

## Ardenlee Care Home Service

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Unannounced

**Completed on:**  
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**Service provided by:**  
TC Carehome Ltd

**Service provider number:**  
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**Service no:**  
CS2004059227

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

Ardenlee Care Home is situated in the West Bay area of Dunoon with views overlooking the Clyde Estuary. The service is operated by TC Carehome Ltd. This service is registered to care for 33 older people. At the time of the inspection there were 30 people living in the home.

Accommodation in the home is over three levels. All bedrooms have access to en-suite facilities which are being upgraded. There are communal bathrooms on each floor with a bath and bath aid for those who need assistance. The ground floor has a large communal lounge with a separate dining area. There is a separate quiet room located next to the lounge.

The home's aims and objectives state: "Our home is run for the residents, moving into a new home need not mean the loss of dignity, privacy or independence, but rather the chance to do more with staff on hand to help."

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 and advisors from the Care Inspectorate and Health Improvement Scotland.

## What people told us

People living in the home told us that staff were friendly and kind. One person said:

"The staff are kind and thoughtful. I'm very comfortable here and well looked after."

People said that staff work very hard and were busy. We were told that this impacted on the time they could spend with people and on arranging activities and family visits. People said:

"Staff are very busy, they don't always have time to spend with you."

"There's not a lot to do, it can be a long day."

"I'd like to see my family more often."

"The staff are great but rushed off their feet given helping people get to toilet etc. They don't really have the time to do other things."

People commented that the food was good and that there was plenty of choice of what to eat.

Relatives we spoke with said that staff were good at keeping in contact and letting them know about any changes to their relatives' health. We were told that visiting during the Pandemic has been well organised and "feels safe."

## 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
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

### 3 - Adequate

#### 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19.

People living in Ardenlee care home benefited from being supported by care staff who were familiar with their choices and preferences. We saw that staff were patient and kind, people were being treated with respect and compassion.

We noted that there were many people who were socially distancing in their bedrooms. People who enjoyed the company of others were being supported in communal sitting rooms and being reminded to socially distance by staff.

To help prevent people feeling isolated staff were supporting people to use technology to contact their families and friends. Some families were able to take part in visits in the garden. This was restricted to once a week as there were insufficient staff to support outdoor visits on a more regular basis.

We saw that there was a need to make sure that activities were meaningful for everybody living in the home, particularly people living with dementia and those who were socially distancing in their bedrooms. This would help people to feel included and not isolated.  
(See Area for Improvement 1).

We observed that mealtimes were generally well managed. Individuals' hydration and nutritional needs were being supported as they were receiving the support they needed to eat and drink. Drinks and snacks were available between meals.

Personal plans we sampled contained information about individuals' choices and preferences. However, plans were out-of-date and not fully reflective of individual's assessed care and support needs. This did not provide guidance for staff to enable them to deliver consistent and agreed care to the people they supported. The risk assessments we looked at were out-of-date. We could not determine how current assessed care and support needs, or risks were being managed.

We could not establish if plans of care were effectively managing individuals care needs as there were no recent evaluations. This could be detrimental to the outcomes for people using the service.

The provider needs to ensure that personal plans are fully updated to provide guidance for staff to ensure consistent and effective management of individuals support needs at all stages of their care. (See Requirement 1).

There was a need to ensure that everyone living in the home had an end of life care plan in place. This would help ensure that individuals' decisions about their end of life care were being respected. (See Area for Improvement 2).

The provider should ensure that the legal rights of people using the service are fully protected. Assessments should be carried out to determine if people living with dementia have capacity to make decisions about their care and support. There was a need for the provider to arrange for assessments to take place for several people living in the home. (See Area for Improvement 3).

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

To ensure that people living in the home were being protected from infection the service had implemented infection prevention and control procedures in line with current guidance. This included the regular monitoring of temperatures of residents, staff and visitors to determine if they were symptomatic of infection. Staff had suitable areas to allow them to change when coming on shift and when leaving the home.

Staff had received training on current best practice guidance regarding the infection prevention and control. Staff were able to demonstrate their knowledge of specific infection prevention and control procedures. Their practice reflected that they understood and adhered to the current guidance. We saw that staff were consistent in the correct use of Personal Protective Equipment (PPE). They adhered to correct hand hygiene procedures, and maintained social distancing when possible.

