

# **Southside Care Home**

## **Care Home Service**

40 Southside Road  
Inverness  
IV2 4XA

Telephone: 01463 226227

**Type of inspection:**  
Unannounced

**Completed on:**  
28 August 2018

**Service provided by:**  
Southside Nursing Home Ltd

**Service provider number:**  
SP2003002407

**Service no:**  
CS2003010544

## About the service

Southside Care Home is registered to provide a care home service to a maximum of 33 older people. This service has been registered since April 2002.

The care home is a converted, two storey Victorian town house situated within a quiet residential area of Inverness. Eight bedrooms have an en-suite toilet and three bedrooms have an en-suite shower. There are three showers and one bath which people share.

There is a passenger lift between the ground floor and the lower split, upper floor. There is a chairlift between the ground floor and the upper split, upper floor. Between the split levels on the upper floor there is stair access only. The care home has a pleasant, enclosed garden to the rear of the building and a well maintained garden in the grounds at the front of the building. There is a small safe decking area off the front lounge.

From the home's brochure, the aims of the service include:

- Our aim is to ensure each resident feels safe, loved and happy, and finds fulfilment and satisfaction in daily life.
- Our care always respects the rights to dignity, privacy, choice, safety, individuality and confidentiality of our residents and their families.
- We achieve our aims through the hard work and dedication of our well qualified, highly trained staff, and we view their continuing professional development as crucial in continuing to provide the highest quality of service.

## What people told us

Before the inspection we sent Care Standards Questionnaires to the care home and asked the manager to give them to the people who experienced care and support and their families. Overall people who returned a questionnaire were happy or very happy.

During the inspection we spoke with six people and also observed how people were cared for. This helped us find out more about the experiences of people who may not be able to express this for themselves. We also spoke with four relatives.

People were happy with the quality of care, however they had noticed the changes of manager and staff had some impact. We were told, "I feel that the quality of care and support is very good. There has been a lot of changes of staff, senior and junior, in the last few months, which has led to a lowering in standards."

People felt that more care could be taken with their clothes. People also suggested it would be good to have more assistance to keep drawers and wardrobes tidy and for clothes to always be returned to the right person after going to the laundry.

Relatives who had been concerned about the quality of care earlier in the year were feeling more confident as they had seen an improvement. The knowledge, skills and care shown by experienced staff was considered one of the care home's main strengths. People told us:

- The end of life care was "more than 10/10" as staff had been caring and shown great respect for the person.
- Staff were good at keeping people company when they were unwell and in bed.
- Staff were complimented for being quick to respond when people were in pain and making sure that new medication to increase the person's comfort were collected and administered promptly.
- I want my relative to stay here, if at all possible, rather than going to hospital.

- Staff who have been here for a long time can read my relative's behaviour.
- When I ring and they recognise my voice they are good at giving me an update.
- A lot of very good staff have left with the shortfall made up by new and agency staff.
- Staff are apologetic when they can't respond as quickly as normal when they are short-staffed.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

**3 - Adequate**

People were treated with dignity, respect and compassion and received good support to make the most of life. This should have a significant positive impact on their daily experiences and outcomes.

People should experience warmth, kindness and compassion. A relative told us, "I see kindness, caring. Staff who put their arm around my relative's shoulder and smile." We observed that staff took time to connect with people using smiles, physical comfort and people's names which usually resulted in people looking happier and more alert. Relatives felt confident that people were treated with respect.

People should be able to choose to have an active life. We saw that people were encouraged to do interesting and enjoyable activities by staff who had an enabling attitude. There was a good balance between group and one-to-one activities. It was good to see people being encouraged to pursue their own interests and enjoy one another's company. Relatives told us it was nice to come in and find people laughing, chatting and playing games.

People's care should meet their needs and be right for them. Relatives who had been concerned about the quality of care told us that people were now receiving more support with personal hygiene and their appearance. We were told, "the care my relative has received has been great. They are always clean and look well cared for."

# Inspection report

People's needs should be assessed by a qualified person, including other health and social work professionals if required. The care home were working with other professionals to reassess people's needs, including making sure people were getting the right continence care and using the correct moving and handling equipment and mobility aids. Allied health professionals told us that staff worked well with them by providing necessary information and listening to advice.

