

Auchtercrag Care Home Care Home Service

Commercial Road
Ellon
AB41 9BD

Telephone: 01358 726 300

Type of inspection:
Unannounced

Completed on:
12 March 2021

Service provided by:
Daviot Care Limited

Service provider number:
SP2010010915

Service no:
CS2010249607

About the service

This service registered with the Care Inspectorate on 29 October 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 55 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."

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 an inspector from Health Improvement Scotland.

What people told us

We spoke with people in passing. Some people told us they were happy living at Auchtercrag. There was satisfaction with the quality and variety of meals provided. There was mixed feedback about how people passed their day; some people said they were content and were happy with the levels of activities, whilst others said there was little to occupy them.

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. Much of the staff engagement with people was done in passing however staff appeared caring and respectful.

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?	2 - Weak
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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?

2 - Weak

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

People looked neat and tidy. Staff had recognised the importance of assisting people to maintain a sense of their personal identity by supporting people to look their best.

Visiting was being undertaken in line with national guidance and essential visits were being supported. Visitors were supported to visit their loved ones when people were receiving end of life care. Attention had been taken to ensure these visits were done with compassion whilst supporting visitors with the appropriate infection control practices.

Care plans detailed the level of support that people required to maintain contact with those who were important to them. However, we observed that people who required more support from staff were less likely to sustain associations out with the home. As a result, there is an increased risk of people feeling disconnected from families and friends.

Due to a recent outbreak of COVID-19 within the home, some people were required to isolate within their rooms as part of protective measures. During these times, it is important for people's overall physical and mental wellbeing that they receive meaningful interactions from staff and have regular social engagement. We observed that people were sitting for long periods of time without any interaction or occupation. This resulted in poor outcomes for those people, with some people sleeping in chairs or others staring into space.

People were not encouraged to move regularly and spent long periods of time sat in the same place. In the morning some people had been assisted to walk through to the shared lounge. They remained seated in the same chair for the remainder of the day. There was no support or encouragement given to help them with further movement. It is important for the health and wellbeing of people for them to be supported to move and remain active.

People had sufficient food and fluids brought to their rooms, however sometimes this was out of reach or people who required support to eat, and drink did not receive it. One person who was asleep, had their lunch placed in front of them and was left to sleep while the meal went cold. We intervened to ensure that the person received a hot meal and support to eat.

People's nutrition and hydration status was not appropriately monitored. We found that people regularly received significantly low levels of fluids or sometimes more than what had been recommended by professionals. There was no analysis of the information from these recordings and for this analysis to bring about change to the care and support. This meant that some people continued to have too little to drink. It is important for people to drink enough to help them remain healthy and well. (see requirement 1).

The changes brought into medication management during the COVID-19 pandemic had been put in place. However, we had concerns regards the management of these changes. The relevant prescription documentation was not readily available because they were filed in another unit in the home. This meant that staff who were caring for people in the main building did not have easy access to the information that could be used to inform the need for medication.

The checking and recording of controlled medication was not in line with best practice. We found it difficult to establish the audit trail of these medications. With one medication there was an inaccurate count.

Improvements need to be made to the management of controlled medications to ensure that the practice is safe and in line with best practice. (see area for improvement 1).

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

During the COVID-19 pandemic it is essential that strict infection control practices and procedures are implemented in order to make sure people are safe. We identified infection control practices that caused concern.

We identified significant concerns with the safe disposal, storage and management of clinical waste. The collection of clinical waste from the service was not effective resulting in external bins being over full and a build-up of clinical waste bags collecting on the ground. This increased the risk of cross infection to residents, staff, visitors and to the wider community. We issued a letter of serious concern on the 8 March 2021. We completed a virtual visit to follow up on this serious concern on the 15 March 2021. We found that the provider had arranged an additional uplift of the clinical waste and now had a contingency plan in place to prevent the build-up of clinical waste re-occurring. This requirement was met.

Stations that had the necessary Personal Protective Equipment (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. However, staff were unaware of where to access more detailed information for example the latest infection control guidance and policies. It is important for staff to have access to all relevant information on COVID-19 to enable this to be used to inform their practice.

Cleaning schedules and management auditing documents were in place and indicated full compliance with cleaning and maintenance infection control practices and standards. However, we identified concerns with the accuracy of these assessments. We found:

Mattress checks had been completed and indicated all mattresses were intact and fit for purpose. We found one where the cover had been torn thus exposing the foam. This mattress would not have been able to have been cleaned appropriately and increased the risk of cross contamination.

Under some beds we found a build-up of dust and clutter. This would increase the risk of cross contamination and did not indicate that people lived in a home that was clean and tidy.

The kitchen servery in the downstairs unit was found to be unclean. Skirting boards and the top of cupboards were dirty and there was a build-up of food items around the plug.

