

# Annfield House Care Home Service

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Stirling  
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**Type of inspection:**  
Unannounced

**Completed on:**  
8 November 2019

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300632

## About the service

This service registered with the Care Inspectorate on 31 October 2011.

Annfield House Care Home is registered to provide a care home service to 50 older adults and is based within a small pleasant residential area of Stirling. The care home provider is HC- One.

The accommodation is provided over three floors of the building with two bedrooms in the basement level of the home that are used primarily for respite provision. Bedrooms are single and have a variety of en-suite facilities. There are a range of communal areas which can be used by residents and their visitors throughout the care home. There is a patio area with seating and tables to the rear of the building which is accessed from the dining room on the ground floor and there is a small parking area to the front of the building.

The home makes use of a mini bus for outings for the residents.

## What people told us

We spoke with four relatives who were visiting the service and eight residents during our inspection. The views of people were overall very positive. People told us the home was always fresh and clean, staff were always available and were kind and attentive and there was a range of meaningful activity. People told us that this had improved. Other comments we heard included:

"I am always updated, communication is good"

"I haven't been here long but everyone is kind and I have been made most welcome"

"Care in here is superb, attention we get is wonderful, time is taken to listen to us"

"I enjoy getting a bath and getting one later today I like a good soak and it's a terrific bath"

"Overall I am content, the staff are lovely, and I don't know of any improvements that could be made"

"No complaints whatsoever."

## 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
How good is our leadership?	4 - Good
How good is our staffing?	5 - Very Good
How good is our setting?	4 - Good
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?

4 - Good

We observed staff providing very caring and compassionate care to residents, in particular for those who were showing signs of confusion or agitation. This was carried out in a respectful and kind manner that provided people with reassurance.

Residents we spoke with told us their routines were respected, for example when people went to bed or when they wanted a bath instead of a shower. We also spoke with a number of people who preferred to stay in their bedrooms, and although they were offered to participate in group activity or mealtimes, again their choices were respected and adhered to.

Meal times were efficient, with choices being made at the table. There were enough staff available at meal times. We noted however, for some people who were asleep at the table or who had left their meal were not offered assistance or offered an alternative meal. **(See area for improvement 1)**

The medication records held by the service were mainly of a very good standard, with regular reviews being undertaken. Good pain relief procedures were in place, and checks of stock were carried out regularly to ensure people did not run out of medicine. We saw that for people who needed cream applications, there were some instances whether it was not evidenced that this was carried out. This is important so that skin does not become too dry and more at risk of breakdown. **(See area for improvement 2)**

People benefit from spending their day in a meaningful way, this promotes both mental and physical wellbeing. It was pleasing to see therefore there were regular opportunities for people to socialise and take part in an activity that was of interest to them. We saw that residents enjoyed light exercise sessions, visits from therapy dogs, outings on the minibus and visits to the local shops. We heard from one resident who liked to visit her friend in the community and was encouraged to do so. School children visited the home to undertake reading groups and complete homework with the residents, this was a very positive social visit that was of benefit to both the residents and the children. We were also pleased to see that some residents liked to undertake household tasks for themselves, such as making tea or coffee, putting away laundry and collecting and washing dishes. This promoted people's independence and ensured that these skills were not lost.

We noted from the care plans we looked at there were a variety of professionals who supported people, for example dietician, community psychiatric nurse and links with the tissue viability service. This ensured that people's health needs were being monitored and people remained well for as long as possible.

## Areas for improvement

1. People should receive good nutrition every day to promote health. Alternatives should be offered when meals are left uneaten.

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

2. To ensure people's skin remains healthy and to prevent breakdown, it should be evidenced this is being carried out in accordance with their care plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards that state 'My care and support meets my needs and is right for me.' (HSCS 1.19)

## How good is our leadership?

4 - Good

Overall staff that we spoke with, including new staff, told us they felt well supported by the management team. Staff were encouraged to attend a variety of training opportunities that promoted their career development. Staff were aware of their responsibility to register with professional bodies such as the Scottish Social Services Council (SSSC) and NMC (Nursing and Midwifery Council) and were supported to gain any qualifications required as part of this.

A variety of quality assurance audits and checks were undertaken across the service, this highlighted any discrepancies and corrective associated action to be taken. We could see that clinical information such as skin care, weight loss and any infection or illness were monitored closely with regular information sharing and action undertaken. This ensured that people received treatment identified without delays.