People's health benefited from their care and support, however, improvements must be made by building on strengths while addressing areas that are not contributing to positive outcomes and experiences for people.

We often observed people getting good care and support. For example:

- people living with dementia were reassured when staff who knew them well provided sensitive respectful care
- people were supported to eat and drink well at lunch time
- people were assisted to move safely by confident staff
- people were assisted promptly when they asked for help to go to the toilet

A few people did not eat and drink well at breakfast. Staff need to be on hand to help those who need assistance and encouragement to eat and drink.

We observed a few occasions when people did not receive the right response from staff. This included not responding to people's words or body language and showing frustration with a person's behaviour. Staff should receive the support they need so that they can keep the focus on good person-centred care during busy and potentially stressful times.

The care planning process was not working well. People's health care needs had not been regularly assessed and care plans did not include up-to-date person-centred information. (See quality indicator 5.1)

## How good is our leadership?

## 3 – Adequate

There were some strengths which just outweighed weaknesses. Improvements must be made by building on strengths and addressing areas of development.

The manager's post was vacant when we carried out this inspection. The lack of consistent, stable leadership from a manager meant that it was taking longer for the service to improve. People, their relatives and staff valued the continuity and support offered by the deputy manager who was highly motivated and focused on improving people's quality of life.

People should be actively encouraged to be involved in improving the service they use. People had been invited to complete a questionnaire about their care experiences. Their responses led to a plan to make it easier for people to share their views and get more involved in care planning.

We observed staff evaluating people's experiences during informal discussions and at handover. It was good to hear staff reflecting on how people's quality of care could be improved and making small but important changes straight away when possible. Evaluation, as part of the care planning process, was of a poor quality. (See quality indicator 5.1)

People should benefit from a culture of continuous improvement. The care home did not have robust and transparent quality assurance processes. Audits had been carried out to assess important aspects of the service

using best practice guidance, however progress had been limited. Some audits did not have action plans and some actions plans had not been implemented or updated with progress. **(See area for improvement 1)**

The care home did not have a pro-active approach to improvement. **(See area for improvement 2)**

They would benefit from developing a more structured approach to self evaluation. People, their relatives and staff should all be encouraged to contribute to the self evaluation process in a way which suits them. Expectations for people should match those set out in the health and social care standards. Improving people's experiences and outcomes should be the goal.

Supervision and appraisal had been reintroduced, along with practice observations. The care home should use these development meetings to meaningfully involve staff in improvement activities which will make a positive contribution to people's health, safety and wellbeing.

### Areas for improvement

1. The provider should review and update their quality assurance policies, procedures and processes to support continuous improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

2. The provider should self-evaluate the quality of the service against the health and social care standards in order to make and implement a plan which improves outcomes and experiences for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "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?

### 3 – Adequate

There were some strengths which just outweighed weaknesses. Improvements must be made by building on strengths and addressing areas that are not contributing to positive experiences and outcomes for people.

People's needs should be met by the right number of people. We observed that, with the exception of breakfast time, staff had time to care for and speak with people. There had been occasions when there were less staff on duty than planned, due to staff absence at short-notice. Relatives and staff told us that this impacted on the quality of care as people sometimes had to wait longer and there was less time than usual time to spend with people.

The care home must be staffed to meet people's needs.

The service was developing a new assessment tool to determine the number and skill mix of staff required throughout the day and night. It will take account of the layout of the building and people's care needs.

We observed that staff worked well together at lunchtime in response to changing situations which meant people received prompt assistance with personal care and to eat well. Staff told us that morale and motivation had improved. This was evident at the handover meeting where discussions focused on working well together to meet people's care needs.

Vacancies in the senior care worker team meant that there had been less frontline leadership for the care team. Two qualified experienced senior care workers were due to start and we look forward to following up on how the senior care role and team are supported to develop.

Our observations of practice showed that staff have different strengths and areas where they can develop further. Supervision and staff meetings should be used to provide staff with meaningful opportunities to discuss their work and how best to improve outcomes for people.

## How good is our setting?

## 3 - Adequate

There were some strengths which just outweighed weaknesses. Improvements must be made by building on strengths and addressing areas that are not contributing to positive experiences and outcomes for people.

Premises in a care home need to be adapted to meet people's needs and wishes. It should be easy for people to orientate themselves and independently access the parts of the premises they use. This promotes people's independence, increases feelings of confidence and encourages people to be more active.

