

Alastrean House Care Home Service

Tarland
Aboyne
AB34 4TA

Telephone: 01339 881235

Type of inspection:
Unannounced

Completed on:
11 November 2020

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2005087489

About the service

Owned and managed by Balhousie Care Ltd, Alastrean House was registered to provide a care service to a maximum of 51 older people.

Alastrean House is a traditionally built home set in its own grounds in rural Aberdeenshire. All the bedrooms are single rooms with en suite facilities. There is a variety of communal sitting and dining rooms. Alastrean House's aims and objectives document states that '.....we aim to deliver exceptional customer satisfaction through our commitment to good quality care in a responsive and understanding atmosphere', and '.....provide effective 2-way communication throughout the service'.

The service employs a team of nursing, care, domestic and catering staff with varying degrees of skills, expertise and qualifications.

This service has been registered since March 2005.

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 two inspectors from the Care Inspectorate.

What people told us

We spoke to some residents during our inspection and people told us they were happy, the food was good and they liked living at Alastrean. We received very positive feedback from a relative regarding how compassionate and kind the staff were during the last stage of their relative's life.

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?	4 - Good
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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?

4 - Good

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

We found that people who used the service were being well cared for in a homely environment. We saw that people's rights were respected and they were treated with dignity and respect. We observed warm and compassionate interactions between staff and residents. It was clear that staff and residents knew each other well. The people we spoke with told us that they were happy with their care. The needs and wishes of

people were clearly reflected in the care plans. The staff worked closely with the local GP practice. People can be confident that any concern identified will be appropriately escalated to health professionals so that they receive the right treatment at the right time. This meant that people received consistently high levels of individualised care.

People's care and support plans were being reviewed and kept up-to-date during the pandemic. Their thoughts and wishes for their care and treatment at the end of their life was clearly detailed. Families were kept up-to-date about their relative's care which helped relieve any concerns or worries they may have. This meant that people's health care needs were being met.

People were being supported to keep in touch with their families and loved ones using computers, video calls and phone calls. This is important for their wellbeing and helping to maintain relationships. Garden and window visits were taking place regularly. A family member told us of the compassion, respect and flexibility in visiting shown to their family when their relative was dying. They told us how important it was for families to be supported as well as people at the end of their life. There were clear protocols in place to ensure safe infection prevention and control for everyone.

Activities were arranged so people could join in should they wish. There was also a range of one to one activities, which were meaningful to people, which included spending time with and interacting with the staff. Staff knew people's interests and were able to have meaningful conversations. This helped reduce people's stress and anxiety. People who stayed in their rooms were regularly visited by staff to meet not only their personal care needs but also their social needs.

Staff compassionately and appropriately supported people to maintain social distance from each other. Communal areas were adapted to support people to socially distance. This reduced the risk of infection without increasing isolation.

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

The home was clean and infection control practices supported a safe environment for everyone. The service had enhanced their cleaning schedules, paying attention to areas that were frequently touched. This helped reduce the spread of infection which, in turn, helped to keep people safe. We found the home and equipment to be clean and in a good state of repair. The staff were knowledgeable about the cleaning products and the schedules for using them. Care staff had a good knowledge of what they could do to minimise risk. There was a waste contract with a specialist company which further ensured good infection control.

Personal protective equipment (PPE) was readily available, and staff wore appropriate PPE to keep people safe. Hand washing facilities and hand sanitiser were available throughout the home. The communal areas around the home had been adapted for the purposes of social distancing. This contributed to ensuring that any possible infection was being minimised.

We felt that some of the processes and practices could be further enhanced to ensure infection control principles continued to be fully maintained. For example, reviewing the location of clinical waste bins and storage of linen in the laundry, and raising awareness of essential moments for hand hygiene. The management team also need to ensure staff use the appropriate PPE when undertaking a procedure such as moving and handling, and during aerosol generated procedures (AGP). This would help ensure that good infection control principles are maintained and prevent cross infection taking place. We discussed these with the manager who acted immediately to address these issues and began to put appropriate systems in place. **(Please see area of improvement 1.)**

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

We found that there were ample staff to respond to the needs of individuals. Staff engaged with residents who responded positively, appearing relaxed and contented. The service had worked hard to overcome hurdles that had emerged at the beginning of the pandemic and we found that there was strong and effective teamwork. Communication among the team had been strengthened and staff told us that they felt well supported by management. This contributed positively to staff feeling enabled and supported to be innovative and suggest ideas.

Staff demonstrated a good understanding of social distancing and where possible they avoided close contact with colleagues and the people they supported. We were pleased to see that the service had worked hard to support people to social distance and had also made use of all the areas within the home to ensure safe living.

All staff had received training on infection prevention control, COVID-19 and the use of PPE. This meant that people were receiving support from staff who knew how to reduce the risks of spreading infection within the home.

There was a culture of continuous improvement by staff which was well led. We found that the quality assurance processes and procedures had been amended in line with the COVID-19 pandemic. This meant that the auditing processes focused on the continuing improvement of infection control practices.

Areas for improvement

1. In order to improve the provision for the health, welfare and safety of residents, the management team should ensure there are safe systems of work in place for:

(a) reviewing the process for the safe disposal of personal protective equipment (PPE) to reduce any potential risk of cross contamination;

(b) review the storage of linen within the laundry;

(c) safely perform moving and handling and aerosol generated procedures (AGP),

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14);

'I make informed choices and decisions about the risks I take in my daily life and I am encouraged to take positive risks which enhance my quality of life.' (HSCS 2.24); and

'My environment is safe and secure.' (HSCS 5.17).

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

Requirements

Requirement 1

In order to ensure there is a culture of sustained improvement, the provider must ensure that the quality assurance processes are effective in identifying, preventing and promoting outcome focused care. The processes should be responsive to improving the outcomes for service users and actively drive good practice and standards forward by 31 November 2019.

This is in order to ensure that 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). It is also necessary to comply with Regulation 4(1)(a) - Welfare of Users of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 30 July 2019.

Action taken on previous requirement

The service was well led. Since the last inspection, there has been a complete change in the management team and senior management within the organisation. A permanent manager was in post. We received a lot of very positive feedback regarding the manager and the improvements that had been made and about how the home was being run. The home is now fully staffed and are no longer reliant on agency staff. There remained a genuine ethos and desire to create a positive culture within the home.

People benefited from a culture of continuous improvement. We found that quality assurance processes and procedures to be an integral part of how the service operated and developed. A variety of both formal and informal methods were used to seek feedback from residents, relatives and staff. All the suggestions we made throughout the inspection process were promptly addressed or appropriate steps taken to implement.

Met - outwith timescales

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 good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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