

# Antiquary House Care Home Service

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Telephone: 01241 434969

**Type of inspection:**

Unannounced

**Completed on:**

10 May 2019

**Service provided by:**

Balhousie Care Limited

**Service provider number:**

SP2010011109

**Service no:**

CS2010271999

## About the service

Antiquary House is a purpose-built care home located on the outskirts of Arbroath. The service is owned by Balhousie Care Limited and provides residential and nursing care on both a permanent and short-term basis.

It is registered to provide a care service for 58 older people and includes a purpose-built unit for those with higher dependency needs. There are two flats which offer accommodation for adults with a disability.

The stated aims of the service are:

'To deliver exceptional customer satisfaction through our commitment to good quality care in a responsive and understanding atmosphere'.

The service has been registered since October 2010.

## What people told us

This inspection benefitted from support from our Inspection Volunteer Scheme which allowed us more opportunities to gather people's views about the service. People who spoke with our volunteer were mostly positive about the care and support received. They spoke with five people living at Antiquary and five visitors. The inspector also spoke with four people and one relative.

Overall people told us that they were happy with the care and support provided.

Comments included:

"I am happy with the care, he seems well looked after, there is always staff around. The menu is good for choice".

"I have peace of mind knowing he is in good hands".

"The staff keep me informed and up to date with his wellbeing".

"The staff are very nice and helpful".

"I am happy with everything".

"I am well looked after, the staff are very good, they never moan at you. I would recommend this place to anyone".

"Very kind and patient. No meetings yet since new manager. He has written to us".

## 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
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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?	3 - Adequate

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**

We assessed the service to be performing at an adequate level. This demonstrates some strengths which just outweighed weaknesses. Whilst the strengths may still have a positive impact key areas of performance needed to improve.

People should experience warmth, kindness and compassion. Residents told us that they found staff to be caring and supportive.

We observed staff to mostly include residents by chatting with them, explaining what they were doing when helping them and offering reassurance where needed. However, a small number of staff need to be mindful about the importance of including people in discussions. We saw some staff talk amongst themselves and not include people.

**See area for improvement one**

We found that people could get more out of life. The service had the benefit of three activity staff, however, some people told us that there wasn't much to do and that they would like more activities. The manager had recently met with activity staff to discuss how to progress activity provision.

Where people were being supported with activities this was working very well. This included people attending a community walking group, a local dementia café in Arbroath and in-house activities such as quizzes and crafts.

However, there appeared to be more support of activities in some units than others. The range of activities was limited for people who were less able to communicate.

The manager discussed that activity provision would be fully reviewed taking into account people's preferences. This included ensuring that people with higher support needs also had good opportunities to be involved.

**See area for improvement two**

We found that people's health did benefit from their care and support.

The management of medication was adequate and the service had responded to issues by introducing processes to minimise errors. The service was working with GP's to carry out medication reviews.

We saw that health assessments were carried out on a regular basis and that where a concern was identified that the relevant action would be taken to address this. This included involving other health professionals as needed.

Whilst we saw drinks being offered throughout our visit days, at the mealtime we observed people were not offered any drinks. This is important to help people eat well and to promote good hydration.

We also looked at a sample of food and fluid intake charts. Some of these were not fully completed. We would expect that where a need had been identified to monitor a persons intake for a specific reason that this would be carried out.

## See area for improvement three

### Areas for improvement

#### 1. Repeated area for improvement

The provider should improve how staff communicate well with people and included them in daily living and conversations.

**This is to ensure care and support is consistent with the Health and Social Care Standard which state that 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention'. (HSCS 3.1)**

2. The provider should improve the range and availability of meaningful activities offered in the home considering the abilities, preferences and choices for everyone living in the home.

**This is to ensure that care and support is consistent with the Health and Social Care Standard which state that '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)**

3. The provider should ensure adequate fluid intake and where a fluid chart is in place use this to monitor and help manage good hydration.

