Abbotsford House
Care Home Service

41 Drymen Road
Bearsden
Glasgow
G61 2RL

Telephone: 0141 942 9636

Type of inspection:
Unannounced

Completed on:
12 February 2021

Service provided by:
Morrison Community Care Limited

Service provider number:
SP2003000208

Service no:
CS2003000786

About the service

This was a focussed 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.

Abbotsford House provides 24 hour care for a maximum of 34 older people and is situated within the Bearsden area of Glasgow. The premises are situated close to public transport links and there is parking available within the grounds. The provider is Morrison Community Care Limited.

The care home is a traditional sandstone villa which has in the past been extended to provide additional single room accommodation with ensuite facilities. There are also six twin rooms available.

Abbotsford House stands in large, private, well maintained grounds which are accessible to people living in the home. There are three separate lounge areas and a bright and airy communal dining room which looks onto an internal courtyard.

What people told us

At the time of our visit, the service had an active COVID-19 outbreak which limited our ability to speak to residents. People appeared content and well cared for.

We were able to speak to the relatives of some residents. They were satisfied with the level of care and support their loved ones received at Abbotsford House. They told us the service had maintained regular contact and kept them up to date with changes or concerns about their relative. Overall, they felt staff and management provided helpful support that made a positive difference in their relative's life.

Additional comments from relatives included:

'We have always felt well informed.'

'As a family we are delighted and feel very lucky that mum lives in such a good home.'

'Staff have great love for the residents.'

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.

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 pandemic

We observed kind and compassionate interactions between staff and residents. Staff were familiar with residents' needs and choices, and it was clear they knew people well. Support provided was unhurried and delivered at the person's pace. This personalised approach helped contribute to the calm atmosphere within the service.

Good use of technology meant people were supported to maintain contact with family and friends throughout the pandemic. For example, several tablet computers were available enabling video calls that provided a level of 'face-to-face' contact. This helped people feel connected when loved ones were unable to visit. A family member described how staff facilitated phone calls with their relative at any time of the day or night, providing reassurance about their wellbeing. Regular zoom meetings facilitated by the manager meant relatives were kept informed about what was happening in the home, and people told us they appreciated the efforts the service made to keep in regular contact.

Care plans contained detailed, up-to-date information including relevant content about the impact of Covid-19 and what this meant for the person. Plans were regularly reviewed and updated which ensured people's care and support was tailored to their individual needs. Staff were proactive about accessing specialist support and advice to promote good health outcomes. Good relationships with external health care professionals meant people's changing needs were quickly assessed and well-managed. This responsive care benefited people's physical and mental wellbeing during the current outbreak.

Weight loss and dehydration can be a significant concern for people during the pandemic and we saw that residents' nutritional and fluid needs were being monitored. We saw that, during the day, records indicated people were achieving their individual fluid targets. However, we noted regular gaps in nightshift records. This highlighted a lapse in quality assurance. Greater oversight would assist the service to more accurately demonstrate how it was supporting all aspects of people's care (see area for improvement 1).

Although care plans provided good insight into people's current needs and preferences, evaluations to assess whether people's outcomes were being achieved were not being undertaken. Documented and meaningful evaluations of plans would enable the service to better evidence how people's care and support contributed to helping them attain their desired outcomes.

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

Overall, the home was clean and tidy. Staff had good access to cleaning materials and the correct cleaning solutions were being used. Laundry was well-managed. Correct processes and washing temperatures were adhered to for contaminated linen and clear pathways for separating used and clean laundry were maintained. These measures helped prevent the spread of infection.

Good supplies of personal protective equipment (PPE) were available. Staff had knowledge of infection prevention and control, but we found inconsistent practice in relation to good hand-hygiene and correct use of PPE. For example, some members of staff were observed having contact with more than one resident wearing the same gloves and apron. Where residents were isolating, staff did not always follow the correct process for removing and disposing of PPE when leaving residents' rooms. This increased the risk of cross-infection. Improved quality assurance measures would help achieve consistent staff practice (see area for improvement 1).

Additional clinical waste bins within the home would allow staff to safely dispose of used PPE closer to the point of care. This would help minimise the risk of infection and ensure both residents and staff are safe and protected (see requirement 1).