We saw that the environment was clean with sufficient housekeeping staff to maintain acceptable standards of cleanliness. Frequently touched points and communal areas were regularly cleaned to minimise cross infection. Equipment used by residents was clean. However, there was a need for an audit to be undertaken to determine if all mattresses in use were free from contamination. We examined a sample number of mattresses in use and found that not all were fit for use. The management team acted promptly to address this issue. (See Requirement 2).

PPE was being managed and disposed of correctly in line with best practice guidance. PPE was being stored safely and was available at the point of need.

There were some issues identified with the availability of clinical waste bins in some areas. The management team assured the Care Inspectorate that this would be resolved immediately. An effective system to assess and monitor infection protection and control standards should be implemented. This would highlight issues such as this and allow action to be taken. (See Area for Improvement 4).

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

During the inspection visit we observed that staff had a kind, considerate and compassionate approach to the care they provided. There were many people living in the home who were isolating in their bedroom to socially distance. Managing care in this situation impeded the time staff could spend with people. The current staffing levels impacted on outcomes for people living in the home. This included staff having fewer opportunities for engagement with people who were spending their day in their bedroom and restricting outdoor family visits to once a week. This resulted in people being socially isolated. The current staffing levels also impacted on a person who needed additional support with exercises as directed by the NHS physiotherapist.

There was a need for the provider to review the staff levels to ensure that there were sufficient staff available to provide responsive care and support to meet the needs of people living in the home. This is with particular reference, but not limited to, people living with dementia and people isolating in their bedroom. (See Requirement 3).

The management team within the home had implemented a programme of training to ensure that staff were fully aware of current best practice guidance on infection prevention and control. Staff practice was being monitored through direct observation and regular group discussions. This had evidently been successful as the staff teams could effectively demonstrate their knowledge. We saw that their practice reflected best practice guidance. This had resulted in people living in the home being protected from infection.

## Requirements

1. By 31 December 2020, the provider must ensure that all records about resident's care and support set out how the health, welfare and safety needs of the individual are to be managed and met. In order to do this the provider must ensure that:

- personal plans and care records are accurate, sufficiently detailed and reflect the care planned and provided;
- risk assessments are kept up-to-date and the outcomes used to inform care planning;
- evaluations are outcome focused and reflective of how effective the planned care had been in promoting positive choices; and
- provide training to develop staff skills regarding personal planning and the maintenance of accurate records.

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

'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 in order to comply with Regulation 5(1) Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. By 7 September 2020 the provider must undertake an audit of the condition of the mattresses used by people living in the home. Remedial action must be taken when contaminated mattresses are identified. The provider must ensure that these audits are performed on a regular basis to protect people from infection.

This is to ensure care and support 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);

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

and in order to comply with Regulation 4(1)(a) and (d) Welfare of service users and Regulation 14(b) Facilities in care homes of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

3. By 28 September 2020 the provider must evaluate the dependency levels of people living in the home to ensure that there are appropriate staff numbers to fully meet the health, welfare, and safety needs of people. The evaluation must take full account of the additional time needed to support people in their rooms, support regular family visiting and engage people in meaningful activity.

This is to comply with Regulation 15(a) - ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210)

## Areas for improvement

1. The provider should ensure that a range of meaningful activities are available for everyone living in the home. Account should be taken of the abilities and preferences of the individual. This is with particular reference to people living with dementia and people isolating in their bedrooms.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state; 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25)

2. The provider should ensure that each person living in the care home has a person-centred care plan that details their decisions in relation to end of life care.

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

3. The service provider should protect the legal rights of people living in the home. To do this the provider should ensure that people in their care who lack capacity to decide about their medical treatment, care and support have a certificate under the Adults with Incapacity (Scotland) Act 2000 Section 47(1) in place in order to authorise treatment.

AWI section 47 certificates should be supported by an appropriate treatment plan in line with best practice from the Mental Welfare Commission- 'Working with the Adults with Incapacity Act' 2007.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state; 'My human rights are central to the organisations that support and care for me.' (HSCS 4.1);

'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).

4. The provider should implement a system to regularly audit all standard infection control precautions to assess compliance and identify areas of improvement.

This is to ensure care and support 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)

## 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 ensure that a clear and on-going overview and schedule for quality governance and improvement work is fully implemented. This should include, but not be limited to:

- ensuring that all necessary and scheduled audits or measurements are in place and carried out at the planned frequency
- establishing a clear link between quality audits and measurements and the service improving plan

This is to ensure 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).

**This area for improvement was made on 14 December 2018.**

#### Action taken since then

There was a continued need to ensure that a clear and on-going overview and schedule for quality governance and improvement work is fully implemented.

This area for improvement will continue.



## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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