

# Alastrean House Care Home Service

Tarland  
Aboyne  
AB34 4TA

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**Type of inspection:**  
Unannounced

**Completed on:**  
22 September 2021

**Service provided by:**  
Balhousie Care Limited

**Service provider number:**  
SP2010011109

**Service no:**  
CS2005087489

## About the service

Owned and managed by Balhousie Care Ltd, Alastrean House was registered to provide a care service to a maximum of 51 older people.

Alastrean House is a traditionally built home set in its own grounds in rural Aberdeenshire. All the bedrooms are single rooms with en suite facilities. There is a variety of communal sitting and dining rooms. Alastrean House's aims and objectives document states that; 'We aim to deliver exceptional customer satisfaction through our commitment to good quality care in a responsive and understanding atmosphere' and 'provide effective 2-way communication throughout the service'.

The service employs a team of nursing, care, domestic and catering staff with varying degrees of skills, expertise and qualifications.

This service has been registered since 29 March 2005.

This was a follow up inspection to evaluate progress to meet the requirements made at our previous inspection in July 2021.

This inspection was carried out by two inspectors from the Care Inspectorate.

## What people told us

We spoke informally to people who lived in the home during this inspection.

Some people were able to tell us:

'They look after us well.'

'I enjoy the view.'

'We sometimes sit out there (balcony) when it's nice.'

'It's lovely here.'

## 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?	3 - Adequate
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?

## 3 - Adequate

At our last inspection we made two requirements that impacted on our overall evaluations of this key question. At this inspection we have looked at the evidence of how these were being addressed.

**Requirement 1**

In order that people are appropriately stimulated and engaged, and to improve and maintain their quality of life, the provider must, by 20 August 2021, ensure people have access to activities and pastimes that are meaningful and purposeful to them. To achieve this, the service must ensure:

- Care plans include information about activities that are meaningful, purposeful, and appropriate for people.
- Support plans regarding people's social and emotional needs are developed; and records are kept of one-to-one support with meaningful activities for people who require this level of support.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, 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); and Complies with Regulation 4 (a) of the Social Care and Social Work Improvement Scotland (Regulations for Care Services Requirements) SS1 2011/210.

**Action taken:**

We heard that some more activities had taken place since the previous inspection such as getting outside to the gardens, the local ice cream van visiting, some structured activities such as painting, quizzes, sing-alongs, however there was no clear structured plan in place for these and no evidence of how these activities were meaningful for those involved or they had been involved in choosing these.

One person told us how they liked flowers and plants and had a selection in their room that they cared for - we also saw other plants growing on windowsills. It was also good to see a member of staff sitting chatting with people and describing what they could do later that day.

There is some good information recorded in care plans about people's likes/dislikes and preferences about what they enjoy doing. Some work had been done to gather information from relatives about what their loved ones had liked to do. This information was yet to be used to provide targeted person-centred activities for people.

All staff would benefit from training on activity provision and taking responsibility for providing these as part of their role and the benefits of these for residents' mental health and physical wellbeing. Not providing activities for people that they can engage with can lead to negative outcomes for people. For example, becoming withdrawn, and as part of this not eating or drinking, spending more time in bed, and requiring more personal care and monitoring.

We observed four residents involved in a painting activity, all four people were fast asleep and clearly not engaged individually or as a group, it was hard to ascertain what benefits there was for people, if any, to this.

Although we did see that activities had been recorded and for some people there were regular entries, these recordings lacked any value around outcomes for people. Further training was planned with staff to improve recordings so that they are more person-centred and evaluative.

There needs to be clear oversight of activity provision to ensure that these are person-centred and in based on people's hobbies, likes and wishes and that people are engaged in these.

This requirement was not met and will be restated. **See requirement 1.**

## Requirement 2

In order to ensure that people are supported in a manner that meets their needs, the provider must ensure that service users' care plans provide robust detail that have been fully assessed and accurately recorded which provides staff with effective guidance on how to support residents by 20 August 2021. In order to achieve this the Provider must:

- Ensure that the written plan is clear and concise, and the plan has supporting evaluation documentation that will evidence staff practice.
- Demonstrate that staff follow policy and best practice about record-keeping and documentation.
- Ensure that the written plan is being effectively assessed, monitored and audited by managers.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23); and complies with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

## Action taken:

The management team had devised a plan for senior staff to review and update care and support plans. We saw that this work had started and the information within some plans had improved. Information in these plans was more consistent across the range of care planning documents used.