There was a private secure rear garden. A person living in the home told us it had been well used in the sunny weather.

Some people were supported to identify their bedroom door as it was furnished with a personalised memory box.

We found that the environment did not promote people's independence in a number of ways. (**See area for improvement 1**)

- Space in the dining room was restricted which made it difficult for people and staff to walk easily and safely.
- The lack of contrasting colour in hallways, around door frames, light switches and in toilets made it more difficult for people with visual and cognitive impairments to move around safely.
- People would benefit from improved lighting in some areas of the home, particularly where there is no natural light.
- Access to the rear garden was not barrier free.
- A lack of signage made it more difficult for people to find their way around the home.
- Some people could not turn their light on and off from their bed.
- Some corridors did not have hand rails.
- Instructions for the passenger lift were difficult to read.

People should be able to make their own meals, snacks and drinks, with support if they need it. The home's layout and facilities did not allow for this and all food was served from the main kitchen. Independent access to a drink of water was sometimes restricted due to the storage of equipment in front of the water cooler.

Two bedrooms could only be accessed by stair. When the people living in these rooms become unable to use the stairs they will have to move to a different room which could be disorientating and upsetting. A review should be carried out to consider improving access to these rooms.

## Areas for improvement

1. The environment should promote and enable people's independence. The provider should make and implement a written plan to improve the environment. The plan should include clear priorities and timescales.

This is to ensure that the setting is consistent with the Health and Social Care Standards which state that "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16).

### How well is our care and support planned?

**2 - Weak**

Strengths could be identified, however, they were compromised by significant weaknesses which substantially affected people's outcomes. Without improvement as a matter of priority the welfare or safety of people may be compromised.

People should have a care plan which is right for them and sets out how their needs will be met, as well as their wishes and choices. People's health needs had not been regularly assessed using the validated risk assessment tools in their care plans. Care plans were not up to date, and many included general statements about good practice rather than being personalised. We were not confident that people's care was well planned or that care planning informed how people were cared for. (**See requirement 1 and area for improvement 1**)

The care home needs to improve how they monitor people's health. For example, there were gaps in the charts used to record what people at risk of malnourishment ate which meant they could not assess how well the person had eaten.

People should be recognised as the experts in their own experiences, needs and wishes. People's views should always be sought, including when people have reduced capacity to fully make their own decisions. We were not confident people had been meaningfully involved in developing their care plans.

Relatives felt that staff were good at listening to their views and using their suggestions to improve people's care. Care staff knew a lot about people's wishes and preferences, however, information from relatives and staff was not usually written down. People's care plans should capture this valuable information so that it is there for the benefit of the person regardless of whether staff leave or the person moves to a new home.

The care home was about to introduce a new care plan and training was underway to teach staff about the format. It is essential that staff also learn how to care plan in an inclusive person-led way so that the assessment of people's needs takes account of what matters to the person.

## Requirements

1. In order to ensure people receive the right care in a way which meets their needs, wishes and choices the provider must:

- (a) Fully involve people and/or their representatives in assessing their emotional, psychological, social and physical needs at an early stage, regularly and when people's needs change.
- (b) Set out in people's care plans how their needs will be met, as well as their wishes and choices.
- (c) Fully involve people and/or their representatives in evaluating their care plans.
- (d) Use monitoring records and care plans to inform staff practice and deliver the right care.

By 1 March 2019

# Inspection report

This is in order to ensure that care planning is consistent with the Health and Social Care Standards 1.19 which states "My care and support meets my needs and is right for me". It is also necessary to comply with Regulation 5 (Personal Plans) of the Social Care and Social Work Improvement Scotland Regulations 2011.

## Areas for improvement

1. People should feel confident that staff are trained, competent and skilled in assessing, planning and evaluating care in an inclusive and person-led way.

This is in order to ensure that care planning is consistent with the Health and Social Care Standards 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).

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

## Requirements

### Requirement 1

The provider must ensure that effective arrangements are in place to meet people's health, safety and welfare needs.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011, Scottish Statutory Instruments 2011/21 - Regulation 4(1)(a), 4(1)(d)

**This requirement was made on 16 February 2018.**

### Action taken on previous requirement

We saw that people were treated with dignity and respect and they received support to enjoy life. People received adequate assistance to meet their personal care needs and benefited from advice from visiting professionals.

