

Deeside Care Home Care Home Service

Cults Avenue
Cults
Aberdeen
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Telephone: 01224 869816

Type of inspection:

Unannounced

Completed on:

4 October 2018

Service provided by:

Deeside Care LLP

Service provider number:

SP2013012104

Service no:

CS2013318602

About the service

Deeside Care Home is registered to provide a care service to a maximum of 68 older people. The provider is Deeside Care LLP. The home is situated in the Cults area of Aberdeen and is close to local amenities, including shops, a library and local transport routes. The building is set out over five floors with accommodation for residents on the ground, first, second, and third floors.

The home is spacious and residents have en suite facilities and a range of communal areas.

The aims and objectives of the service are to "provide a high standard of individualised care to all service users... to be treated with care, dignity, respect, and sensitivity to meet the individual needs and abilities of the service user."

This service registered with the Care Inspectorate on 15 October 2013.

What people told us

We spoke to 10 residents, who stay at Deeside Care Home. We also spent time observing staff practice in the home and how the staff interacted with residents. We received very good feedback regarding the staff. They said staff were "the very best" and that they were "wonderful". One resident said in a questionnaire, issued by the home, "I could not wish for better care, love or support". We spoke to three relatives during our inspection. They expressed how "delighted" they were with the support and care that their relatives had received.

There were some minor concerns raised about the food choices available, the occasional lack of detail not observed by staff and that staff were not always free when residents wanted to go out for a walk. Overall residents and relatives were very happy with the service provided. 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?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	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 assessed the service to be performing at a very good level. A new manager had recently taken up post. We were delighted to see that the service continued to build on the previous practice. All areas for improvement discussed and highlighted at the last inspection had been put into practice. These have enhanced or promoted improved outcomes for the residents.

It is important that residents experience warmth, kindness and compassion. One of the main factors in the home was that the ethos and culture set by the previous management team had been maintained by staff. A resident spoke very highly of how well the team worked together and said this was due to "staff knowing me really well". Residents were treated with dignity and respect. They were not hurried; staff were working at the residents pace. This is achieved by people working together. It was clear that the residents wishes were very important to staff. We were told that communication between residents, relatives and staff was very good. Relatives spoke highly of being involved in the life of the home and being made to feel welcome. Staff also spoke of the systems that were in place to make sure information about changes in the residents care and support needs were passed on to other staff. This had assisted in providing good continuity of care for the residents.

Residents should experience care and support that is right for them. There was a stable compassionate team of staff. It was clear that staff knew the residents very well. They were aware of how they like to spend their time and tried hard to make sure the residents remained as independent as possible within the home. Staff were able to discuss in detail, residents abilities and how they were encouraging and supporting them. Staff were often described as "wonderful". There was an ethos of kindness and compassion in the home. Staff were also fully aware of the residents families and the dynamics of each family. This assisted in supporting and safeguarding the residents. However, staff need to fully consider the principles of the Adults with Incapacity Act when a resident's independence, control and choice are restricted. Staff had a clear understanding of safeguarding and the Adult Support and Protection (ASP) procedures. Appropriate steps were in place to report any incidents or concerns promptly to the ASP team.

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 or events on offer to residents. This was led by a dynamic enthusiastic activity coordinator. However, at times the care staff focused on 'events' rather than improving and enhancing the residents' quality of life. At times many of the residents, especially within the dementia unit on the ground floor, were sitting sleeping waiting for the next 'event' to take place. We discussed our concerns with the management who began to consider ways in which the resident's daily life could be enhanced. We look forward to seeing the positive impact this cultural change will have on the outcomes for the residents.

The treatment or interventions that residents experience should be effective. If a resident needs medication this should be given in the best way suitable for the resident's needs. Residents were receiving their medication in accordance with the prescriber's instructions.

Residents should have a choice of suitably presented and healthy meals and snacks and take part in menu planning. There was some varying feedback regarding the quality of the meals. Most the residents we spoke to were delighted with the meals. The dining experience could be further enhanced to promote a more social experience. This in turn may assist those residents with poor memories become more involved in the life of the home.

It is important that residents' needs are met by the right number of staff. The manager was formally reviewing the staffing levels and how staff were deployed within the home. This assisted in ensuring that the staffing

levels and deployment of staff is based on the residents' needs and dependencies. We received no concerns about the staffing levels in the home, other than at times when the staff were busy.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

5 - Very Good

Resident's personal plans should be right for them. It should set out how their needs will be met, as well as their wishes and choices. We found that many elements of residents' personal plans contained a lot of details that were specific to each resident. There were some good examples of where care was focused on outcomes for people. These examples should be shared to promote consistent practice. Residents said that they felt that the staff knew them very well and were able to give the care they wished. Although the standard of documentation was good, there were areas that did not always clearly show the changing care and support needs. This resulted in the good practice and the many positive improvements and achievements in the residents' welfare and wellbeing not being documented. Therefore there was a potential for care practices to be inconsistent, specifically in supporting residents who became upset or anxious or those who may be at risk. The management team and staff were working together to improve the documentation.

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. Where residents had someone else with the legal responsibility for acting on their behalf there was limited evidence that staff were fully aware of their legal powers. We directed the manager towards the Mental Welfare Commissions good practice guidance. We found that the care review process was being used effectively to identify the residents' thoughts, views or wishes. Residents spoke highly of their relationships with the staff.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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