Some equipment, such as shower chairs, raised toilet seats were found to have areas of corrosion. This made these difficult to clean and thus increased the risk of cross contamination.

The underside of tables and the arms of chairs were found to be sticky and coated with food. This demonstrated that the cleaning of these items was not robust, and this increased the risk of cross infection.

The laundry was found to be cluttered with boxes and baskets on the floor. Contaminated laundry waiting to be laundered had been placed on the floor of the laundry. Improvements need to be made to the organisation, storage and safe laundry practises to reduce the risk of cross contamination.

Improvements must be made to ensure that the environment and equipment are cleaned and maintained to reduce the risk of cross infection and to ensure that people experience an environment that is well looked after, clean, tidy and well maintained. (see requirement 2).

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

Staff were participating in the national testing programme for COVID-19 and were aware of the procedure in the event that they were unwell. This would help to reduce the risks to others of contracting COVID-19.

Staff numbers remained constant despite the number of residents living in the home being reduced. Staff were working hard, however they appeared insufficient in numbers to carry out the care, support and observations to meet people's needs as described in 7.1.

Cleaning standards were not being adhered to and staff missed opportunities to promote good hand hygiene with residents, particularly prior to eating and drinking. There continued to be a task focus approach to ensuring care needs were met. This meant that there were missed opportunities to enhance people's days by spending time with them. This would have improved their outcomes. The requirement regards staffing made at our last inspection is unmet.

The completion of staff training in infection control was good and we observed staff use PPE in line with guidance, however there was a failure to act when clinical waste bins appeared full and overflowing. This increased the risk of cross infection.

The observation of staff practice had recently been started. These had identified if there were any areas of staff infection control practices that needed improving. The completion of these records needs to improve to ensure that the names of staff are recorded and that there is evidence of follow up observation taking place if poor standards have been identified. This will help maintain consistent and safe infection control practices.

When we spoke with staff, they told us that they felt supported by the manager and that they had been made aware of resources within the wider organisation should they need more support. However, many staff did not recognise the signs of burnout and would not actively seek assistance. We were concerned that this may leave people unable to provide care and support as required in their role.

Requirements

1. By 5 April 2021, the provider must improve how it supports people to ensure they have enough to drink to support their health and wellbeing.

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);

"If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected" (HSCS 1.34); and

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d).

2. By 5 April 2021, the provider must ensure that service users experience a safe environment in relation to infection prevention and control. In order to do this the provider must:

- a) Ensure that effective cleaning takes place and that the standards of cleanliness are reviewed regularly.
- b) Complete an audit of all equipment used to support people and ensure it is fit for purpose and to put in place a plan for replacement of all damaged equipment.
- c) Ensure that there are safe systems and processes implemented in the laundry to manage all laundry safely.
- d) Ensure that the observation of staff practice is appropriate and that there is evidence that any failure of staff compliance is reassessed.
- e) The service should strengthen leadership and governance for infection prevention and control.

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

"My environment is safe and secure" (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

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d).

Areas for improvement

1. Improvements should be made to the management and monitoring of all medications prescribed for people.

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 high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

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 home had a number of empty beds however staff numbers remained the same as if the home was fully occupied. This should have increased staff availability and enabled staff more time to spend with people. However, we found that people were left for long periods of time without engagement and staff were not readily available in the units.

There continued to be a focus on the completion of tasks, for example people appeared neat and tidy however they then sat for long periods without the support to move or without occupation. This meant that outcomes for some residents remained poor.

Staff groups were allocated to units to reduce the movement of staff from area to area. This would help reduce the risk of cross infection. However there appeared to be no consideration given to the experience and skills of the staff in the groups. This meant that there was an imbalance of suitably trained and skilled staff in some areas.

The timescale for the provider to meet this requirement has been updated to 5 April 2021.

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

There continued to be a focus on the completion of tasks. This meant that outcomes for people were not captured in the monitoring of the care and support people received.

Information gathered to assess people's wellbeing was not then used to inform changes to the care and support they received. For example, when people did not have enough to drink, this was not passed onto staff that additional support may be necessary. This resulted in some people continuing not to drink enough.

A resident of the day form was in place. This should have enabled a holistic review of the person to take place, with a review of their care and support needs, their social needs and to assess the condition of their bedrooms and the equipment used. However these review forms were not completed by all the necessary staff groups. This contributed to a failure to improve the condition and repair in some bedrooms, ensuring that equipment used by individuals was fit for purpose and also to identify and to make the necessary changes to people's social wellbeing.

This area for improvement was unmet 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

This area for improvement is unmet and is now part of requirement 2 made at this 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

This area for improvement is unmet and is now part of requirement 2 made at this inspection.

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?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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