Recording of care had also improved in areas where we had previous concerns. For example, around food and fluid intake.

We highlighted some areas in other plans where there were inconsistencies that could lead to confusion when providing care and support.

In order for this progress to continue, staff had been allocated protected time to address care plans that were outstanding. We have asked the manager to provide us with regular updates to describe how this work is progressing.

Further training is also planned for staff in relation to recording.

It would be good practice to ensure regular audit by senior staff to maintain the quality of information and details within care plans.

This requirement had been met. However, we have made an area for improvement about improving the quality of recordings. **See areas for improvement 1.**

## Requirements

1. In order that people are appropriately stimulated and engaged, and to improve and maintain their quality of life, the provider must, by 30 October 2021, ensure people have access to activities and pastimes that are meaningful and purposeful to them. To achieve this, the service must ensure:

- Care plans include information about activities that are meaningful, purposeful, and appropriate for people.
- Support plans regarding people's social and emotional needs are developed; and records are kept of one-to-one support with meaningful activities for people who require this level of support.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, 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); and Complies with Regulation 4 (a) of the Social Care and Social Work Improvement Scotland (Regulations for Care Services Requirements) SS1 2011/210.

## Areas for improvement

1. The Provider should continue with regular audits of care plans and recordings to ensure information is consistent and recordings are detailed and evaluative.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23).

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

### 3 - Adequate

At our last inspection we made two requirements in relation to this key question. At this inspection we assessed the progress made to address these requirements.

Based on the evidence we saw and heard at this inspection we re-evaluated the grades for the key question to 'adequate' for all three quality indicators.

#### Requirement 3.

Due to the concerns identified with Infection, Prevention and Control you, the provider, must take the following action to be completed by 20 August 2021. You must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of infection. In particular you must:

- Ensure that the premises, furnishings and shared equipment are kept clean and tidy.
- Ensure that processes such as enhanced cleaning schedules and regular quality assurance checks are in place for all areas of the home and these are effective in identifying and addressing issues, this is to ensure that the environment is kept consistently clean and safe.
- Ensure all staff are aware of and adhere to the providers infection, prevention and control policies.
- Ensure that clinical waste is stored safely and disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland.

This is to comply with Regulations 4 (1) (a) and (d) (Welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

#### Action taken:

The interim manager had started walk rounds to identify any issues. We saw that enhanced cleaning schedules were in place that covered all areas of the home.

The home's Covid-19 coordinator is to take on observations and audits of staff practice with hand hygiene and the donning and doffing of PPE. These should be recorded and show how any issues or concerns are to be addressed by who and when.

All staff were seen to be wearing their PPE appropriately during the inspection. However, we also saw some staff had not disposed of their PPE appropriately by using general waste bins despite regular reminders from the manager, this needs to be addressed and the manager was already in the process of doing this.

Issues identified during the inspection were dealt with promptly by the manager and were rectified during the inspection.

We also found significant progress had been made re the cleanliness of the home with high-risk areas such as kitchenettes, bathrooms and toilets much cleaner. Some areas still required further attention such as high dusting in cupboards and storage of items on the floor in some of these.

We saw cupboards which were empty which would easily accommodate any stock that was stored on the floor.

On balance we found this requirement to be met.

In order to maintain the improvements made in relation to Infection Prevention and Control Practice the manager must ensure that there are robust quality assurance processes, audits and checks in place to identify any issues so that these are dealt with quickly, we have made this an area for improvement. **See areas for improvement 1.**

#### **Requirement 4.**

In order to ensure that, at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users, the provider must ensure that the following information has been used to inform staffing levels by 17 September 2021:

- For everyone using the service, a provider shall keep individual records of four-weekly assessments of physical, social, psychological, and recreational needs and choices as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual.
- In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, times of day, staff training and staff supervision needs.
- That there are consistent, regular checks and audits of staff competency re infection prevention and control practice and records are kept of these.
- All staff working in the home including agency staff receive an effective induction to working in the home and that records are kept of this.

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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); 'My needs are met by the right number of people.' (HSCS 3.15); 'People have time to support and care for me and to speak with me.' (HSCS 3.16); and 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - A provider must make proper provision for the health, welfare, and safety of service users.

## Action taken:

We saw that four weekly dependency assessments had been completed and this information was used to influence staff numbers. The management team should continue to review this in relation to ensuring the right number of staff are available at the right time and in the right place.

