

Alastrean House Care Home Service

Tarland
Aboyne
AB34 4TA

Telephone: 01339 881235

Type of inspection:

Unannounced

Completed on:

24 May 2019

Service provided by:

Balhousesie Care Limited

Service provider number:

SP2010011109

Service no:

CS2005087489

About the service

Owned and managed by Balhousie Care Ltd, Alastrean House was registered to provide a care service to a maximum of 51 older people.

Alastrean House is a traditionally built home set in its own grounds in rural Aberdeenshire. All the bedrooms are single rooms with en suite facilities. There is a variety of communal sitting and dining rooms. Alastrean House's aims and objectives document states that '.....we aim to deliver exceptional customer satisfaction through our commitment to good quality care in a responsive and understanding atmosphere', and '.....provide effective 2-way communication throughout the service'.

The service employs a team of nursing, care, domestic and catering staff with varying degrees of skills, expertise and qualifications.

This service has been registered since March 2005.

What people told us

We spoke to ten residents, who stay at Alastrean House. We also spent time observing staff practice in the home and how the staff interacted with residents. We received very good feedback regarding the food and how much the residents enjoyed staying at Alastrean. They described staff as "aye smiling".

We saw residents and staff interacting in a warm, relaxed and caring manner. We also sent 20 questionnaires to residents, of which two were completed. Some were completed with the assistance of staff and/or relatives. Concerns were raised regarding the lack of staffing at times. However, both respondents indicated that they were very happy with the service received.

We sent 20 questionnaires to relatives or friends of residents, of which 11 were completed and returned to us. All relatives indicated that they had some concerns regarding the quality of the service provided. These concerns were in relation to staffing, poor management and poor communication. We looked at these concerns as part of the inspection.

We spoke to three relatives during our inspection. They expressed how "happy" they were now with the support and care that their relatives had received. One relative said they felt they were more than happy to discuss any concerns with the interim manager, and that things had much improved since they completed their questionnaire.

The views of the residents and their families have greatly informed the findings of this inspection and are included throughout this report.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
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How good is our leadership?	3 - Adequate
How good is our staffing?	4 - Good
How good is our setting?	5 - Very Good
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?

4 - Good

We found that outcomes for the residents regarding their daily care and support had greatly improved since the last inspection. There is an experienced interim manager in post who was working with staff to improve the outcomes for the residents. There remained several areas that still required further development, however, the new management team were working closely with residents, families and staff. We graded the service as being good.

Residents should experience care and support that is right for them and residents experience warmth, kindness and compassion. We spent a significant amount of time observing staff practice in the home and how the staff interacted with residents. We found that the culture and ethos within the home had significantly improved. Staff were now working as a team to ensure that residents were experiencing the care and support, they needed. There was a focus, by all staff, on improving the resident's quality of life and not just meeting their needs. Staff were respectful and took time to chat and engage with the residents, even those who preferred to stay in their bedrooms. One resident said, "we are very lucky here".

Residents should be able to maintain and develop their interests, activities and what matters to them in the ways that they like. There was a wide range of activities and events, led by a very competent activities coordinator. Residents' lives were being enhanced by staff promoting daily life skills such as being supported to go outside, when they wished, reading and being involved in the local community. There was also a very active Facebook page that families interacted with and posted many positive comments.

Residents should have suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning. The dining experience had significantly improved since the last inspection. Staff were respectful, helpful and chatty while assisting the residents to eat. One resident said they weren't hungry, but a staff member took time to leave a small portion of lunch. The resident then ate their meal. This demonstrated that staff were now quietly encouraging residents with their meals and enabling choice.

Residents should experience high quality care and support. Concerns were raised regarding the quality of care and support provided to some residents. The management team were working very closely with external healthcare professionals to ensure they had all the necessary information and resources to improve the wellbeing of these residents. Although areas of poor practice had been identified, the staff and management had taken or were in the process of implementing change to improve the residents' health, wellbeing and quality of life.

How good is our leadership?

