

Abbeyfield Stirling Society Ltd Housing Support Service

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Type of inspection:
Unannounced

Completed on:
19 May 2021

Service provided by:
Abbeyfield Stirling Society Ltd

Service provider number:
SP2004006382

Service no:
CS2004067088

About the service

Abbeyfield Stirling Society Ltd is registered to provide a Housing Support/Care at Home service to 12 older people living in sheltered accommodation. The service is owned and operated by Abbeyfield Stirling Society Ltd. A management committee, consisting of volunteers with a variety of skills, knowledge and experience oversee how the service is managed.

The house has 12 single bedsits with en-suite facilities. Each room has a small kitchen area which allows for the preparation of breakfast, drinks and snacks. Main meals are prepared by a cook/kitchen assistant and served in the shared dining room. Laundry and domestic support is provided by an external agency. The manager lives on site. An emergency call system is provided by the local authority. In 2020, Abbeyfield applied to register a care at home service. Registration was granted on March 2020. At registration it was noted that staff would be limited in the type of support they would be offering to people.

The aim of Abbeyfield is to "provide a safe, secure, stimulating place for older adults to live. To promote care within a homely environment."

This was a focused follow-up inspection to evaluate progress on the requirements and areas for improvement made due to a Complaint that was investigated in December 2020.

What people told us

As part of the inspection process we spoke with people living in Abbeyfield and members of staff; their comments were mainly positive. We also had telephone contact and emails with a number of relatives; their comments included:

"There is always time to care & support people."

"I like the fact that the carers are employed by Abbeyfield so there is consistency."

"staff work hard to make it feel like home."

"staff have always been outstanding and even more so during the last year with Covid-19."

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

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| How good is our care and support during the COVID-19 pandemic? | 3 - Adequate |
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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?

3 - Adequate

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

Our focus in this inspection area was to ensure that infection prevention and control practices were safe for both people experiencing care and staff. We found this had been met to an adequate standard which demonstrated some important strengths. In addition to looking at infection prevention and control practices, we looked at whether the service had made improvements which we said that the service must make. We made these requirements and areas for improvement in December 2020, and we have set out what action the service has taken in the section "What the service has done to meet any requirements made since the last inspection."

At the time of inspection there were no Covid-19 cases within the service, and no one was self-isolating.

We saw adequate supplies of the correct type of Personal Protective Equipment (PPE), Alcohol Based Hand Rub (ABHR) dispensers and disposal arrangements for staff. We observed some examples of poor practice in relation to hand hygiene and use of PPE. In particular, the process for assisting with visitor Lateral Flow testing posed a risk of cross contamination to people and staff. We spoke with the manager about this and prompt action was taken to relocate the testing station, provide adequate disposal arrangements and remind staff and visitors of the process. (See Area for Improvement 1).

The environment appeared clean and there was an external cleaning service to manage cleaning. Rooms were deep cleaned regularly and all staff had access to chlorine-based products. However, storage of these products was addressed with further guidance and direction during the inspection.

Social distancing had not been fully considered in the communal dining area and lounge. Improvements were needed in both these areas to promote social distancing and reduce risk of infection however also ensuring a pleasant mealtime experience and enabling people to have a conversation. (See Area for Improvement 2).

The laundry service was provided by an external agency. It was well organised with efficient processes in place that contributed to the safe management of linen and clothing. These measures help keep people safe and assist with the continued protection of people and staff.

Staff should have access to specific training on COVID-19, the correct use of PPE, and infection prevention and control. We saw that staff had completed an e-learning module on infection control. Routine testing was in place for staff in line with current guidance which assisted with the continued protection of people and staff.

Whilst cleaning schedules were in place this was stored with the external cleaning service, this meant it was unclear how often enhanced cleaning and cleaning of frequently touched areas took place. We discussed with the manager the need for an increased overview and reliable audit systems in order to provide assurance that effective cleaning is taking place. (See Area for Improvement 3).

4.11: I experience high quality care and support based on relevant evidence, guidance and best practice." This is in order to comply with: Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. The provider should implement the following measures to further protect people and staff from being exposed to Covid-19. Develop safe storage, process and handling of the test kits, their disposal arrangements and the location of the testing being carried out.