We previously saw records of observations of practice had taken place however these were irregular. At this inspection we were told that that observation took place however the records to confirm this could not be located. We observed staff selecting and wearing appropriate PPE during our visit. The manager should reinstate regular recorded observations of practice that include hand washing, donning and doffing and the disposal of PPE. **See areas for improvement 1.**

At this inspection we saw records of induction for agency staff. The agency staff we spoke to were well orientated to the building and knowledgeable about the people they were supporting.

There continues to be a number of vacancies within the staff team. The Provider was actively recruiting to vacant posts and had seconded staff from other areas to help. In addition, the Provider was liaising with a number of agencies to try and minimize the number of different agency staff who were engaged. We saw that there had been a reduction in the number of different staff coming into the home which would help the consistency of care provided.

In addition, some staff had been seconded from other homes to support the staff team. We also heard of the recruitment of permanent staff which was progressing slowly.

The provider was taking a range of steps to address staffing shortages within the home and would continue to do so.

This requirement had been met.

## Areas for improvement

1. In order to maintain the improvements made in relation to infection prevention and control the provider and manager should ensure that there are robust IPC checks and audits cover all areas of the home. This should also include observation of staff practice of hand hygiene and the donning and doffing of PPE which are recorded, and which shows how any areas of concern are to be addressed.

This is 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).



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

### Requirements

#### Requirement 1

In order that people are appropriately stimulated and engaged, and to improve and maintain their quality of life, the provider must, by 20 August 2021, ensure people have access to activities and pastimes that are meaningful and purposeful to them. To achieve this, the service must ensure:

- Care plans include information about activities that are meaningful, purposeful, and appropriate for people.
- Support plans regarding people's social and emotional needs are developed; and records are kept of one-to-one support with meaningful activities for people who require this level of support.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, 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); and Complies with Regulation 4 (a) of the the Social Care and Social Work Improvement Scotland (Regulations for Care Services Requirements) SS1 2011/210.

**This requirement was made on 29 July 2021.**

#### Action taken on previous requirement

See information reported under Key Question 1.

**Not met**

#### Requirement 2

In order to ensure that people are supported in a manner that meets their needs, the provider must ensure that service users' care plans provide robust detail that have been fully assessed and accurately recorded which provides staff with effective guidance on how to support residents by 20 August 2021. In order to achieve this the Provider must:

- Ensure that the written plan is clear and concise, and the plan has supporting evaluation documentation that will evidence staff practice.
- Demonstrate that staff follow policy and best practice about record-keeping and documentation.
- Ensure that the written plan is being effectively assessed, monitored and audited by managers.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23); and complies with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

**This requirement was made on 29 July 2021.**

## Action taken on previous requirement

See information reported under Key Question 1.

**Met - within timescales**

## Requirement 3

Due to the concerns identified with Infection, Prevention and Control you, the provider, must take the following action to be completed by 20 August 2021. You must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of infection. In particular you must:

- Ensure that the premises, furnishings and shared equipment are kept clean and tidy.
- Ensure that processes such as enhanced cleaning schedules and regular quality assurance checks are in place for all areas of the home and these are effective in identifying and addressing issues, this is to ensure that the environment is kept consistently clean and safe.
- Ensure all staff are aware of and adhere to the providers infection, prevention and control policies.
- Ensure that clinical waste is stored safely and disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland.

This is to comply with Regulations 4 (1) (a) and (d) (Welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 29 July 2021.**

## Action taken on previous requirement

See information reported under Key Question 7.

**Met - within timescales**

## Requirement 4

In order to ensure that, at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users, the provider must ensure that the following information has been used to inform staffing levels by 17 September 2021:

- For everyone using the service, a provider shall keep individual records of four-weekly assessments of physical, social, psychological, and recreational needs and choices as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual.

- In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, times of day, staff training and staff supervision needs.
- That there are consistent, regular checks and audits of staff competency re infection prevention and control practice and records are kept of these.
- All staff working in the home including agency staff receive an effective induction to working in the home and that records are kept of this.

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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); 'My needs are met by the right number of people.' (HSCS 3.15); 'People have time to support and care for me and to speak with me.' (HSCS 3.16); and 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - A provider must make proper provision for the health, welfare, and safety of service users.

**This requirement was made on 29 July 2021.**

#### Action taken on previous requirement

See information reported under Key Question 7.

**Met - within timescales**

## 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?	3 - Adequate
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	3 - Adequate

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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