

Anderson's Care Home Service

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Elgin
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Unannounced

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Service provided by:
The Governors of Anderson's

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CS2003008845

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service has been registered since 2002.

Anderson's can provide 24 hour care for up to 53 older people. Care is provided in two buildings, Anderson's for up to 41 residents and Easton for up to 15 residents. Anderson's building dates back 1832 when it was completed from a substantial bequest from locally born General Anderson. Both Anderson's and Easton have been adapted to become care homes. Anderson's is operated as a charity by a voluntary board of governors. At the time of our inspection there were 46 people living in the service.

Anderson's is a two-storey building, divided into four units or wings: Morris, Munro, Harrison and Ogilvie. Easton House is a completely separate three storey Victorian building in an adjoining garden. There are well decorated and furnished lounges and dining areas in each of the units.

The service offers single accommodation, with en-suite toilet and wash hand basin facilities. Each unit has its own shared upgraded shower and bathing facilities.

There are landscaped and safely enclosed gardens that are easy to access from lounges on the ground floor of the main building.

Anderson's is close to local amenities including shops, churches and cafes.

From their information brochure it states, 'In Anderson's, we believe that people in residential care should be able to enjoy a quality of life equalling, even surpassing what can be available to older people in their own homes.'

What people told us

We sent out care standard questionnaires to be given randomly to residents (20) and relatives of people using the service (20). We received 19 completed from residents and 16 completed from relatives. Both groups were asked whether they were happy overall with the quality of the care provided and all agreed or strongly agreed with the statement. Comments were all very positive and included:

'I am a new resident and have already been out in my new electric wheelchair to the local biblical gardens with support of staff. I feel this is a good care home.'

The facility itself is lovely and in good repair. The programme of events is varied and there is always something entertaining going on that everyone can join in with or not if they choose. I feel happy that my relative is in good hands and as such her health has improved greatly.'

During the inspection, the inspection volunteer and the inspector spoke to several residents and relatives, and we have taken the views expressed into account. Some comments are included within the 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?	4 - 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 that the service performance demonstrated major strengths in supporting positive outcomes for people. There are very few areas for improvement.

From our observations and from talking to residents and relatives, it was evident that residents and relatives had very positive opinions about the care they received. A relative stated "I have been incredibly impressed with all aspects of care at Anderson's. The staff genuinely care about the residents and treat them with respect and kindness." Everywhere in Anderson's and Easton there was a friendly warm atmosphere with staff and residents

getting on well together. I often saw staff as well as being helpful, give a hug or a comforting touch to a resident's arm and sharing a laugh with the person.

All care staff had a copy of the new care standards and staff talked about trying to apply them in their practice. Staff made sure they knew what residents wanted by checking with them and by offering them choice.

Residents and relatives indicated that they had been involved in any decisions made about care. Management ensured that they had copies of the appropriate documents if a relative or others had a legal right to make decisions for a resident. This meant that staff knew who should be consulted about resident's care. Care plans indicated that residents were actively supported to use their right to vote.

Relatives and residents stated that residents were able to choose how they wished to live their lives in the care home and comments indicated that people felt better for living at Anderson's, 'her health has improved greatly.' All residents were encouraged to get the most out of life and could join in with the varied meaningful activities on offer both within the home or in the gardens. Anderson's had an exceptional number of connections to the community which resulted for example in joint projects with children's groups and lunches out. Their location in the centre of Elgin meant residents could easily access various resources as well as frequent trips further afield. A resident said: 'Plenty activities, enjoyed the bairns singing today. There is always lots of music.' Residents were consulted for ideas and feedback about the activities and about the service generally.

Staff followed best practice guidance regarding completing comprehensive assessments of residents needs. Accredited screening tools were used including the Malnutrition Universal Screening Tool and the Waterlow scale which helped to assess the risk of developing a pressure sore. Assessments were updated regularly with staff involving relevant allied health professionals when necessary. There were very good working relationships with visiting professionals, confirmed by two specialists who both were very complimentary about the way the service was organised and the quality of care provided.

The cook spoke of her ways of checking with the residents their views of the food offered and how she obtained new suggestions. There were many positive comments about the meals provided including: 'The food is wholesome' The cook used a good variety of fresh fruit and vegetables every day. Residents usually ate in the wing they lived in unless there was a celebration in the large communal hall, or in the summer, residents might eat in the safe garden. Each wing's dining areas were domestic sized where a peaceful, relaxing atmosphere could be created. Staff provided assistance respectfully to the residents that needed this level of support. Snacks and drinks were available at all times so that residents could access them.

We noticed some of the dining tables looked rather shabby and which needed restoring.

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?

4 - Good

There were a number of important strengths which, taken together clearly outweigh areas for improvement. The strengths will have a significant positive impact on peoples' experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People's care plans should be right for them because they set out how their needs will be met, as well as wishes and choices.

Personal plans generally had very good detail and person centred information to inform care staff of how best to support each resident and achieve their personal outcomes. All had information about the person's history, interests and preferences. Residents were as involved as possible in decision making including in anticipatory and end of life plans.

Management kept a case tracker up to date to help make sure each personal plan was reviewed at regular intervals as required.

New posts; care practitioners had been developed whose role was to create and ensure care plans were up to date and reviewed. This initiative should result in more consistency of documentation within the care plans. Care practitioners talked to residents, relatives and care staff to obtain appropriate information for the plan. Care staff had read residents care plans and were encouraged to do so.

We looked at care plans about how to support residents who may be stressed or distressed. We found that they did not contain much useful information that would help staff to manage an episode of perhaps angry, distressed behaviour. It is important that staff have some understanding of the reasons that residents may become distressed and recognise that their behaviour especially if they are cognitively impaired can be a form of communication.

We also found that risk assessments about mobility did not reflect what was happening in practice. Management should ensure that these risk assessments be reviewed and staff adhere to their guidance. **(See area for improvement)**

Areas for improvement

1. Management should review care plans and risk assessment documentation to ensure that they provide suitable, person centred information that will guide staff to provide effective support. Care plans should follow best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards: 1.12 I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change,

1.15 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,

1.19 My care and support meets my needs and is right for me,

1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected and

1.24 Any treatment or intervention that I experience is safe and effective.

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	6 - Excellent
1.3 People's health benefits from their care and support	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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