are similar to those described in 1.1  
In addition, service users had been afforded the opportunity to express their views on the home environment via the recently introduced resident's meetings.

### **Areas for Development**

Areas identified for improvement in relation to this quality statement remain as described in the report of the announced inspection on 17 July 2008.

Areas identified for improvement for this Quality Statement are similar to those described in 1.1

In addition, Barchester Healthcare Ltd should ensure images portrayed in the service's brochure portray an accurate picture of the provision at Mo Dhachaidh care home to ensure potential service users and their families can make appropriate, informed judgements regarding whether they wish to use the service.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 2: We make sure that the environment is safe and service users are protected**

### **Service Strengths**

Strengths of this quality statement remain mainly as described in the report of the announced inspection on 17 July 2008.

The following improvements had been made since the previous inspection in July 2008:  
The provider had fitted new carpets to all communal areas, which had greatly improved the previous problem of a malodour.

An alarm had been fitted to the door in the foyer leading to the stairs. This could be alarmed

both when entering and exiting.

The service had appointed 2 infection control champions from within the staff group.

Other strengths identified in the previous inspection report still applied:

The service provider had in place appropriate mechanisms and operational procedures to ensure that the environment for the service users was safe and they were protected.

There was clear evidence of a programme of property and equipment maintenance including fire safety equipment, hoists, bath aids, lift, gas, electrical equipment, central heating boiler, and water testing. The provider carried out an annual property audit and 6 monthly room surveys. An external health and safety audit was also carried out by the provider, with the home achieving a creditable 92% rating.

The Fire Safety inspection report carried out by Highlands and Islands Fire Rescue Service of 2007 had made no recommendations. Service staff had undertaken fire safety training. Fire safety equipment maintenance was being carried out on a regular basis.

The service provider had in place an appropriate range of policies and procedures in relation to the health and safety of the service users, including:

Health & Safety

Risk Assessment / Management

Financial Management

Infection Control

Care of substances hazardous to health (COSHH)

Accident and incident recording - including notification to the Care Commission and RIDDOR

Fire Safety

First Aid

Restraint

Food Hygiene

Gas / Oil safety

Clinical Waste

Security

Visitors

Protection of Vulnerable Adults

Manual Handling

Missing Residents

No smoking policy

Staff training and induction

Volunteer Policy

Young Persons Policy (16-18 years of age)

The service also had in place appropriate nursing and healthcare policies, procedures and care planning to ensure the health and welfare of the service users. Policies included medication, nutrition, continence care, prevention of falls, safe use of bedrails, restraint and risk assessment.

The service provider's staff recruitment systems were robust and met the Regulation of Care (Requirements as to Care services) (Scotland) Regulations 2002 and relevant National Care Standard (Standard 5). Staffing levels were maintained in accordance with the staffing schedule.

Staff were provided with regular training and updates to maintain their skills and knowledge

base. The visiting "clinical nurse" regularly monitored care practice within the home. The service held regular Health & Safety meetings, the minutes of which demonstrated review followed by action planning.

The service had appointed a "cleanliness" champion with key responsibility for monitoring cleanliness within the home. Cleaning schedules and food hygiene records were maintained.

The recording of accident and incidents was being recorded appropriately and demonstrated evidence of clear reporting, appropriate action, evaluation and review, and audit by the manager, and the provider. The restraint policy met the needs of the service user group - there had been no episodes of restraint recorded in the service. Risk assessments were in place and demonstrated involvement of service users and families.

Service users and families spoken with confirmed an environment that was free from bullying, harassment and abuse (National Care Standard 9). Service users and their families had access to a sheltered garden area on the lower floor. The physical environment within the home was designed in such a way as to protect service users.

Service users were advised of the need to insure their personal items, and the service had in place appropriate public liability insurances.

### **Areas for Development**

Areas identified for improvement in relation to this quality statement remain mainly as described in the report of the announced inspection on 17 July 2008, although the malodour issue had been addressed as described above.

The provider had acknowledged that access into and out of the home should be reviewed. The care home shares a common entrance with the GP practice and Local Authority offices, and this permits direct access to the home via an automatic door entry, when these offices are open. This should be risk assessed to ensure security at the entrance vestibule. In addition, the issue described during the previous inspection visit by some relatives spoken with in relation to their experiencing some difficulty in gaining entry in the evenings when the main entrance door at ground level is secured was still of concern. The service should review arrangements for visitor access when the downstairs GP surgery is closed.

Some relatives drew the CCOs' attention to the limited seating options for visitors. Additionally service users had limited choices of sitting areas away from the bedrooms.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

## **Quality Theme 3: Quality of Staffing**

**Overall CCO Theme Grading: 4 - Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.**

### **Service Strengths**

Strengths of this quality statement remain as described in the report of the announced inspection on 17 July 2008.

Findings for this Quality Statement are similar to those described in 1.1. In addition, service users had been afforded the opportunity to express their views on the home environment via the recently introduced resident's meetings.

### **Areas for Development**

Areas identified for improvement in relation to this quality statement remain as described in the report of the announced inspection on 17 July 2008 and are as described in quality statement 1.1.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 3: We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.**

### **Service Strengths**

Strengths of this quality statement remain mostly as described in the report of the announced inspection on 17 July 2008.

Staff had access to a range of policies and procedures to support their practice. They had regular minuted staff meetings and annual appraisals. Staff reported they felt the manager was accessible and supportive.

Training for staff was supported by Barchester Learning and Development Academy, whose focus was 'developmental, with the aim of helping people to be better at what they do.' Since the previous inspection, Barchester had purchased the services of a training company for the start of 2009. This should enable fast tracking of SVQ training for staff.

