

Alderwood House Care Home Service

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Dumbarton
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Type of inspection:
Unannounced

Completed on:
12 July 2021

Service provided by:
Alderwood House Limited

Service provider number:
SP2020013476

Service no:
CS2020379050

About the service

Alderwood House care home is registered to provide care to 32 adults with a non-acute mental health diagnosis. The provider is Alderwood House Limited, part of the Meallmore organisation.

This was the first inspection of this service which was registered by the Care Inspectorate on 18 February 2021. The inspection was carried out by two inspectors from the Care Inspectorate.

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.

Alderwood House care home is located in the town of Dumbarton. The home is near the town centre, public transport routes and close to local shops and community facilities.

The building is a new build, all on ground level. The accommodation comprises single bedrooms with en-suite shower rooms as well as four self-contained flats. There is a central courtyard area that can be accessed from communal lounges and bedrooms that overlook it.

When we registered the care service the stated aims and objectives were as follows:

"To provide excellent care, a high standard hospitality, and personalised interventions for all aspects of daily life for residents

- it is the object of Alderwood House that all residents will live in a clean, safe environment and be treated with sensitivity, dignity, respect and empathy to meet the individual needs and abilities of residents
- the service is delivered flexibly, attentively and in a non-discriminatory fashion and with respect for independence, privacy, and the right to make informed choices and to take risks
- each resident's needs and values are respected in matters of religion, culture, race or ethnic origin or sexuality
- the home encourages all residents to maintain wherever possible their social and cultural links with the community and to participate in the homes Activity Programme
- the home offers all residents a varied, nutritious diet and, where possible respects peoples individual requirements
- To deliver care and service in line with our Mental Health Strategy document."

At the time of this inspection there were seven people living in the home.

What people told us

We asked people using the service to share their experience of Alderwood House care home. We spoke with people face to face during the inspection visit.

The majority of people we met appeared relaxed in the care of the staff who were looking after them. We saw some people enjoying socialising with staff over a meal or a cup of tea.

Those people who did speak with us did so in a limited way. This may have been due to the nature of their mental illness or a general reluctance to speak with a person they were not familiar with. Some people said that they did not want to be in Alderwood House but also said this was not the fault of the staff. Others told us the staff were "okay" and that staff "were nice."

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?	4 - Good
How good is our care and support during the COVID-19 pandemic?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

1.1 People experience compassion, dignity, and respect.

We observed kind and compassionate interactions between people who lived in the service and staff. It was clear to us that staff were very familiar with people's needs and preferences. We saw a number of positive interactions across all staff groups that were respectful to people in their care.

Staff also had a good understanding about the needs and challenges to supporting different individuals. The low occupancy helped staff get know people better. Some staff appeared slightly rushed at times and we saw that this occasionally made some residents impatient. The senior management team should explore the reasons for this so that this can be addressed.

1.2 People get the most out of life.

People were able to move freely around the home and staff were good at supporting some people on visits to the local community. Some group activities were organised but not everyone chose to take part. The choice of activities were led by people's preferences. There were opportunities for indoor and outdoor activities when the weather permitted. The timing of community based activities was sometimes subject to staff availability and this could impinge on people's choices. (see Area for Improvement 1).

We participated in afternoon tea at three pm which appeared to be a daily highlight where residents and staff got together. This was clearly enjoyed by everyone who took part.

Visiting was in line with Scottish Government's Open with Care guidance and we saw that people could enjoy visits in their own rooms and in the garden. The manager, care staff and administrator had a good

understanding of the current guidance. Visitors could arrange visiting appointments through the Meallmore website or by calling the home for assistance to arrange a visit.

Visiting arrangements also took account of the preferences of the people living in the service. The current low occupancy also lent itself well to visiting. This needs to be monitored as the occupancy increases.

1.3 People's health benefits from their care and support.

There was good evidence that staff supported residents with their healthcare needs. People were supported to register with a local GP and other local health services such as a dentist or optician.

