

## Speyside (Care Home) Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
7 November 2022

**Service provided by:**  
Parklands Limited

**Service provider number:**  
SP2003001893

**Service no:**  
CS2003008823

## About the service

Speyside Care Home is owned and managed by the Parklands Group and situated in the village of Aberlour, Moray. The care home service is registered to provide residential and nursing care for a maximum of 40 older people.

The purpose-built home is located in a residential area of the village. The grounds and gardens are beautifully landscaped. The home is close to the village centre.

The single storey building provides spacious accommodation. There are several communal areas, including a large open plan lounge and dining area, a quiet conservatory and a smaller sitting room. Bedrooms have en suite toilet facilities, with some having showering facilities. There are additional wet rooms and bathrooms located throughout the home.

The aims of the service are:

- To provide excellent, individualised, quality care, promoting independence in a relaxed, friendly atmosphere.

## About the inspection

This was an unannounced inspection which took place on 3 November 2022. The inspection was carried out by two inspectors 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 12 people using the service and one of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

## Key messages

- People expressed high levels of satisfaction with the care service.
- The staff team was stable and knew people very well.
- People lead active lives, with opportunities to take part in new past times.
- People were supported to make choices and these choices were respected by staff.
- The home was integrated into the local community and people were visible and active members of the village.
- There was a focus on supporting people lead active lives and in experiencing positive outcomes.
- More attention should be taken with the comfort and decor of some bedrooms.
- Appropriate referral to allied professionals, helped keep people healthy.
- The staff and management team had developed a culture of improvement, with a focus on improving people's outcomes.

## 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?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People appeared very well. Staff had supported people to look their best and retain their own sense of style and identity.

Staff retention was good. This meant that staff knew people very well. This contributed to the very high levels of satisfaction with the care and support provision. People said 'the staff are very good', 'the girls are just lovely' and 'they are all so kind'. People were in the right place to get the care and support that was right for them.

Staff interactions were respectful and caring. When people required assistance with their care this was done sensitively. This helped reduce people's anxiety.

Care plans and risk assessments were reflective of people's care and support needs. When the health or needs of people changed, the relevant plan was updated. This helped ensure that people got the care and support that was right for them.

People were encouraged to keep active. People who used walking aids to help with mobilisation had these within reach. We observed people walk safely around the home. Regular exercise classes were held to encourage people with movement and muscle strength. Staff were helping people remain well by supporting them to keep active.

People were supported to make their own choices. For example, where they wanted to spend time and what they wanted to do to pass the time. Two people who liked privacy said that their preference was respected and they never felt under pressure to do something that would make them uncomfortable. This showed that staff were respectful and compassionate in how they supported people.

The activities provision had been strengthened, with an activities team that brought their own skills and expertise to the role. This helped people enjoy a very varied activities programme. This helped people pass their day productively and to also experience new things that made their day interesting.

The dining experience was relaxed and sociable. Staff supported people to make a choice of meal and also the size of portion. The menu was varied with familiar meals. There were high levels of satisfaction about the taste and choice at mealtime. We felt the meals were appetising.

There was easy access to drinks and snacks throughout the home. This ensured that people could help themselves when they wanted. This enablement approach was respectful of people's skills and abilities to choose and do things for themselves.

Input from allied professionals was sought when there was a need. For example, if someone was losing weight, the dietician input was requested. This meant that people's treatment plans were updated with their current needs and how best to support those needs. One visiting professional said 'the home promotes the health and wellbeing of people by being proactive in seeking help'.

Many bedrooms were comfortable and personalised to a good standard, however, some lacked items that would create a warm and homely feel. It is important for people living in the home to have a comfortable bedroom that makes them feel at home. **(See area for improvement 1.)**

Visiting was relaxed and supported to meet the needs of the person. Links with the local community were very good. Staff and residents ran the village tea-room on a seasonal basis. This contribution to the local community meant that people were visible and included in their community.

The home was clean and free from odours. The furnishings were in a good state of repair. Staff were knowledgeable and practiced very good infection prevention and control practices. This helped reduce the risks of cross contamination.

### Areas for improvement

1. Improvements should be made to the decor and comfort of some bedrooms. In particular the addition of items that would create a homely environment. In particular to bedrooms used for people who come to live in the home for short periods of time.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

### How good is our leadership?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were supported to have their say. Regular meetings took place that enabled people to hear what was going on in the service and gave them the opportunity to voice their opinions. This meant that people felt included and what they said mattered.

People were involved in their care reviews. This gave them the opportunity to say if their care and support was right and if any changes were needed. The service wanted people to experience care and support that was right for them.

Quality audits were regularly undertaken. Areas such as, medication, nutrition, wound care and infection control, were assessed for compliance. Any improvements identified through these audits were included in the service improvement plan and acted on. This meant that safe practices were maintained.

Care plans and supporting documents were regularly audited to ensure that they were reflective of people's needs. This helped ensure that these documents were up to date.

The service improvement plan was clear and easy to read. The timeframes for completion of any change or improvement was realistic. All staff had access to the improvement plan. This helped staff buy into the changes and ensured compliance.

We felt the auditing of bedrooms prior to people moving in may ensure it was well decorated, furnished and comfortable. This would help with settling in and ensure that everyone had a homely and comfortable bedroom.

## 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

The service should further enhance their capacity to support everyone living in Speyside to choose an active life where possible and participate in a range of meaningful social and physical activities and conversations every day.

To do this, the service should;

- a) Recruit an additional activities co-ordinator to promote and enable people to get the most out of life;
- b) Ensure there is someone available to cover the role of activities co-ordinator in their absence;
- c) Provide training to all staff about the importance of speaking with people at every opportunity, particularly where people are living with dementia; and
- d) Increase the availability of the mini bus for recreational outings.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'People have time to support and care for me and to speak with me' (HSCS 3.16); and

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

**This area for improvement was made on 18 October 2021.**

#### Action taken since then

Improvements had been made to the activity provision. Additional staff had been employed which meant that there was an activity person on duty every day.

The activity programme was varied and was reflective of what people wanted to do. This would ensure that people could choose to pass their time doing something they enjoyed.

Keeping active was a regular feature in the weekly programme. This would help keep people healthy and well.

People who preferred privacy had their choices respected, however, staff had taken time to ensure that they had their book, paper or TV remote at hand. This meant that they could be occupied and not be disturbed.

There were bus runs to places of interest. These were where people wanted to go. This would contribute to conversation and reminiscence.

Care had been taken to have seating areas that helped people to conversed with each other. People had formed friendships and companionship as a result.

This area for improvement has been met.

### Previous area for improvement 2

The service should continue the regular review of people's care plans. Following each review and any change in a person's health and support needs, the current situation about people's health and risks should always be updated within the care plan.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'My personal plan (sometimes referred to as care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

**This area for improvement was made on 18 October 2021.**

#### Action taken since then

Care plans were regularly updated to establish if the care and support was accurate and reflective of people's needs. Any incorrect information or assessment was highlighted and corrective measures were taken.

We felt that care plans were clear and easy to read. They would help inform staff practice and help them care and support people appropriately.

This area for improvement has been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very 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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