

Alford Service Care Home Service

34 & 36 Greystone Road and 27 David Mclean Drive
Alford
AB33 8TY

Telephone: 01975 563 562

Type of inspection:
Unannounced

Completed on:
12 July 2021

Service provided by:
The Richmond Fellowship Scotland
Limited

Service provider number:
SP2004006282

Service no:
CS2003000347

About the service

This service has been registered since 1 April 2002.

The service provides a personalised residential service for people with mental ill-health in the small town of Alford in Aberdeenshire. It is provided in three bungalows in an established housing estate at the edge of the town. At the time of the inspection nine people were living there.

The Richmond Fellowship Scotland have the following values, which they aim to incorporate into their services:

Hope: The belief that recovery is possible for every individual.

Respect: Valuing differences and all contributions.

Enabling: Giving people encouragement and support to achieve their goals.

Inclusion: The belief that everyone has a right to participate fully in society.

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

One person told us, "I am looking forward to a trip to Banchory today, going to get flowers and put them in the bed at the side. Staff helped me tidy my room and it was looking bonny." This woman told us that she didn't know which staff were going to Banchory and it doesn't matter because she likes them all.

One person said they like to go to the office down the road to play pool, they had been down a few times lately. The person just joins in with whatever is going on, they like to get a chat with people. He is happy living here.

One man had been to an outdoor play and spoke enthusiastically about it. He enjoys classical music and staff sit and speak with him which he likes.

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

Requirements

Requirement 1

The provider must ensure that people are living in a well managed home.

By 28th June 2021 the provider must improve the competence of the leadership and staff team. In order to achieve this the provider must ensure:

- A stable management and leadership team is in place.
- Robust quality assurance processes are adhered to.
- A culture of continuous improvement is established throughout the staff team.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23); and Regulation 4 (1) (a) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 12 May 2021.

Action taken on previous requirement

Following the previous inspection, a senior management team from The Richmond Fellowship Scotland were immediately involved by spending time in the service to assess and understand what was required, and also supporting and monitoring from their own offices. A short-term manager was put in place immediately and there is presently a long-term temporary manager. This steady and experienced presence enabled quality assurance systems to be introduced which were beginning to be embedded. Records enable staff to know how to support people and people told us they were happy. We were told by staff that they enjoy the different way of working and that more things were planned which they were looking forward to.

Met - within timescales

Requirement 2

The provider must ensure that all people are suitably supported and engaged in activity which is meaningful to them as part of their daily lives.

By 28th June 2021 the provider must ensure care plans are up-to-date with people's individual needs and wishes. In order to achieve this the provider must:

- Talk with people about what makes them happy and fulfilled and plan how to support them with this.
- Describe in detail how staff should best support people with all aspects of their lives, and particularly when they are distressed.
- Ensure all risks are detailed and mitigated to be as small as possible.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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); and '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); and Regulation 5 (2) (b) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 12 May 2021.

Action taken on previous requirement

There were clear support plans that stated what people liked and how they liked it to happen. There were easy to follow directions about how to support someone in the way that they enjoyed and was of most benefit to them. There were clear descriptions of; why people get distressed, how to avoid this happening, what to do if it does happen and what should happen afterwards. The risk assessments were up-to-date and were individual for each person. This meant people's support was likely to be right for them.

There was evidence of a variety of activities in the service, both indoor and out. We heard about engagement with the local community by shopping, concerts, support at the allotment.

People told us they were enjoying their days, there is plenty to do, and they get to choose what they want to do. When we spoke with people they were animated about what was happening that day. There was a sociable and friendly atmosphere between people who lived in the service and the staff.

Met - within timescales

Requirement 3

The provider must ensure that people live in a clean and well maintained home.

By 28th June 2021 the provider must improve standards of cleanliness and maintenance in the home. In order to achieve this the provider must:

- Audit all areas of the home and remedy dirty or broken areas and equipment.
- Engender accountability in staff to ensure they understand and carry out their responsibilities in relation to cleanliness, tidiness and repairs.
- Carry out regular audits that ensure high standards are maintained.

This is in order to ensure that care and support is consistent 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); and Regulation 4 (1) (d) of the Social Care and Social Work Improvement Scotland Regulations 2011; and Regulation 10 (1) (2) of the Social Care and Social Work Improvement Scotland Regulations 2011; and Regulation 14 (b) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 12 May 2021.

Action taken on previous requirement

An extensive survey and improvement plan was put in place immediately following the previous inspection. Some parts are still to be completed. However, all of the areas of the home had improved. They were cleaner, tidier and better looked after. These higher standards are likely to be maintained because of the audits that were undertaken regularly. Staff we spoke to were able to tell us about what should be done and seemed to take a pride in the standard of the home. It was a more pleasant place to live.

Met - within timescales**Requirement 4**

The provider must ensure that people are supported to be safe and healthy.

By 28th June 2021 the provider must improve the management of staff numbers within the service. In order to achieve this the provider must:

- Review the support needs of each resident with multi-disciplinary colleagues.
- Review the risk assessments associated with these needs.
- Calculate safe staffing levels to enable good outcomes for all service users.
- Maintain optimum staffing levels.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18); and Regulation 15 (a) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 12 May 2021.

Action taken on previous requirement

Multi-disciplinary reviews had been completed for all people in the home, including individual risk assessments. This meant people's health should benefit from the right care. The staffing levels were adequate and workers were used flexibly to enable support for people at the busiest times. Assessment was ongoing in relation to night time staff levels and safety of people. In the meantime the overnight staff level had been increased and an effective alarm system installed to increase safety while enabling as much independence as possible. There were no permanent staff vacancies, and recruitment to the 'bank' for staff was ongoing, to ensure that emergency situations could be covered effectively.

Met - within timescales**Requirement 5**

By 15th January 2021, in order to ensure consistently good outcomes for all residents, the provider must initiate and maintain joint working with the multi-disciplinary team until an optimum service is being delivered.

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

'I am in the right place to experience the care and support I need and want' (HSCS 1.20); and in order to comply with Regulation 4-(1) (a) 'A provider must make proper provision for the health, welfare and safety of service users' of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 15 January 2021.

Action taken on previous requirement:

We saw some evidence of attempts at joint working e.g., emails from care manager and community psychiatric nurse (CPN) confirming communications and discussion regarding H.

However, we saw evidence that discussion regarding the need for one or two night shift workers was not being confidently pursued.

Spoke with a CPN who agreed that an optimum service had definitely not been reached for her particular client.

THEREFORE THIS REQUIREMENT HAD BEEN UNMET AND WAS CARRIED OVER TO THE LATEST INSPECTION

This requirement was made on 10 December 2020.

Action taken on previous requirement

There had been multi-disciplinary reviews for all people in the home, indicating joint working. Where a situation had not been resolved, for example the overnight staffing, there was an interim solution in place to ensure safety and suitability for the people.

Met - outwith timescales

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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