

## Elderslie Project Care Home Service

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**Type of inspection:**  
Unannounced

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**Service provided by:**  
The Mungo Foundation

**Service provider number:**  
SP2003000182

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CS2004060920

## About the service

Elderslie Project is a care home registered for nine adults with learning disabilities who may also have a physical impairment. The provider is The Mungo Foundation.

The service has been operating since 2004 and registered with the Care Inspectorate since the Care Inspectorate was formed in 2011.

The home is located in the residential area of Elderslie in Renfrewshire. Local amenities and transport are within walking distance of the home. A vehicle with disabled access is provided for people to access when needed. Accommodation consists of two purpose-built bungalows, one of which is for five people, and the other for four people. Each bungalow provides single bedrooms. There are no en-suite facilities in the bedrooms, in each bungalow there is a shower wet room and an assisted bathroom, a lounge/dining room and domestic kitchen. The larger bungalow has a sensory room, art/activities room and a laundry room. A staff office is located in the smaller of the bungalows. Shared garden areas surround each bungalow, and car parking is available directly outside the home.

Eight people were living at the home at the time of the inspection.

The aims of the service include:

- To promote a sense of community and support service users to grow and achieve their full potential;
- Continue to promote the wellbeing of service users;
- Continue to provide good quality care and support by networking with external agencies to enhance service provision;
- Develop activities and community based opportunities for service users;
- Continue to develop an environment which allows service users to feel comfortable, safe and secure.

## What people told us

We met with six people who lived in the care home and spoke with 4 relatives during our inspection.

Relatives that we spoke with were happy with the service and made positive comments. They felt the service was supporting people who lived there very well. They were appreciative of the efforts by staff to support and enable contact with their loved ones through the lockdowns and delighted that they are now able to visit them in their home.

Most supported people had lived at Elderslie for quite a long time and relatives said they appreciated the work staff did to keep people active and involved in activities they enjoyed. They felt that people enjoyed a good quality of life there. Relatives said that while the service had kept them informed and involved in decisions about their loved ones they felt that communication about changes in the service could have been better.

One person said that they felt that at times staffing was 'a bit low' to enable staff to meet everyone's needs.

## 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 well do we support people's wellbeing?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our setting?	2 - Weak
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 well do we support people's wellbeing? 2 - Weak

We evaluated the service to be performing at a weak level. While we could identify a number of strengths, these were compromised by significant weaknesses.

People living in Elderslie were supported by staff who knew them well. We saw people being supported in a way which was right for them. The service had created opportunities for people to feel involved. People benefited from staff who supported them to stay in touch with family and friends.

People were supported to express their individuality through their choice of dress, food choices and the activities, they participate in. People were able to make their feelings and wishes known to staff and we

saw positive interactions between them. There was good humour and banter which both clearly enjoyed, however, we saw lapses in staff practice that demonstrated a lack of respect for people. For example, staff did not always knock-on bedroom doors or wait for an invite to enter thereby denying people privacy in their own room.

**(See area for improvement 1).**

We heard talk about 'negative behaviours', but these should be described more accurately as expressive behaviours and communications. The service should ensure that written and spoken language is respectful and reflects an understanding of different communication styles. Aids to communication for people who are non verbal were discussed with the manager at the inspection. The service has agreed to look at communication tools to enhance this aspect of support and promote wellbeing for people.

We noted that the sound insulation in the bungalows was not effective and sound carries throughout the buildings. This could cause discomfort for those who experience sensory sensitivity. Staff need to be mindful of the pitch and projection of their voices as this can have a significant negative impact on people's wellbeing. We spoke to the manager about this issue and have made suggestions about where to access further information to support improvement in this area. **(See area for improvement 2).**

Guardianship was in place for most people, but there were no copies of the guardianship arrangements in people's personal support plans and support plans did not detail the decisions delegated to the service. Some of the de-escalation techniques used when people were in distress or emotionally heightened involved seclusion and restraint. However, we could not find records of the assessments and detailed plan that should link to these interventions or the authorisations and consents required. Due to gaps, missing information or poorly completed information, staff were not fully evaluating if these interventions were right for people. The manager needs to review this practice taking account of the Mental Welfare Commission for Scotland guidance - Rights, Risks and Limits to freedom. **(See requirement 1).**

Activity planners were in place; however, it was not clear if these were being carried out consistently or that alternative activities were offered. For example, one person spent two days watching movies on TV while another seemed to be offered only ball throwing. It was unclear if staff offered any other activities or knew of anything else to offer. The art room was currently used for storage and only accessible to staff. We thought this was a missed opportunity for people to engage with meaningful activity. There did not appear to be many evaluations of meaningful activity for people and it was difficult to evidence that activity was discussed as part of the reviews as these documents were not in the care files.