The service had attempted to gain feedback from people who lived in the home, alongside their relatives. Meetings for both residents and relatives were not well attended. Numbers of survey responses were quite low and the service should think about other methods to gather the views of people who do not use the electronic surveys. The Health and Social Care Standards should also be considered when gathering feedback. The development plan for the service should include this area and what action has been taken from any feedback gathered. **(See area for improvement 1)**

## Areas for improvement

1. The provider should regularly involve people in a meaningful way with the planning of any improvements to the service. The Health and Social Care Standards should be included in this work.

This is to ensure that care and support are consistent with the Health and Social Care Standards which state 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.6) and 'I can be meaningfully involved in how the organisations that support and care for me work and develop.' (HSCS 4.8)

## How good is our staff team?

5 - Very Good

We found the staff team to be performing at a very good standard. We concluded this after gathering feedback from both residents and relatives, and looked at a variety of records. We also spoke with staff on duty, looked at the skill mix of staff and also how they supported residents. Overall we were highly satisfied with our findings.

Staff that we spoke with told us they supported each other well, and worked together as a team. It was pleasing to hear from new staff that the existing staff were very welcoming, and ensured that they were aware of their duties and could carry these out with confidence.

Induction and training records all highlighted good opportunities for learning and development of the staff team. This ensured that residents were supported by people who had the skills to do so.

The nursing staff told us they had undertaken palliative care training and this was then rolled out to the nursing assistants. All staff were confident with putting their newly learned skills into practice. This ensured that people who were receiving end of life care were treated with dignity and compassion.

During our observations, we saw there was always staff visible and people told us they received care and support when they needed it. This was also verified from staff rotas that showed enough skilled staff were on duty to meet the needs of people. We saw warm and friendly relationships with staff towards each other and also the residents, with afternoons in particular including a fun activity session that everyone enjoyed.

## How good is our setting?

4 - Good

The general maintenance and safety of the building is carried out within the expected timescales, promoting the health and safety of residents.

There are three floors within the home, each having their own dining area and communal lounge. There is a secure, enclosed garden area for residents to access. The manager told us that the dining room can be booked for families who want this and also going forward the use of current training room can be utilised as a separate visiting area.

Residents were able to use the bathing facilities within the home if this was their preference.

People should be able to easily orientate themselves around the building with use of signage, this also ensures they can find where they want to go independently such as bathrooms, dining rooms and lounges. We have asked the service to ensure that this is progressed going forward. **(See area for improvement 1)**

## Areas for improvement

1. Residents should be able to independently orientate themselves within the home and aids such as good signage should be in place.

This is consistent with the Health and Social Care Standards that state "I can independently access the parts of the premises I use and the environment has been designed to promote this."

## How well is our care and support planned?

4 - Good

The planning of care and support is of a good standard. The service undertakes a pre-admission assessment for all residents to ensure that they can meet the needs of people. We looked at care plans for newly admitted residents and we saw that the information in these was to a good standard, for example monitoring food and fluid intake for first few days and ensuring people were registered with a GP quickly.

Care plans were regularly updated and checked to ensure people's needs were being met. We suggested that these would be even more effective if the Health and Social Care Standards were incorporated into the plans, but we did acknowledge the plans had improved overall since the last inspection. **(See area for improvement 1)**

The reviews of people's care were carried out within the six month timescale as required. We found that the views of both residents, relatives or those with welfare powers could be gathered more meaningfully and again, taking the health and social care standards into account for future planning. **(See area for improvement 1)**

The service had attempted to put in place anticipatory care planning for end of life care, however this was not consistent for everyone. The service should progress with this to ensure people's wishes are adhered to should their health deteriorate. **(See area for improvement 2)**

## Areas for improvement

1. People should have their care reviewed that includes a focus on their strengths, using an enabling approach with any representative of the person being fully included. Advocacy should be considered for those who have no representative. The Health and Social Care Standards should also be included in the care planning.

This is to ensure that people's current and future health needs are being addressed in a planned way and is consistent with the Health and Social Care Standards which state 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12)

2. Residents, relatives or representatives should have opportunities to discuss future care planning that considers the needs and wishes of people whose health deteriorates.

This is to ensure that care and support is consistent with the Health and Social Care Standards that state 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.' (HSCS 1.7)

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

## Requirements

### Requirement 1

The following requirement was made after an upheld complaint.