Further work is required to improve the quality of care planning. By including people and their families in the care planning process we would expect to see further improvements to people's care.

### Met - within timescales

### Requirement 2

That provider should ensure that people's mobility is assessed regularly and results recorded in their care plan. All care staff should be aware of each person's mobility needs so they can provide appropriate help for their safety.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instruments 2011/21 - Regulation 4(1)(a)

**This requirement was made on 8 August 2018.**

**Action taken on previous requirement**

This requirement had not been met. The quality of care planning was weak. It has been replaced by the requirement we made about care planning.

**Not met**

## 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

People should receive appropriate skin, continence and nail care. Staff should be aware of how to support people with skin, continence and nail care.

**This area for improvement was made on 16 February 2018.**

**Action taken since then**

People's care had improved. They were receiving more assistance to apply cream to moisturise skin, to change position to relieve pressure on their skin and to clean and cut their nails.

#### Previous area for improvement 2

The provider should ensure that help with nutrition and fluid intake should be improved:

- a) People should receive the help they need with their meals at the right time. They should get help to be able to have a hot meal. All care staff and kitchen staff should be aware of people who were at nutritional risk or who needed support to have sufficient fluids. Training should include about nutrition and hydration.
- b) Management should ensure that suitable food including for those on a 'soft' diet should be available 24 hours each day. Some people may wish to eat during the night.
- c) For those that need support with hydration and need to be monitored, their fluid charts should be completed regularly. The chart should contain the agreed target amount for each day, which is related to their weight. Information about their progress throughout the day should be included in the handover information.
- d) Staff should try and arrange for each person to have an enjoyable meal at each meal time. Consideration should be given to the table/tray appearance, the availability of condiments, napkins and table decorations. Staff should use best practice in helping those with a cognitive impairment to choose what they want to eat. Staff should, if possible, promote independence and also create a relaxed and sociable occasion.

# Inspection report

National Care Standards - Care Homes for Older People - Standard 13: Eating well

**This area for improvement was made on 16 February 2018.**

## Action taken since then

People's care had improved. A choice of food, snacks and drinks was available at all times and people at risk of becoming malnourished or dehydrated were monitored more closely.

There is potential to further improve the support people receive to eat and drink well. Staff could work together better at breakfast time to ensure people get the right support and condiments could be offered.

Food and fluid charts could be evaluated and the information used to further improve how well people eat.

## Previous area for improvement 3

Management should ensure that people can go to bed when they wish or when they need to. Staff should be organised so this can happen. In the morning, people who need support to rise should be helped according to their preferences and needs.

National Care Standards - Care Homes for Older People - Standard 6: Support arrangements

**This area for improvement was made on 16 February 2018.**

## Action taken since then

People's care had improved. Senior staff had given a clear message that people should get up and go to bed at a time that suits their preferences and needs. When we visited in the early morning the majority of people were in bed and staff told us that people's needs and preferences were being respected.

## Previous area for improvement 4

The provider should ensure that each person's care plan contains information about what is important to them, about their interests and preferences and about their history. This is to help staff provide personalised care and this should also help to inform the activities programme.

Audits of care plans should be developed to support improvement in the quality of information.

National Care Standards - Care Homes for Older People - Standard 6: Support plans

**This area for improvement was made on 8 August 2017.**

## Action taken since then

This recommendation had been met. Each person had a one page profile which was quick and easy to read. It included valuable information about people's earlier life and their interests.

The profiles can be updated as the staff learn more about people's needs and preferences and what they enjoy.

## Previous area for improvement 5

The provider should ensure that the service reviews the use of 'ABC' charts to ensure that they provide useful information to help identify the person's support needs and so improve outcomes for the person.

National Care Standards - Care Homes for Older People - Standard 6: Support plans

**This area for improvement was made on 8 August 2017.**

**Action taken since then**

'ABC' charts were not being used at the time of the inspection so we could not follow up on this recommendation. We have included it in the requirement we have made about care planning.

**Previous area for improvement 6**

The provider should ensure that covert medicine arrangements are reviewed soon after being established and then on a regular basis. The Mental Welfare Commission guidance should be followed.