**This is to ensure care and support is consistent with the Health and Social Care Standard which state that 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences'. (HSCS 1.37)**

### How good is our leadership?

### 3 - Adequate

Since the last inspection a new manager had been employed. He had carried out various quality audits to identify how to improve various aspects of the service including positive outcomes for people and the environment.

The manager had began to introduce some systems to monitor aspects of service delivery. This included establishing regular and planned supervision for staff.

It was reassuring to find that many of the areas for improvement that we found had already been identified by the manager.

Overall people and their relatives told us that they were confident in the support they received from the management team and staff.

The service had yet to develop an improvement plan. This should be done taking into account the findings of their own audits, of the inspection and the Health and Social Care Standards ensuring that improving people's experiences is the primary goal.

It would be beneficial to include people living at Antiquary, their relatives (if appropriate) and all the staff team in the evaluation process. The manager told us that action plans were to be used to develop and review progress.

### See area for improvement one

### Areas for improvement

1. The provider should evaluate the quality of the service using the Health and Social Care Standards in order to make and implement an improvement plan which is used to improve outcomes and experiences for people. This should include consultation with people, their relative and staff and their views being used to inform the improvement plan.

**This is to ensure care and support is consistent with the Health and Social Care Standard which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.9)**

### How good is our staff team?

3 - Adequate

People using the service should feel assured that there are enough staff to support them. They should experience care that is not rushed or delayed.

There had been a significant turnover of staff during the previous year. Recruitment of new staff had taken place safely and most posts had been recruited to. However, the service had ongoing challenges filling night-time nurse posts.

People living at Antiquary told us that mostly staff are available to support them. Most said staff responded promptly, however, some felt they had to wait for lengthy periods when staff were busy.

We discussed with the manager the experience for people when unsupported during a mealtime. He felt that work was needed to ensure that staff were deployed appropriately throughout the home and that they could request assistance from staff in other areas.

We observed that whilst most staff supported people well, there were some instances where staff were task orientated. There were missed opportunities to involve people.

Most people told us that there were staff available, and that they responded quickly to them. However, we had some concerns when we observed residents in one area left unsupervised for at least 15 minutes over lunchtime whilst two staff were supporting one person. This meant that the meal was disturbed for the majority of people.

The manager agreed to ensure that staff knew they could call for assistance from other areas of the home at busy periods.

## See area for improvement one

At the last inspection we identified two areas for improvement which are yet to be taken forward. These were in relation to staff supervision and staff reflecting on their practice.

## See areas for improvement two and three

### Areas for improvement

1. The provider should review staffing levels and deployment of staff to ensure that enough staff are available to support people at the right times. This should include developing senior staff skills to redeploy staff across the home to meet changing support needs throughout the day.

**This is to ensure that care and support is consistent with the Health and Social Care Standard which state that 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me'.(HSCS 3.16)**

2. The provider should further develop opportunities for meaningful supervision and support for staff to allow them to reflect on their practice.

**This is to ensure care and support is consistent with the Health and Social Care Standard which state 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)**

3. The service should ensure that they evaluate staff training and encourage staff to evaluate their learning, and reflect on how this shapes their day-to-day practices and improves outcomes for service users.

**This is to ensure care and support is consistent with the Health and Social Care Standard which state that 'I have confident 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)**

## How good is our setting?

## 3 - Adequate

We found that outcomes for people would improve if the setting could further promote people's independence. We acknowledged that there may be some limitations due to the layout and age of the building. The manager had started to complete an environmental assessment tool designed to help identify areas for improvement specific to supporting older people. This included signage and lighting as two key areas.

Access to outdoor space is important in encouraging people to move around and get fresh air.

We discussed that most people currently cannot access outdoors independently. This limits people's independence and makes demands on staff when people want to go outside.

The garden area, although well maintained was neither easily accessible or secure. The manager was looking at how best to use the outdoor space available and planned to ensure that people could access this area safely. We will follow-up progress at the next inspection.

We did see that some re-decoration of communal areas had been carried out and this provided some additional seating areas for people. People's bedrooms had been decorated to suit them and they were able to bring items from home to make the room theirs.

