Ailsa Lodge Care Home
Care Home Service

21 Erskine Ferry Road
Bishopton
PA7 5PP

Telephone: 0141 812 4994

Type of inspection:
Unannounced

Completed on:
7 August 2020

Service provided by:
McKenzie Care Ltd

Service no:
CS2012313838

Service provider number:
SP2012011987
About the service

Ailsa Lodge Care Home is a service for older people with 37 places. It is located outside Bishopton on the main road to Erskine. A regular bus route operates between the two towns with a stop outside the service. Parking is available on site.

The service has three wings with accommodation for residents on the ground and first floors. Communal areas including dining and lounges are on the ground floor. Residents have easy access to an enclosed garden area. The service is operated by McKenzie Care Limited.

The service’s aim is: ‘To provide individuals with care in a safe environment committed to excellence where personal dignity is maintained, personal privacy respected and personal needs are fully met.’

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate and an advisor from Healthcare Improvement Scotland.

What people told us

We spent time speaking to residents during our inspections. This was limited due to social distancing rules. People told us they were happy in Ailsa Lodge. They said they enjoyed the company of staff who looked after them. One person said, ‘You won’t hear any complaints about this place. They are all great.’ Another person said the service kept them stimulated and active, saying, ‘There’s always something to look forward to.’

We spoke to five family members by phone or while they visited in the garden. They told us that they were very satisfied with the care provided and appreciated the efforts made by the service during the pandemic. They mentioned being kept up to date by phone and video calls. One relative commented, ‘Great communication, feel like part of the family.’ Another said, ‘Don’t think they could have done any better.’

Garden visits had taken place following Scottish Government guidance. Family members told us these were well organised by the service who ensured social distancing was observed and supplied necessary Person Protective Equipment (PPE), like masks. Relatives said these were important in maintaining and improving their loved ones’ wellbeing.

When people required end of life care the service allowed visits to their rooms by relatives. The service ensured family members followed strict infection control measures and wore appropriate PPE. One family member told us their relative was receiving palliative care and said, ‘It was great to visit them in their own room. It was so much better than window visits or garden visits. I am so grateful for the staff organising this for 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 good is our care and support during the COVID-19 pandemic? | 3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.
7.1 People’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic

We saw staff engaging with people in warm and respectful ways. When people required support with personal care, such as going to the toilet, this was provided discreetly by staff.

Care plans were used to inform staff on how best people should be supported. When we looked at care plans, we found they were not always fully completed. For instance, GP contact details missing and charts to monitor skin integrity were not fully completed. At our previous inspection we made care planning an area for improvement and have repeated this following this inspection.

Support to people, including care plans were reviewed on a regular basis. Family members told us they were involved in these reviews by phone and email. Reviews helped ensure the service provides the most appropriate support to people.

Residents told us they enjoyed the food and we saw people being given choices ahead of mealtimes. Between main mealtimes people were encouraged to have drinks and snacks.

People were encouraged to be active. Regular music and movement sessions took place to help residents gently exercise. The service had a programme of activities which people said they enjoyed. This included residents in communal lounges being entertained by singers in the garden. People remaining in their rooms were supported individually by activities staff.

During the COVID-19 pandemic the service ensured any visitors had their temperatures taken, were asked questions relating to the coronavirus, washed their hands and used appropriate PPE. At the time of our inspection, residents were being tested on a four-weekly basis for COVID-19.

7.2 Infection control practices support a safe environment for both people experiencing care and staff

We saw staff following good practice and guidance in washing their hands. The service ensured staff had ready access to Alcohol-Based Hand Rub (ABHR) when hand washing was not possible. PPE stations were available throughout the service for staff.

The manager has agreed to introduce observations of staff infection control practices, including use of PPE. This will include all staff and help maintain required standards to keep people safe.

Staff uniforms were laundered on the premises. This avoided the risks involved in staff taking uniforms home to wash.

When a resident had suspected symptoms, they were isolated to their room. The manager would allocate one member of care staff to the resident who would provide care and cleaning. This reduced the number of people going into the room and minimised the risk of cross-infection.