**(See area for improvement 3).**

Visiting takes place in people's rooms, which offers privacy. However, Covid-19 support plans do not detail visiting preferences for times of visits or frequency or what, if any staff support they would need or like and nothing written about preferred methods of communication.

**(See area for improvement 4).**

The service had developed good working relationships with allied health professionals to support people's healthcare, however, staff recording of visits and outcomes was poor in some areas. Visiting professionals confirmed that communication was an issue within the service and information was not always passed on or acted on. This has the potential to impact negatively on people's health and wellbeing. **(See area for improvement 5).**

There was insufficient information on people's health needs to support robust assessment for a range of health care needs. For example, one person appeared to lose about 20 lbs and MUST (malnutrition assessment) score indicated a medium risk but there was no corresponding plan to support the person to

eat well. MUST assessments were not evident for all people supported. There was limited information on sensory, dental, and auditory needs to support robust assessment and appropriate interventions to support people.

(See area for improvement 6).

## Requirements

1. To ensure the health and wellbeing needs of people experiencing care can be fully met, by 30 September, the provider must review the strategies used for de-escalation to ensure that this complies with legislation, and that they have the required authority to implement restrictive interventions and that each intervention is fully recorded signed and dated and reviewed regularly.

**This is to comply with the Health and Social Care Standards, which state that: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities. (HSCS 3.20).**

**Regulation 4(1)(a) and (c) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 19(3)(a) (records) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2002 (SSI 2002/114)**

## Areas for improvement

1. Staff should be mindful that they are working in people's homes and treat residents' personal space with respect. They should always knock on bedroom and bathroom doors and await invitation before entering.

**This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.' (HSCS 1.1).**

2. The service needed to ensure that people's needs were fully assessed including any needs arising from sensory issues. These should be detailed in their personal support plans with the strategies to manage any resulting distress. The service should investigate the environmental resources available that can mitigate risks of sensory sensitivities.

**This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)**

3. The service should review the activity planners for people in line with their current needs and interests. This to ensure that there is an appropriate range of activities for each person, that it is personalised and flexible to support individual choice and provides opportunity to try new experiences.

**This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25)**

4. The service should review all Covid-19 support plans in light of the Open with Care guidance and ensure that every person living in the care home has an individualised visiting plan which is person-centred and takes account of individual preferences and needs, and balanced against the needs of everyone in the care home, so that any restrictions to meaningful contact are proportionate.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.' (HSCS 2.18)**

5. The service should ensure that visits to supported people from allied professionals are consistently recorded in their support plan. They should ensure that any advice or information from these professionals that impacts on the health and wellbeing of an individual is highlighted and passed on to the team leaders and the manager for them to take action if necessary.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 4.18)**

6. The service should review and update the healthcare needs for people living in the service. They should ensure that appropriate assessments including risk assessments are completed and include but not limited to MUST; skin integrity; food and fluid; sensory issues, podiatry, stress and distress.

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

## How good is our leadership?

## 3 - Adequate

We evaluated the service to be performing at an adequate level. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

The management of the service has experienced a number of changes over the last year. The new manager has only been in post a short time and while staff told us that things had started to change and they could see improvements, there has not been sufficient time for the new manager to effect significant sustainable improvements. An improvement plan had been started but targets have already been missed. The provider must ensure the manager has all the necessary resources and support that is required. **(See area for improvement 1).**

## Areas for improvement

1. The manager should implement and use the service's auditing tools and processes to identify areas within the service as priorities for improvement. This should include, the environment, staff training, mentoring and leadership and infection prevention and control practice.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)**

## How good is our setting?

### 2 - Weak

We evaluated the service to be performing at a weak level. While we could identify a number of strengths, these were compromised by significant weaknesses.

Both bungalows were in need of refurbishment and remedial work was needed to the exterior and interior in order to bring this up to an acceptable standard. We saw that the woodwork trims around the exterior and interior doors was broken, the guttering was leaking and roof tiles heavy with moss. The interior paint work in both bungalows needed to be refreshed and in one there was evidence of water leakage in two places on the hallway ceiling. The circulation fan was not working in some areas and there was damp staining in one of the shower rooms. As there isn't a window in the shower room this means there is no ventilation in a high risk area. We noted excessively hot water in one of the bathrooms. Although remedial work had been taken, there was no signage warning of a scalding risk.

The furnishings and equipment in communal areas were clean and well maintained. However, several area within people's bedrooms required repair including flooring that was not intact, drawers broken, bed rails scored and scratched and the leatherette material on one of the day chairs was peeling. **(See Requirement 1)**

There was a lack of auditing within key areas of the service that is leading to unsafe conditions. For example; water temperature recordings were inconsistent; in the small sample we looked at there were significant gaps of several days. There were similar issues with the recordings for the fridge/freezer and food checks. By not completing these necessary checks and following up on issues when they are noted, staff may be contributing to increased risks which could lead to poor outcomes for people who live there. **(See area for improvement 1).**

## Requirements

1. To ensure the health and wellbeing needs of people experiencing care can be fully met, the provider must, by 15 August 2021, conduct an audit of the environment and develop a plan for repair and refurbishment of the premises. The provider must ensure that repairs and refurbishment of the premises to be completed by 31 October 2021.