4.11 "I experience high quality care and support based on relevant evidence, guidance and best practice."

2. In order to further protect people from being exposed to Covid-19, the service should consider its communal dining and lounge area to promote social distancing.

4.11 "I experience high quality care and support based on relevant evidence, guidance and best practice."

3. The service's current cleaning schedules and storage location to be reviewed and oversight from management and audit system.

4.11 "I experience high quality care and support based on relevant evidence, guidance and best practice."

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

Requirements

Requirement 1

In order to safeguard people experiencing care, the provider must follow a robust recruitment process for all staff. In order to comply the following must be implemented by 15 January 2021: Adhere to the service policy and procedure on safe recruitment Gather a full work history for all potential employees. Check references are satisfactory. Undertake appropriate applications and checks through PVG. Complete checks on professional registration status. Confirm date of commencement and issue letter of contract.

To be completed by: 15 January 2021. This is to ensure care and support is consistent with Health and Social Care Standard 4.24: I am confident that people who support and care for me have been appropriately and safely recruited. This is in order to comply with: Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 24 December 2020.

Action taken on previous requirement

People experiencing care should be confident that the approach to staff recruitment is robust and takes account of all necessary checks. During the complaint investigation we identified concerns with the staff recruitment policy and procedure and, we highlighted a number of improvements required to ensure this process was effective in safeguarding people.

On this visit, we followed up on the requirement and found that the necessary improvements had not been made. The manager was actively recruiting a carer at the time of our visit however, from discussion and a review of available records, we were not confident that a clear process was being followed which took account of important information and guidance around PVG and SSSC checks.

Overall, we could not be confident that the necessary improvements had been made to the staff selection and recruitment process to ensure it was effective and that staff were being safely and appropriately recruited. We discussed this with the manager who acknowledged that further work was required to ensure this requirement could be met.

We found that whilst some improvements had been made, requirements were not met and further improvements were required. We extended the date and the provider must make the required improvements by 30th June 2021.

Not met

Requirement 2

In order to ensure people experiencing care are supported by a skilled and competent staff team, the provider must by 15 January 2021: Ensure all staff commencing employment receive appropriate induction training in accordance with their allocated role and responsibility. Ensure all staff receive mandatory training and regular refresher training appropriate to their role and responsibility. Direct observation is undertaken to ensure staff competence in practice. Maintain accurate training records which show the dates staff attend training and any future training requirements.

To be completed by: 15 January 2021 This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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. This is in order to comply with: Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 24 December 2020.

Action taken on previous requirement

People experiencing care should be confident that the staff team have received training appropriate to their role and they are supported to develop their practice. During the complaint investigation we identified concerns with the training and development opportunities for staff and we highlighted a number of improvements that were required.

On this visit, we reviewed the progress made in respect of staff training and development and found that the necessary improvements had not been made. We were unable to evidence the full training that staff had undertaken and could not confirm how individual staff training needs were being identified, agreed and met. The induction process was unclear, and systems were not in place to assess staff competence to work unsupervised and safely, on completion of training.

Overall we were not confident that people experiencing care were being supported by staff who had good access to learning and development systems which monitored practice and supported them in delivering a high-quality service.

Not met

Requirement 3

For the health and wellbeing of people living in the service, the provider must ensure that infection prevention control measures are implemented by 8 January 2021. To achieve this: COVID-19 specific training should be provided to ensure compliance with current Public Health guidance on safe practice in non-healthcare settings. PPE must be used appropriately and consistently by all staff. Access to suitable handwashing and drying facilities must be provided for staff. Waste bins must be provided for used PPE. All used PPE must be appropriately bagged and stored before being entered into the general domestic waste system.

To be completed by: 15 January 2021 This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice. This is in order to comply with: Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 24 December 2020.

Action taken on previous requirement

People experiencing care should have confidence that their health and wellbeing is protected by staff who follow good practice in relation to infection control. During the complaint investigation we identified improvements to infection control practice which were essential to keep people safe.

On this visit we found that, there had been an overall improvement. Further work was required to ensure good infection control practice is in place to protect people. We have discussed this under Key Question 7.2.

