

Ythanvale Home Care Home Service

Park Road
Ellon
AB41 9AB

Telephone: 01358 281130

Type of inspection:
Unannounced

Completed on:
1 March 2021

Service provided by:
Aberdeenshire Council

Service provider number:
SP2003000029

Service no:
CS2003000286

About the service

This service has been registered since 2002.

Ythanvale Home is located in the market town of Ellon and is close to local amenities. The provider is Aberdeenshire Council.

The purpose-built home is single storey and consists of three units: Ythan, Gordon and Schivas. The home is registered to provide accommodation, care and support for up to 31 people which includes up to eight places within the Schivas wing that may be used for adults aged 18 years and over for the purpose of; rehabilitation, enablement, palliative/end of life care, respite and GP acute care.

At the time of our inspection there were 11 people living in the service.

All bedrooms are for single occupancy and have en-suite toilets. There are shared bathing and showering facilities. Each wing has its own sitting and dining areas. There is also a larger sitting area, conservatory and open multi-purpose area that people can use. The enclosed gardens are accessible through the conservatory.

The service's vision statement is:

"Building on a person's abilities, we will deliver high quality person centred care to enhance their independence and wellbeing in their own communities".

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 an inspector from the Care Inspectorate.

What people told us

People were isolating in their bedrooms. We observed staff practice and found that staff treated people with care and respect. We spoke with one person in passing, whilst she was going for a walk, and she expressed contentment.

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?	5 - Very 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?

5 - Very Good

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

The service was recovering from a positive outbreak thus people were isolating in their bedrooms. Staff were mindful of the additional support that people would need as a result of this and completed frequent wellbeing checks. This prevented people from feeling isolated and ensured that people had drinks, snacks and were occupied.

Staff were unhurried and took time to speak with people. We could hear the positive impact this had on people, with laughter being heard. Throughout the pandemic, people were supported to take part in activities that were meaningful to them. Photographs and written records demonstrated the positive impact meaningful activity had on people.

People were supported to keep active and one to one support was provided to help people access the gardens and spend time outside. The service had recognised the importance to the health and wellbeing of people for them to remain active.

Care plans had been updated to reflect the impact of the changes to people's lives as a result of the pandemic. This meant that staff could care and support people in a way that was right for them, reduce their anxieties and helped them to continue to get the most out of life.

People were supported to keep in touch with friends and family through the use of technology. Staff were aware of how much support each person needed to enable them to use either the iPad or mobile. Thus contacts with friends and family were positive experiences.

Essential visits to people who were receiving end of life care were taking place. These were managed safely with PPE used and each unit having their own and were within the national guidelines.

Anticipatory care plans were in place and people and their families had been supported to make their wishes known in the event of a deterioration of their health. These plans had been updated throughout the pandemic. This meant that the staff were aware of the wishes of people and how and where they wanted their end of life care needs met. The service had recognised the importance of sensitively discussing changes to people's lives and ensuring that the wishes of people were followed.

Staff were responsive to the changing health care needs of people. The changes brought into medication management during the pandemic were followed by all staff, and where referral to a health professional was needed, this was done promptly. This meant that people who experience any changes or deterioration in their health received the care that was right for them.

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

Staff had completed the necessary training that helped inform their practice. Staff demonstrated knowledge about infection control and we could see that they had put the principles of infection control into practice. The management team had introduced quizzes based on information from the training. This meant that an assessment of the knowledge staff had gained could be assessed.

Stations that had the necessary PPE to support people, were well stocked. The items of PPE were plentiful and appropriately stored to prevent cross contamination. PPE stations were found throughout each unit meaning that there was easy access to PPE when it was needed.

Throughout the service there was guidance reminding staff of handwashing, social distancing and the use of PPE. All staff were aware of a folder containing all relevant guidance and policies related to COVID-19 and used the information it contained to inform their practice and reduce the risks of contracting COVID-19.

The home was clean and odour free. Additional cleaning of frequently touched areas, such as door handles, handrails, tables was taking place. This reduced the risks of cross contamination. Cleaning schedules were completed to keep a record of the frequency of cleaning and when it took place. The management team completed daily audits of the quality of the cleaning that was done. This ensured that the standards of cleanliness remained consistently good.

Decluttering of shared spaces and clinical areas had taken place. This made the home easier to keep clean. Chairs and tables had been spaced two meters apart to support social distancing. The service were supporting staff and residents to reduce the risks of cross contamination and cross infection by adapting the environment within the home.

Equipment that was shared between people, for example: moving and handling equipment, shared baths, were found to be clean. This reduced the risk of cross infection.

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

There were sufficient staff on duty to ensure that people's assessed needs were being met, including during times of increased workload. As a result, the impact to individuals in the home because of the COVID-19 pandemic would be reduced.

The service had introduced cohorts of staff working in each unit. This meant that there was no cross over of staff between the units. This helped give staff ownership of the standards of care, support and IPC standards in their unit and also reduced the risk of cross contamination.

We felt people could have confidence in the staff because here was a consistent staff group who knew people well. There was a calm and friendly atmosphere in the home. We were told the management team were supportive and staff said they felt part of the team and that it was a team effort to keep people healthy and happy during the pandemic.

There was a culture of continuous improvement by staff which was well led. The quality assurance processes had been altered to incorporate the COVID-19 pandemic. This meant that infection control practices were the focus of the auditing process and the ongoing continuing improvement.

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?	5 - Very Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	5 - Very Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	5 - Very Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	5 - Very Good

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