3 - Adequate

The service and organisation should be well led. Since the last inspection, there has been a complete change in the management team and senior management within the organisation. An experienced interim manager was in post and the organisation were actively recruiting for a permanent manager. We received a lot of very positive feedback regarding the interim manager and the improvements that had been made, about how the home was being run. Relatives and residents said they were happy to discuss their concern and said things had changed, for the better. There was a genuine ethos and desire to create a positive culture within the home.

Residents should benefit from a culture of continuous improvement. The home remained in a state of transition. We found that the quality assurance processes and procedures had begun to be an integral part of how the service operated and developed. Baseline audits had been undertaken and detailed development and improvement plans were in place to address concerns identified. A variety of both formal and informal methods were used to seek feedback from residents and relevant others. All the suggestions we made throughout the inspection process were promptly addressed or appropriate steps taken to implement. A previous requirement which was made regarding developing a culture of sustained improvement remains a work in progress and will be continued. **(See requirement 1)**

Concerns regarding staff practice had been dealt with promptly by the management team. Appropriate action had been taken to ensure that staff had begun to learn from any incidents or concerns raised. Staff have been involved in changing practices and procedures within the home. Staff demonstrated a pride at working at Alastrean.

Requirements

1. In order to ensure there is a culture of sustained improvement, the provider must ensure that the quality assurance processes are effective in identifying, preventing and promoting outcome focused care. The processes should be responsive to improving the outcomes for service users and actively drive good practice and standards forward by 31 November 2019.

This is in order 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). It is also necessary to comply with Regulation 4(1)(a) - Welfare of Users of the Social Care and Social Work Improvement Scotland Regulations 2011.

How good is our staff team?

4 - Good

The staff group in the home were more settled. This resulted in many more positive outcomes for the residents and their relatives. Although the service was still reliant on some agency staff, we found the quality of staffing to be good.

Residents should experience stability in their care and support from staff who know their needs, choices and wishes, even if there are changes in the organisation. We saw that staff, even the agency staff, knew the residents very well. They interacted with the residents with warmth and genuine understanding. Staff were friendly and greeted all the residents with a smile and kind word. There was a lot of laughter and fun in the home. Residents and staff were seen sharing jokes.

It is important that residents experience consistency and continuity and care should be well coordinated. We found that communication and team working had improved regarding the residents' daily life. There had previously been a few instances where poor communication and poor practice, had resulted in negative outcomes for some residents. The management team had acted promptly to address these concerns. A previous area for improvement regarding staffing roles has been met.

It is important that residents' needs are met by the right number of staff. Concerns had been raised regarding the lack of staff. There has been a high turnover of staff since the last inspection and this has had an impact on the residents and the relatives. The management team were formally reviewing the staffing levels and how staff were deployed within the home. This had assisted in ensuring that the appropriate staffing levels and deployment of staff was based on the residents' needs and dependencies. Although the home continued to rely on agency staff, these staff formed part of the staff team. An agency staff member said, Alastrean was "a great place to work" and "I feel part of the team". This had resulted in better team working and improved staff morale. Two previous requirements regarding staffing levels and staff competency has been met.

How good is our setting?

5 - Very Good

We found that the cultural and physical environment at Alastrean to be very good.

It is important that residents live in an environment that is well looked after. Much effort had been made to ensure that the overall appearance of the home was very good. We found that the home was decorated and maintained to a very high standard. Guidance on creating a dementia friendly environment had been considered in the home. The service had put much thought into how the home could be appealing and welcoming for residents and their visitors.

Residents should have a mix of private and communal areas including accessible outdoor space. We saw residents making good use of all the areas of the home. They could choose where they wished to spend their time and could move easily through each area. Staff frequently took those residents who wished to go outside into the garden or the extensive grounds. There was a relaxed, welcoming environment in the home.

Residents should be safe and secure. Staff had formally considered the potential risk to residents and their specific needs. Appropriate steps had been taken to reduce any risk of harm. For example, the use of sensor mats, to reduce the risk of falls. However, staff need to ensure this good practice is fully documented and takes into account the principles of the Adults with Incapacity Act. This will ensure that the actions taken are reviewed and that these remain the least restrictive option for each resident affected.

