

Auchtercrag Care Home Care Home Service

Commercial Road
Ellon
AB41 9BD

Telephone: 01358 726300

Type of inspection:
Unannounced

Completed on:
18 November 2020

Service provided by:
Daviot Care Limited

Service provider number:
SP2010010915

Service no:
CS2010249607

About the service

This service has been registered since 2010.

Auchtercrag Care Home is a purpose-built two storey detached building situated in a residential area of Ellon. It provides a care service to a maximum of 45 older people and 26 older people with mental health problems. Within the maximum of 45 places above, a care service may be provided to a specifically named individual not yet aged 65 years. There were 64 people living in the service at the time of our inspection.

The service is provided by Daviot Care Limited, part of the Meallmore Group.

The aim of the care home is to "provide the highest quality of care, delivered by friendly, professional and qualified staff to all our service users, to the highest and consistent standard. Care will be person-centred and meet individual needs within a superior, clean, comfortable and safe environment."

An initial inspection to evaluate how well people were being supported during the COVID-19 pandemic was carried out on 15 October 2020. As a result of the inspection, one requirement and three areas for improvement were made.

The inspection was a follow up inspection and was carried out by inspectors from the Care Inspectorate.

What people told us

We spoke with people in passing. Some people told us they were happy living at Auchtercrag. One person spoke about their fondness for the staff.

Some people were unable to tell us verbally about their experience of living in the home. We spent time observing how staff interacted with them and the impact this had on their well being. We found staff to be friendly and caring, however, staff were busy and did not appear to have the time to engage in a meaningful way with people. Most of the interaction took place when a care need was being attended too.

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

Requirements

Requirement 1

By the 6 November 2020 the provider must ensure that the skill mix and number of staff on duty is sufficient to ensure that there is consistency in how the care needs of residents are met. The staffing arrangements must be responsive to the changing needs of residents and to any changes within the service.

This is in order to ensure that staffing is consistent with the Health and Social Care Standards which state: "My needs are met by the right number of people" (HSCS 3.15); and

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011), Regulation 4(1)(a) - Welfare of Users.

This requirement was made on 15 October 2020.

Action taken on previous requirement

The allocation of staff appeared to be based on numbers rather than experience. This meant that there was an imbalance of qualified and experienced staff between the two floors, with the ground floor having the lower numbers of qualified staff. On the ground floor, a new member of staff on their first day, was seen to be left unsupervised whilst delivering care and support at lunchtime. This put the wellbeing of people at risk.

All residents appeared to have been assisted with their hygiene and dressing needs in a timely manner, however, staff did not appear to have time to engage and interact with people in a meaningful way. Staff told us that there was a need to "get the job done", this resulted in a task based approach to meeting the care and support needs of people. This was not person centred and outcome focused.

The lunchtime experience for four people downstairs was not positive. At one point two staff had gone for their break, leaving two staff to support residents with their meal. As a result four people sat unsupported with their meal for a considerable time. As a result their meals were cold and unappetising.

The smaller unit had two members of staff on duty. When one member of staff went on break this left only one member of staff to care and support the people in that unit. This put people in that unit at increased risk due to some of them requiring two staff to assist them with their care and support needs and some people having a history of distress behaviour. We were informed that assistance could be summoned from another unit however this would cause a delay to that person receiving their care and support.

We continue to see poor outcomes and increased risk for some people as a result of staff numbers and staff availability.

Not met

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

In the event of the numbers of staff and skill mix being affected by a change to the service provision, the service should improve how it monitors the standards of care and support people receive. This is in order to help support people experience consistency in their care and support.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My care and support meets my needs and is right for me." (HSCS 1.19); and "I experience

stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation." (HSCS 4.15).

This area for improvement was made on 15 October 2020.

Action taken since then

The service had introduced an additional staff huddle that took place in the afternoon. This was an opportunity for the trained staff member to establish with staff any outstanding care needs, identify any concerns and to plan the rest of the shift. Staff told us that these huddles had improved communication on the floor. Whilst we appreciate that these huddles will be beneficial, it is important that monitoring and observation of standards is a continuous process throughout the day. This oversight will help support people experience consistency in their care and support and to have positive outcomes.

This area for improvement has not been met and will be followed up at our next inspection.

Previous area for improvement 2

The service should ensure that safe infection control practice is implemented. In order to do this they should ensure that PPE is stored and used correctly and that clinical waste, including gloves used for personal care is disposed of safely. Consideration should be given particularly to:

- the availability and distribution of clinical waste bins at the point of the delivery of care.

This is in order to ensure care and support is consistent with the Health and Social Care Standard which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22).

This area for improvement was made on 15 October 2020.

Action taken since then

Staff were seen to be washing their hands between tasks and wore PPE appropriately. This reduced the risks of cross infection.

Hand gel was placed in high risk areas and staff had access to small bottles of hand gel that they carried on their person. Staff were told us that the hand gel was not a substitution for hand washing, however, was available as a back up. We felt that the service was proportionate in its use of hand gel.

There were some infection control practices that caused us concern;

- One toilet brush was used on the domestic trolley to clean all toilets in that area of the home. This increased the risk of cross contamination, putting people at risk.
- PPE storage had improved with gloves now remaining in boxes, however, the storage units were small and only one size of glove was available. Staff should have access to the size of glove that fits them. In one storage unit we found wipes decanted from their packaging, this increased the risk of cross contamination.
- The PPE storage units were not included in the frequently touched cleaning schedule. This resulted in them being dusty and dirty. This increased the risk of cross infection.
- One bathroom had been de-cluttered making it easier to clean, however, there was no PPE available and no bin to put paper towels in.
- A feather duster was used in the main lounge downstairs. This increased the risk of spreading air born droplets and put people's health and wellbeing at risk.

The service had not made the necessary improvements to the safe infection control practices in the service.

This area for improvement has not been met and will be followed up at our next inspection.

Previous area for improvement 3

The service should strengthen governance for infection prevention and control (IPC) by completing regular reviews of staff infection control practices and establish that the training which staff have completed, has been put into practice.

This is in order to ensure care and support is consistent with the Health and Social Care Standard which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

This area for improvement was made on 15 October 2020.

Action taken since then

The numbers of staff who have completed the infection control training, correct use of PPE and hand hygiene were high. Additional reminders were given out to staff who had not completed training timeously. Observation of staff practice had taken place regularly and there was evidence that the numbers of staff observed were high. We observed that staff handwashing was taking place and the issue of PPE was appropriate.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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