Met - outwith timescales**Requirement 4**

In order to ensure the health and wellbeing of people experiencing care and to keep them safe, the provider must ensure systems are in place to manage medication effectively. To comply, the following must be implemented by 15 January 2021: Review the policy and procedure for the management of medication to ensure it reflects the role and responsibility of staff working in the service. Ensure all staff adhere to the service policy and procedure when supporting people with their medication. Ensure all medication is administered in accordance with the prescriber instructions and that an accurate record of this is maintained. In consultation with people experiencing care, alert the GP where changes in people's healthcare needs are observed. Ensure that people experiencing care who require controlled drugs have clear risk assessment and medication management plan in place.

To be completed by: 15 January 2021. This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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. This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 24 December 2020.

Action taken on previous requirement

People experiencing care should have confidence that staff will provide safe support with medication. During the complaint investigation we identified concerns relating to the management and storage of medication. On this visit, we reviewed the progress made by the service and found that overall, the necessary improvements had not been made.

The manager told us that staff had been updated on the policy and procedure for medication practice and refresher training had been provided. Medication competence assessments had been completed with staff however these offered limited information on the observations of practice and any actions arising from this.

Medication was not being administered and recorded appropriately. Staff continued to sign the MAR (Medication Administration Record) for medications which they had not observed people taking and we found examples of medication being given at times that did not align with the prescriber instructions. Medication risk assessments for people did not identify known risks and the actions required to mitigate against this.

Audits of medication management were not effective in identifying issues and this increased the risk of errors being missed. We had continuing concern about the lack of safe storage of controlled drugs and the manager agreed to investigate the option of individual lockable storage facilities.

Together, these practices were not safe and do not follow the Abbeyfield Stirling Medication procedure on safe care and treatment which minimises risks to people.

Not met

Requirement 5

In order to safeguard people experiencing care, the provider must by 15 January 2021: Develop an adult protection policy and procedure which reflects the service provided by the Abbeyfield Stirling Society. Ensure staff are trained in adult protection and are familiar with the service policy and procedure. Ensure all adult protection allegations are reported without delay to the relevant authorities.

To be completed by: 15 January 2021. This is to ensure care and support is consistent with Health and Social Care Standard 3.20: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities. This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 24 December 2020.

Action taken on previous requirement

People experiencing care should be confident that the staff team know their responsibilities in relation to adult protection and follow agreed procedures when concerns are raised. During the complaint investigation we identified concerns in relation to adult protection procedures and we highlighted improvements that were needed.

On this visit, we found improvement had been made. The manager reported that staff had received training from the Local Authority on safeguarding adults and the policy and procedure had been shared. The policy and procedure required some minor changes to ensure it was appropriate to the service provided at Abbeyfield Stirling. The manager was clear on her responsibility in relation to reporting all matters involving adult protection concerns. Overall, we were satisfied that improvement had been made in this area.

Met - outwith timescales

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

To ensure people experiencing care can feel confident that their health and wellbeing needs will be met, the provider should ensure: Assessments and care plans are developed and reviewed in line with people's needs.

People's needs are monitored carefully with observed changes generating a revision to care records and where appropriate a referral to external agencies.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 24 December 2020.

Action taken since then

People experiencing care should have confidence that their health and wellbeing needs are being closely monitored and that staff respond promptly to changes in their presentation. During the complaint investigation, we found care records had not been reviewed in response to people's changing needs and engagement with external colleagues and services had not been adequate in response to a deterioration in people's wellbeing. This meant that people were not experiencing the best support based on guidance and best practice involving the wider professional team.

During our follow up visit we noted some progress, however we remained concerned at the lack of care planning and documented consultation with external professionals and services to ensure a support pathway was in place for people who had a higher level of need. We discussed this with the manager who agreed to follow up on this as a priority.

The service is registered to provide minimal support with care. To ensure people experience a high-quality service, it is important that the care provided is within the scope of the service registration and the stated aims and objectives.

The Area for Improvement has not been met. We discussed this with the manager who committed to addressing this as a priority.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

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| How good is our care and support during the COVID-19 pandemic? | 3 - Adequate |
| 7.2 Infection prevention and control practices are safe for people experiencing care and staff | 3 - Adequate |

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