Correct disposal of clinical waste is essential to reduce infection and keep people safe. Domestic and clinical waste within the home was segregated correctly. However, the external waste-hold was over full and could not be locked. Clinical waste bags had not been appropriately secured, and external domestic bins contained items of PPE. This increased the risk of people becoming infected through touching contaminated waste. All waste should be disposed of in line with current COVID-19 guidance for care homes (see requirement 1).

Generally, the home was clean. However, some shared equipment required further attention to detail. For example, we noted the underside of a communal bath chair, raised toilet seat, and re-useable urinal had not been fully cleaned. Some seat cushions in the lounge area had fluid ingress inside the protective cover. In one room, that we were told had previously been deep cleaned, we found the bedrails and cover had not been fully cleaned. All furnishings and equipment must be sufficiently cleaned and disinfected in line with current COVID-19 guidance for care homes to reduce the risk of cross-infection (see requirement 1).

The service had implemented additional cleaning schedules to ensure frequently touched areas were regularly cleaned. However, completion of these was not consistently recorded, raising a concern that schedules were not being adhered to. Management assured us that cleaning was taking place. Improved quality assurance checks would address gaps in recording and demonstrate that the service was implementing appropriate measures to ensure people's safety (see area for improvement 1).

Social distancing was largely being maintained. Where required, people were supported by designated staff to isolate in their rooms, and there was signage in staff areas of the home to reinforce the need for physical distancing. We emphasised the need for staff to gently remind and support residents not isolating to adhere to this as much as possible.

Access to the sluice room and macerator was hampered due to the volume of cleaning equipment being stored in it. It is important that disposal facilities and water outlets are clean, functional, and accessible for use and included in regular water flushing when not in use to prevent legionella.

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

An approachable and accessible management team meant staff felt well supported and able to care for people. Staff de-briefs and shift-handover meetings ensured relevant information regarding residents' changing needs was shared. Staff had confidence in their colleagues and felt part of a good team that were able to support positive experiences for people. Care staff recognised the risks of increased loneliness due to isolation during the COVID-19 pandemic and strived to support people in a meaningful way. A relative we spoke with commented on how dedicated staff were and how this provided reassurance for them.

Training in infection prevention and control had been completed and staff understood the importance of implementing this. Staff were confident in recognising COVID-19 symptoms. This enabled them to respond quickly to changes in residents' health and effectively communicate these to management and external health colleagues.

Staff participated in the weekly testing regime and knew when they should not attend work. Where agency staff were used, appropriate checks were in place to determine testing arrangements. This helped to manage the risk of transmission.

Current guidance was accessible to staff both electronically and in hard-copy form enabling them to keep abreast of any changes.

The service had repurposed a communal lounge to provide additional space for staff to change in and spend their breaks. This supported good social distancing as well as cohorting, and therefore increased the safety of staff and residents. We noted there were no clinical waste bins or PPE supplies available in staff rooms. We asked management to address this to ensure staff could access fresh PPE and safely dispose of used PPE without having to leave the staff room.

At the time of our inspection there were sufficient staff to respond to people's needs. The service used a dependency tool as their main measurement for safe and effective staffing levels. However, we found that other than that, there was no comprehensive and evidence-based system for assessing and setting staffing levels. We discussed with management how this could be improved. We suggested that staffing levels, deployment, and skills mix should be based on measuring a variety of key indicators, including people's outcomes and feedback.

Requirements

1. Infection prevention and control procedures must be improved and maintained to comply with current guidance to protect the health and welfare of people experiencing care. To do this the provider must, by 12 March 2021:

- ensure the management and disposal of all clinical waste fully complies with current guidance

- ensure all furnishings and equipment are sufficiently cleaned and disinfected in line with current guidance

- ensure additional clinical waste bins are provided within the home to allow staff to safely dispose of used PPE closer to the point of care

- ensure all staff consistently adhere to appropriate hand hygiene measures as outlined in current national guidance

- ensure all staff use the correct type of PPE for the work they carry out as outlined in current national guidance

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22), 'My environment is secure and safe' (HSCS 5.17), and '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).

Regulation 3 - Principles; Regulation 4(1)(a)(d) - Welfare of users and Regulation 15(a)(b)(1) - Staffing, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Areas for improvement

1. Robust quality assurance systems are vital to the overall effective management of infection prevention and control. The manager should review the service's quality assurance systems to improve and develop existing audits. These should clearly record findings, any actions required and detail progress on implementing improvements.

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

'My environment is secure and safe' (HSCS 5.17), 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19).

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?	3 - Adequate
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	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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