The provider must be able to demonstrate that where a service user is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this and any resulting treatment is recorded. The systems must include provision for the training of staff to ensure that where service users are unable to communicate the fact that they are in pain, staff nevertheless have the skills and knowledge to be able to respond appropriately.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI 2011/210 regulations 4(1)(a), 9(2)(b) and 15(b)(i).

Timescale: This requirement must be fully met by 31 March 2018.

**This requirement was made on 30 January 2018.**

**Action taken on previous requirement**

We looked at medication records and care plans for people who received medication for pain relief, we saw that the Abbey Pain Scale was in place for people who could not verbalise pain and the plans were written in a detailed manner. All nursing and nursing assistant staff had undertaken full training regarding this.

**Met - outwith timescales****Requirement 2**

The following requirement was made after an upheld complaint.

The provider must demonstrate that personal plans records all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met when delivering palliative and end of life care. In order to do this the provider must:

Ensure that documentation and records are accurate, sufficiently detailed and reflect the care and treatment which has to be provided;

Provide training so that staff are aware of their responsibility in maintaining accurate records, retaining records and follow best practice including The Nursing Midwifery Council guidance;

Provide training about the use of healthcare assessment tools used in palliative and end of life care;

Ensure that staff know policies and palliative and end of life current best practices and for these to be effectively implemented;

Demonstrate that where a service user is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this and any resulting treatment is recorded. The systems must include provision for the training of staff to ensure that where service users are unable to communicate the fact that they are in pain, staff nevertheless have the skills and knowledge to be able to respond appropriately.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Regulation 4(1)(a) - Welfare of service users. Regulation 5(1) - Regulation Personal plans. 9(2)(b) Fitness of employees & Regulation 15(b)(i) Staffing.

Timescale: This requirement must be fully met by 31 March 2018.

**This requirement was made on 30 January 2018.**

**Action taken on previous requirement**

We spoke with nursing staff who had attended accredited palliative care training, which was then cascaded to the nursing assistant staff within the home. All staff we spoke with were confident they had the skills, knowledge and confidence to undertake care at end of life. There was a clear level of responsibly protocol in place, and all records and care plans were able to evidence for everyone who received pain relief, how this was administered and monitored.

**Met - within timescales**

## Requirement 3

In order to ensure the approach to skin care improves, the provider should evidence that

(a) Care plans should clearly evidence what treatment is in place from the start of the treatment until the wound has healed and dressing changes must be in accordance with what is stipulated in the care plan.

(b) Re-position charts must clearly evidence this is being undertaken with the required time period.

(c) All alleviating equipment should be provided to people who need this without delay.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI 2011/210 regulation 4(1)(a) (1) A provider must - make proper provision for the health, welfare and safety of residents

This requirement also takes into account the following Health and Social Care Standards:

1.15 - 'My personal 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' and

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

Timescale: To commence without delay and to be in place by no later than 30 June 2018.

**This requirement was made on 16 May 2018.**

### Action taken on previous requirement

We looked at records and care plans held by the service with regard to people who needed a skin care plan. We saw that the skin care regime was carried out as specified within the plan, and we also saw evidence of when skin was healing. We also were satisfied that people were being repositioned at regular intervals to alleviate pressure if they were unable to do this for themselves.

**Met - outwith 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 should review the staffing deployment across the service so that people's needs can be met promptly and effectively by the right number of staff at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states that 'my needs are met by the right amount of people.' (HSCS 3.15)



**This area for improvement was made on 1 August 2019.**

#### Action taken since then

We were able to see that three additional staff members had been recruited and that the staff rotas reflected this.

#### Previous area for improvement 2

The provider should support the wellbeing of all people experiencing care by developing a varied programme of activity which meets individual's interests and needs.

This is to ensure that people's care and support is consistent with the Health and Social Care Standard which states that 'I can choose to have an active life and participate in a range of social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

**This area for improvement was made on 1 August 2019.**

#### Action taken since then

We spoke with relatives and residents and heard that there was wide variety of meaningful activity for people that included their personal likes and dislikes. We saw that weekends had also been considered and residents told us this was a good improvement. The provider has also introduced the "2 o'clock stop" that has supported all staff to interact with residents in a meaningful way every day. This has been beneficial to both the staff and the residents who told us they enjoy this and now have this to look forward to.

## 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?	4 - 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	4 - Good
How good is our leadership?	4 - Good

2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - 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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