The service identified another area for improvement to be to help people to do as much for themselves as possible. This included household tasks and maintaining their mobility.

### See area for improvement one

An area for improvement identified at the last inspection was to identifying areas for improvement of the environment using recognised assessment tools. This assessment had now taken place and the provider was planning environmental improvements as a result. We will follow up progress at the next inspection.

### Areas for improvement

1. The provider should ensure that people are able to access the outdoors at any time they choose.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11) and 'If I live in a care home, I can use a private garden.' (HSCS 5.23)**

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

**3 - Adequate**

Prior to admission to the service a pre-admission assessment was carried out for each person to ensure that the service could meet their needs. The service gathered information from the person themselves, their families and other health professionals.

We spoke with one person and their relative who had recently come to live at Antiquary. They told us that someone had visited them at home and got to know them and how to support them.

People should be able to benefit from care plans which are regularly reviewed, evaluated and updated consistently to inform all aspects of the care and support they experience.

The service had recently moved to a new on line computerised care planning system. This had been introduced over the previous six months. Overall we found that the care planning gave an adequate guide for staff about how to support people in their preferred way.

We sampled five plans and found that most of these were up-to-date and evaluated. Areas for continuing improvement included ensuring that the quality of information was to a good standard. We saw that some plans provided a very good level of detail to guide staff about the best way to support a person, whilst, others lacked the level of detail that would help staff to support people well.

We discussed some inconsistencies that we found in the electronic system which should be addressed to ensure that the care plans are easy to read and understand.

There continued to be some aspects of the new system that needed further development. The manager said that staff would be given additional support or training as needed.

**See area for improvement one**

## Areas for improvement

1. The provider should ensure that the electronic care planning system is used well, ensuring that staff understand it completing individual plans to a consistently high standard and that implementation issues are resolved.

**This is to ensure that care and support is consistent with the Health and Social Care Standard which state that 'My personal 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)**

## 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 provider should ensure that care plans are updated to fully reflect service users current needs and wishes.

**This is to ensure that care and support is consistent with the Health and Social Care Standard which state that 'My personal 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 4 June 2018.**

### Action taken since then

The service continue to progress the new computerised care planning system. Some care plans provided good detail about how to support people, however, others required more input. (An amended area for improvement is made)

### Previous area for improvement 2

The provider should improve how staff communicate well with people and included them in daily living and conversations.

**This is to ensure care and support is consistent with the Health and Social Care Standard which state that 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention'. (HSCS 3.1)**

**This area for improvement was made on 4 June 2018.**



**Action taken since then**

We found that the majority of staff were good at including people in daily living and conversations. However, a small number of staff need to be more mindful of this. The manager has agreed to address this with staff who need guidance on this aspect of working with people.

**Previous area for improvement 3**

The provider should take forward the implementation of the King's Fund Tool to identify areas for environmental development across all units and use the findings to inform their development plan.

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

**This area for improvement was made on 4 June 2018.**

**Action taken since then**

The King's Fund Audit Tool completed by the previous manager could not be located. The new manager had carried out the assessment again and planned to take this forward with the provider.

**Previous area for improvement 4**

The provider should further develop opportunities for meaningful supervision and support for staff to allow them to reflect on their practice.

This is to ensure care and support is consistent with the Health and Social Care Standard which state 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)

**This area for improvement was made on 4 June 2018.**

**Action taken since then**

There had been some progress towards opportunities for meaningful supervision. This was addressed as not all staff, yet had recent supervision.

**Previous area for improvement 5**

The service should ensure that they evaluate staff training and encourage staff to evaluate their learning, and reflect on how this shapes their day-to-day practices and improves outcomes for service users.

This is to ensure care and support is consistent with the Health and Social Care Standard which state 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)

**This area for improvement was made on 4 June 2018.**

**Action taken since then**

The previous manager had introduced a new format for staff to evaluate their learning and record this as evidence of professional development with their regulatory body. This had yet to be fully implemented. We will follow this up at the next inspection.

## 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
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?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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