The service was working hard to develop and embed links with a range of health professionals to ensure people's health and wellbeing was maintained. Occasionally the service was hampered in this through early disengagement from some external agencies. The provider was working with relevant organisations to address this so that the transition of people admitted to the service was optimised to better meet their needs.

Through our discussion with selected staff it appeared that some staff had a varied understanding of the purpose of the service, including the reasons for admitting people with a range of complex mental health conditions. We asked the provider to revisit the admission criteria and aims and objectives of the service through discussion with the staff team. The provider and management team agreed to do this.

We looked at a sample of individual personal plans and noted that, overall, the content was good and informative. However, we also saw some gaps in recording health related information that would be relevant for staff to know. Some individual risk assessments also lacked key information. (see Area for Improvement 2).

The provider shared with us that they were planning to introduce an evaluative tool to assist staff and people they are supporting to measure and support progress with individual goals. We will evaluate this at a future inspection.

Areas for improvement

1. The service should review any actual or potential barriers to the timing of community based activities and the availability of staff to accompany people outside of the home. If there are constraints on people's choices identified the service needs to address this.

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

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)

I can maintain and develop my interests, activities and what matters to me in the way that I like. (HCS 2.22)

2. The service should evaluate the quality of health information in personal plans and risk assessments on a regular basis to ensure that all current health related information that would be relevant for staff to know is contained in each plan and risk assessment.

This is to ensure care and support is consistent with the Health and Social Care Standard which states:

I experience high quality care and support because people have the necessary information and resources. (HCS 4.27)

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

5 - Very Good

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

The home was very clean, tidy, and well maintained. Enhanced cleaning schedules were in place. This included frequent cleaning of touch points throughout the home.

Personal Protective Equipment, (PPE), supplies were plentiful and were easily accessible to staff throughout the home. Staff told us they had received comprehensive infection control training and staff that we spoke with demonstrated very good knowledge about Covid-19 and infection prevention control. This helped to minimise the risk of infections and keep people as safe as possible

There were sufficient PPE stations located in each corridor of the building. There were also two mobile PPE stations.

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

There were sufficient nursing and care staff to meet people's needs. We saw that staff teams worked well together to support the health and care needs of people living in the home.

We observed staff using the appropriate PPE in line with current guidance. The current low occupancy and spacious environment meant that staff were able to promote social distancing with people they supported. The building was also well ventilated.

Discussion with manager indicated that Covid-19 status of potential new residents was included as part of the pre-admission assessment and admission process. It was acknowledged by staff that there were particular challenges trying to support some residents to comply with Covid-19 precautions. However, we saw staff support people with this sensitively. Where someone was unable to follow best practice guidance staff tried to mitigate this in other ways eg promoting social distancing and good hand hygiene.

The provider had an appropriate contingency plan that it could implement if the service was adversely impacted by Covid-19, for example staffing shortages as a result of staff having to self-isolate. The service occasionally used agency nurses and block booked the same nurses from two nurse agencies that it routinely used. However, we noted there were no risk assessments in place to assess agency staff's Covid-19 "footprint". This meant that staff were not checking if agency staff had recently been working in another care service and whether that service was affected by Covid-19. The manager agreed to address this immediately.

There was good signage relating to handwashing in kitchen areas, visitors toilets and corridors. Staff wore uniforms and dress that was bare below the elbow which was good infection control practice. Staff outdoor clothes and shoes were placed in covered hangers and boxes in staff rooms. Staff uniforms were laundered in the service following current Covid-19 guidance.

Staff Covid-19 testing was taking place in line with current best practice guidance. Staff did two Lateral Flow Tests per week and one PCR test weekly. This meant that staff were reducing the risk of infection to residents and other staff by early identification of possible Covid-19 infection.

Complaints

There have been no complaints upheld against this service. This was the first inspection of the service since it was registered with the Care Inspectorate.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

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