Residents should live in an environment that is secure and safe. Regular maintenance checks were undertaken by the maintenance and external contractors. Prompt action was taken by the management team to address any defects or concerns identified. We were aware that the lift was non-functioning for a period. This had an impact on many residents who were unable to move freely around the home. Systems and processes have now been implemented to ensure repairs are undertaken more swiftly by the external suppliers.

We found that the physical and cultural environment within Alastrean enriched the residents' quality of life and provided a nice place to stay that promoted positive outcomes.

How well is our care and support planned?

3 - Adequate

Residents' personal plans should be right for them. It should set out how their needs will be met, as well as their wishes and choices. The management team had identified some concern regarding the documentation within the home. This resulted in the changes in the residents' health, welfare and wellbeing not being fully

documented. Due to the temporary use of agency staff, there was potential for care practices to be inconsistent, specifically in supporting residents whose dependency and needs had changed. The organisation had recently introduced a new electronic care planning system, with the aim to make it more efficient. Staff were still coming to terms with the new system and process.

Residents should be involved in developing and reviewing their personal plan and it is important that residents' views are sought and their choices respected, especially if they have reduced capacity to fully make their own decisions. We found that the care review process was not always being used effectively to identify the residents' thoughts, views or wishes. There was limited evidence of residents and/or relatives being involved in planning their care or support. A previous area for development regarding care planning has not been met and has been changed to a requirement. **(See requirement 1)**

Requirements

1. The provider must ensure that all service users' personal plans are reviewed in order to ensure that they contain all of the required up to date information about each resident's care and support needs. Particular attention should be taken to ensure that all care plans are outcome focused. Personal plans should detail the action taken by staff to prevent risk, as well as the actions taken to assist and support residents who display stress or distress reactions, as required medication or at their end of life by 31 November 2019.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15). It is also necessary to comply with Regulation 5 - Personal Plans of the Social Care and Social Work Improvement Scotland Regulations 2011/210.

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

Requirements

Requirement 1

In order to ensure there are the right number of staff, the provider must ensure that the home is appropriately staffed, at all times, to ensure the safety of the residents and that the residents' quality of life improves by 15 October 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that 'My needs are met by the right number of people' (HSCS 3.15), and in order to comply with Regulation 4(1)(a) - Welfare of Users and Regulation 15(a) - Staffing of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 31 October 2018.

Action taken on previous requirement

See body of report for details.

Met - outwith timescales**Requirement 2**

In order to ensure there is a culture of sustained improvement, the provider must ensure that the quality assurance processes are effective in identifying, preventing and managing falls. The processes should be responsive to improving the outcomes for service's users and actively drive good practice and standards forward by 31 December 2018.

This is in order 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), and in order to comply with Regulation 4(1)(a) - Welfare of Users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 31 October 2018.

Action taken on previous requirement

See body of report for details.

Not met**Requirement 3**

In order to ensure that residents have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

The Provider must by 29 March 2019 review and improve systems of reporting and investigating significant incidents. This must include:

- All staff must be made aware of their duty to report and clearly record incidents.
- All staff must receive training with regard to protection of vulnerable adults and their duty to follow local policies and procedures.
- All staff must review and reflect on their Moving and Handling practice.
- All staff must be made aware of their responsibility to involve and consult with residents' relatives/representatives and Welfare Powers of Attorney.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14), and in order to comply with Regulation 4 (1) (a) (Welfare of users) and Regulation 15 (Staffing) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 28 February 2019.

Action taken on previous requirement

See body of report for details.

Met - within timescales

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 must undertake a review the staffing roles within the service to ensure there are enough competent staff to monitor, assess and promote good practice and a positive culture.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15)

This area for improvement was made on 26 September 2018.

Action taken since then

See body of report for details.

Previous area for improvement 2

The provider must ensure that all residents' personal plans are reviewed in order to ensure that they contain all of the required up to date information about each resident's care and support needs. Particular attention should be taken to ensure that all care plans are outcome focused. Personal plans should detail the action taken by staff to prevent risk as well as the actions taken to assist and support residents who display stress or distress reactions or at their end of life.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

This area for improvement was made on 26 September 2018.

Action taken since then

See body of report for details.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
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	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
How good is our setting?	5 - Very Good
4.2 The setting promotes and enables people's independence	5 - Very Good
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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