National Care Standards - Care Homes for Older People - Standard 15: Keeping well - medication

**This area for improvement was made on 8 August 2017.**

**Action taken since then**

People's covert medication arrangements were reviewed annually rather than every six months. In the best interests of people who are given their medication covertly the service should follow the Mental Welfare Commission's convert medication good practice guidance.

**Previous area for improvement 7**

The provider and management should risk assess the infection control procedures used in the sluice rooms and laundry. Action should be taken to reduce significant risk.

National Care Standards - Care Homes for Older People - Standard 4: Your environment

**This area for improvement was made on 8 August 2017.**

**Action taken since then**

This recommendation had not been met. We discussed the potential risks with the deputy manager and the benefits of using a risk assessment process to reduce and manage them.

**Previous area for improvement 8**

The provider and management should develop policies and procedures regarding water hygiene and the prevention of legionella.

National Care Standards - Care Homes for Older People - Standard 4: Your environment

**This area for improvement was made on 8 August 2017.**

**Action taken since then**

This recommendation is not met. An inspection had been carried out by an external contractor which made recommendations to reduce and manage water hygiene risks and some regular water hygiene checks were carried out. The provider must now develop and implement an action to address the recommendations and put in place clear and robust water hygiene policies and procedures.

**Previous area for improvement 9**

Staff should use a thermometer when supporting people to have a bath or shower. This is to help to prevent a person being scalded and is good practice.

# Inspection report

National Care Standards - Care Homes for Older People - Standard 4: Your environment

**This area for improvement was made on 8 August 2017.**

## Action taken since then

This recommendation had been met.

## Previous area for improvement 10

The provider develop a plan as to how and when the care home will be able to provide each person with a single room. The Care Inspectorate is committed to the principle that each person should be able to have a single room if they wish.

**This area for improvement was made on 8 August 2017.**

## Action taken since then

We were pleased to find that each person had their own room and that in future people will not share rooms unless they expressly wish to do so.

## Previous area for improvement 11

Management should ensure that staff are up to date with all mandatory training including food hygiene.

**This area for improvement was made on 8 August 2017.**

## Action taken since then

Staff had taken part in a range of relevant training and a training plan was in place. Some staff were still waiting for food hygiene training.

## Previous area for improvement 12

Management should ensure that staff are given regular supervision and appraisal. Practice observations should be used as part of these procedures. Staff should be encouraged to develop their skills and practice to support good outcomes for people.

**This area for improvement was made on 8 August 2018.**

## Action taken since then

Supervision and appraisals had been introduced which had given staff the opportunity for one-to-one discussions about their role, skills and development needs.

Further work is required to develop and fully embed supervision and appraisal as an effective and supportive way to develop staff.

## Previous area for improvement 13

The provider and management consider different strategies to support participation in the service. It is important to get feedback and suggestions from people who use the service and their relatives to evidence the quality of the service.

**This area for improvement was made on 8 August 2017.**

**Action taken since then**

This recommendation had been met. People and their families had been offered meaningful opportunities to share their views on the service. Their feedback was carefully analysed and used to make improvements.

It is important that the care home builds on the success of recent participation opportunities.

**Previous area for improvement 14**

The provider should ensure that where an audit has been carried out, the manager must ensure that the audit cycle is completed. A follow up should be carried out to ensure that appropriate action has been taken and the audit has been effective in bringing about improvements to the service.

**This area for improvement was made on 8 August 2017.**

**Action taken since then**

Some quality assurance work had contributed to improved outcomes for people, however, there were still completed audits with areas for improvement which had not been addressed.

**Previous area for improvement 15**

The provider and the management access suitable training about health and safety legislation and relevant issues within a care home. The management should have knowledge in this area in order to perform their role competently.

**This area for improvement was made on 8 August 2017.**

**Action taken since then**

The deputy had attended relevant health and safety training which improved her knowledge and skills. The manager's post was vacant. The provider must ensure that the new manager has the necessary knowledge and skills to perform the role competently.

**Previous area for improvement 16**

The provider and management should develop an improvement plan that clearly states the actions identified, who is responsible and the timescales identified for completion. The plan should be available to staff, people and relatives and other stakeholders.

**This area for improvement was made on 8 August 2017.**

**Action taken since then**

This recommendation had not been met.

**Complaints**

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

# Inspection report

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

### Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

### Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is càinain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جا سکتی ہے۔

ਬਿਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

**هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب**

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.