**This is to comply with the Health and Social Care Standards, which state that:**

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

Regulation 10(2)(b)(c) and (d) (fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

## Areas for improvement

1. The service should ensure that all safety checks including daily checks for food, fridge and freezer must be completed daily and outcomes recorded to ensure food is stored and served safely and issues reported to the manager or team leaders so these can be addressed timeously.

This is to comply with the Health and Social Care Standards (HSCS), which state that: 'My environment is secure and safe.' (HSCS 5.17)

## How good is our care and support during the COVID-19 pandemic?

3 - Adequate

We evaluated the service to be performing at an adequate level. We could identify some strengths which just outweighed weaknesses. Strengths may still have a positive impact but achieving positive experiences and outcomes for people is likely to be reduced significantly because key areas of performance need to improve.

The service had a clinical waste management contract in place and PPE stations were located throughout the premises. We saw that clinical waste was managed in line with current guidelines.

Training on infection prevention and control (IPC) was available to all staff. Most had completed basic training on handwashing and donning/doffing of PPE, but none had started the infection prevention and control training through the NHS training platform. Staff practice in this area needs to improve. For example, we observed times when face masks were not worn or disposed of safely. **(See area for improvement 1)**

Visually the premises looked clean, however, there were signs of wear on the walls in some areas and some spillage on Perspex panels which hadn't been cleaned up. **(See Key Question 4)**

Most communal rooms were clutter free, clean and social distancing was managed appropriately. However, sensory room needed to be decluttered and some items removed so that it could be thoroughly cleaned between each use.

Portable equipment such as hoists and wheelchairs looked clean. Mattresses we sampled were clean, but there was some staining on pillows. Waterproof covers were on mattresses but not always on pillows or duvets. Bumpers and bed rails required cleaning.

Housekeeping staff worked each weekday morning and care staff were responsible for cleaning outwith these times. There were separate cleaning records for housekeeping, night shift and day shift. Housekeeping staff were observed following appropriate cleaning standards and recording dates and times



for completing tasks. However, other cleaning records were not always completed so it was difficult to evidence that cleaning was taking place. There was insufficient details to assure that frequently touched surfaces were cleaned as regularly as required. The service did not have any quality audits in place to support good infection prevention control. **(See requirement 1).**

We saw laundry arrangements met current guidelines. People had their own lidded laundry box which was used to manage their clothing safely. Staff do not wear uniforms and take their work clothes home to wash. Staff we spoke with were not aware of good practice in changing their clothing when coming on and off shift as recommended in guidance.

**(See area for improvement 2).**

We saw little evidence that staffing had been reviewed and at times, numbers dipped below the accepted minimum staffing that was needed. The service did not use dependency tools to assess appropriate staffing levels. The service had a contingency plan to augment their staffing including use of agency staff, relief staff and overtime to augment staffing. We spoke with the new manager about the protocols for implementing the staff contingency plan and clearly communicating this to the team leaders so that it would be acted on when staffing was likely to fall below the required levels. **(See area for improvement 3)**

The service were working closely with the local public health protection team and the new manager had started to develop an action plan to address the issues highlighted in this report. However, she needed to utilise the supports and resources available to her to improve knowledge and practice in these key areas and introduce monitoring and auditing to ensure that areas for improvement were addressed and can be sustained.

## Requirements

1. To assure the health and wellbeing needs of people experiencing care can be fully met, the provider must develop detailed cleaning schedules for the home including frequently touched areas and ensure these are consistently completed by all staff; they must remove items not required in the sensory room and ensure this is cleaned after each use; and introduce a system for auditing infection control practices by 30 September 2021.

**This is to comply with the Health and Social Care Standards, which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'** (HSCS 4.19).

**Regulation 4(1)(d) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**

## Areas for improvement

1. The service should ensure that all staff complete robust training on infection prevention and control. The service should introduce formal recorded observation of staff practice on infection prevention.

**This is to comply with the Health and Social Care Standards (HSCS) which state that: '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)

2. The service should review practice on staff uniforms/ work clothes in order to comply with HPS COVID-19 Information and guidance for Care Home Settings guidance.

**This is to comply with the Health and Social Care Standards (HSCS) which state that: '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)**

3. The service should develop an appropriate system for assessing and reviewing the needs of service users to inform appropriate staffing levels for the service. It would be helpful to develop a protocol for initiating the staff contingency plan when staffing is likely to fall below the required levels. This should include who has authority or delegated authority for the use of agency staff; their contact details and when this will be reviewed.

**This is to comply with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people.' (HSCS 3.15)**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

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

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