Staff had had a range of training opportunities and these were recorded. Training effectiveness was audited internally by the provider. Yearly training objectives were identified, including statutory training. Opportunities had included training in the Liverpool

Pathway, for trained nursing staff, training on person-centred care, continence, venapuncture, infection control and a workshop on Foundation in Palliative Care. Staff had had training on Protection of Vulnerable Adults. Training was planned to be delivered in the very near future on management of challenging behaviour. The manager and charge nurse were soon to begin a course on palliative care to be run by Highland Hospice and intended to cascade learning to other staff.

Staff were registered appropriately with professional bodies and more than 50% were qualified.

New staff were inducted and all staff had copies of the SSSC codes of practice. They also had access to Area Inter-Agency Adult Protection Guidelines.

Service users spoken with at the previous inspection were complimentary about staff and felt they were motivated. Relatives/carers who returned care standards questionnaires to the Care Commission prior to the previous inspection visit were satisfied that staff had appropriate skills and were, in general, happy with most aspects of the care being provided to their relatives.

The manager had recently reviewed staff deployment and had decided to increase staff available to support service users during the main part of their waking day by adding an extra member of care staff to the rota during this time.

Barchester was due to provide training in dementia to all staff and some further induction training to newly appointed staff. In addition there were plans to deliver additional training to the activities coordinator, in recognition of the importance of this role and its potential impact on the quality of service users' lives.

### **Areas for Development**

Areas identified for improvement in relation to this quality statement remain as described in the report of the announced inspection on 17 July 2008

The provider should ensure policies and procedures all relate appropriately to Scottish legislation and National Care Standards, to ensure staff are working to correct guidance. Supervision of staff should be improved and should include some formal opportunities. Newly appointed staff should receive a thorough induction, including awareness of the principles of National Care Standards and SSSC Codes of Practice and all staff should be reminded about the impact of their interaction with service users and encouraged to adopt a person centred, rather than a task oriented approach to caring. (See recommendation)

Staff training should be progressed to ensure all care staff benefit from SVQ training.

Although staffing ratios were in line with minimum levels prescribed on the service's staffing schedule, some carers/relatives had commented at the previous inspection that they felt staff were stretched at times and had insufficient time to spend on one to one interaction with service users and on supporting activities such as accessing the garden. The manager proposed to increase staffing levels as described above, with a view to addressing these issues.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**



## **Quality Theme 4: Quality of Management and Leadership**

**Overall CCO Theme Grading: 4 - Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.**

### **Service Strengths**

Strengths of this quality statement remain as described in the report of the announced inspection on 17 July 2008.

Findings for this Quality Statement are similar to those described in 1.1.

### **Areas for Development**

Areas identified for improvement in relation to this quality statement remain as described in the report of the announced inspection on 17 July 2008 and are as described in quality statement 1.1.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.**

### **Service Strengths**

Strengths of this quality statement remain as described in the report of the announced inspection on 17 July 2008.

Barchester Healthcare Ltd had put in place a number of procedures for auditing the service provision. These included monthly visits from members of the senior team, including an annual unannounced 'check-up', with a report. The manager provided regular statistics and other information to senior management. There was an annual customer satisfaction survey which included consultation of some stakeholders as well as carers/families, service users and staff. This was used to inform a company wide survey, where comparisons were made between care homes and a limited action plan was produced. Staff had additional opportunities at minuted staff meetings to be involved to an extent in consultation. Some external audits were also carried out, including by the Local Authority Environmental Health Department, the Pharmacist, Fire and Rescue Services and Highland Health Board. Locally the manager had ensured there were opportunities for some stakeholders to have some involvement with the service. The service had close contact with the local GP surgery and other local health services. They also welcomed other visitors into the premises,

including care managers and relatives/carers and encouraged their involvement in some decisions about care provided.

The manager had displayed a notice about the Care Commission inspection, had distributed questionnaires to service users and relatives/carers as requested by the Care Commission in preparation for the announced inspection in July 2008 and also ensured past inspection reports were available to service users, relatives/carers and other visitors to the service. She ensured she notified the Care Commission appropriately about any incidents and complied with other requests for information, such as through completion of annual returns. In addition she had submitted a self assessment as requested before the previous, announced inspection.

### **Areas for Development**

Areas identified for improvement in relation to this quality statement remain as described in the report of the announced inspection on 17 July 2008.

Quality assurance procedures carried out by the Provider should be more focused on Mo Dhachaidh Care Home. Currently these were too generally focused on the wider organisation and were not sufficiently useful in discovering specific issues relating to the individual care home, which could then be addressed more specifically. The provider and manager should find ways to improve these procedures and work towards more effective consultation of the range of stakeholders with an interest in the care home, including service users, families, staff from Social Work Services and healthcare agencies, with a view to continual improvement.

The manager should involve staff more fully in self assessment and grading of the service's operation.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Regulations / Principles**

**National Care Standards**

**Enforcement**

There has been no enforcement action against this service since the last inspection.

**Other Information****Requirements****Recommendations**

The provider and manager should ensure all staff are working in accordance with principles embedded in National Care Standards and SSSC Codes of Practice as well as within current best practice guidelines and that this is being monitored with a view to constantly improving practice, to lead to improved outcomes for service users.

This is in order to comply with National Care Standards for care homes for older people:  
Standard 5.4 - Management and Staffing Arrangements.

**Rosemary Stallard**  
**Care Commission Officer**