The service had recently admitted two new residents. We saw that it had followed the appropriate guidance on testing and isolation. This helped keep new and existing residents and staff safe.
The service had a system in place to ensure each resident's room was washed daily using clean mops and cloths for every room. These were laundered at the end of each shift. Frequently touched areas like handrails were cleaned twice each day.

The service had not had an outbreak of COVID-19 and had introduced a number of measures to control and prevent infection. However, there were a number of areas where the service had to improve its infection control measures. The manager acknowledged these and committed to take appropriate action.

The service’s laundry room was small, but there were effective ways of working in place. However, we saw staff carrying dirty and soiled clothing and bed linen through the home to the laundry. Laundry was not always appropriately separated before being taken to the laundry. These practices can increase the risk of infection. The manager agreed to address these areas immediately following our inspection.

We would expect to see that services have in place an effective schedule for cleaning which helps to reduce the risk of cross-infection, and that cleaning routines are clearly documented to allow oversight. During this inspection we saw that some areas had not been cleaned to the required standard and found documentation was inconsistently completed. On discussing this with staff, we were not assured that there was a good level of understanding in this regard, meaning we could not be confident that those who live in the home benefitted from safe and effective practice.

We have made an area for improvement on cleaning and deep cleaning (see area for improvement 1). We are confident that the service has the capacity, commitment, and resources to meet this area for improvement. We will monitor progress on this in our regular contact with the service and at our next inspection.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

The service had sufficient staff, with the right skills to meet people’s support needs. Although it had not experienced a COVID outbreak, the service had contingency arrangements in place to deal with staff shortages. This included staff on-call for additional shifts in all departments. The service did not use agency staff at the time of our inspection. If agency staff were required, the service had arranged to limit this to staff known to the service.

Staff were trained in how to use PPE in order to reduce the risk of infection. They were confident when talking about infection control and knowledgeable about the recognition of COVID-19 symptoms. We saw staff putting on and taking off PPE appropriately. The manager took immediate action when we pointed out that some staff were observed not fully complying with infection control. This included not always using appropriate masks and wearing jewellery.

Staff had easy access to PPE including the supply of individual bottles of hand-sanitisers. We saw staff use this frequently during our inspection.

Staff told us they felt well supported in their work. The manager was visible, approachable and committed to keeping staff informed. Staff not on duty were kept up to date through the service's use of social media.

Staff told us about the training they had received for their roles, including infection control. However, the service was not able to provide an up to date overview of the full range of staff training. The planned introduction a new e-learning initiative will help to enhance this. We will look at this in future inspections.

Staff were tested for COVID-19 on a weekly basis.
Areas for improvement

1. The service should review its current practice on cleaning, including deep cleaning with a view to ensuring effective management of infection control. This should lead to the introduction of a system of observation and audits. This system should include:

- the expected standards in respect of cleaning and deep cleaning. This should include schedules for routine cleaning and criteria for when additional work is required. For instance, when COVID-19 is suspected or confirmed and when residents’ room become vacant:

- a method of recording which makes clear who is responsible and when specific tasks are completed;

and

- regular observation of standards of cleaning and deep cleaning and audits of record keeping.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: ‘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)
Areas for improvement

Previous area for improvement 1

The service should develop the individual personal plans to contain clearly defined, measurable outcomes. All personal plans should be regularly and meaningfully evaluated.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected.' (HSCS 1.23)

This area for improvement was made on 23 September 2019.

Action taken since then
The service has begun to introduce a new system of care planning which has not yet been fully implemented.

This area for improvement is: not met.

Previous area for improvement 2

The service should enhance the quality assurance processes by making them responsive to changing priorities and areas for improvement. This should include a clear overview of key measurements and performance indicators and it should be transparent.

This is to ensure that leadership and management is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 27 June 2018 and continued on 5 July 2019.

This area for improvement was made on 23 September 2019.

Action taken since then
Focused COVID-19 inspection. This area was not assessed at this inspection.
## Detailed evaluations

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<th>3 - Adequate</th>
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Care Inspectorate
Compass House
11 Riverside Drive
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