

Ailsa Lodge Care Home Care Home Service

21 Erskine Ferry Road
Bishopton
PA7 5PP

Telephone: 01418 124 994

Type of inspection:
Unannounced

Completed on:
8 October 2021

Service provided by:
McKenzie Care Ltd

Service provider number:
SP2012011987

Service no:
CS2012313838

About the service

Ailsa Lodge Care Home is a service for older people with 37 places. It is located outside Bishopton on the main road to Erskine. A regular bus route operates between the two towns with a stop outside the service. Parking is available on site.

The service has three wings with accommodation for residents on the ground and first floors. Communal areas including dining and lounges are on the ground floor. Residents have easy access to an enclosed garden area. The service is operated by McKenzie Care Limited. At the time of the inspection there were 31 people living in the home.

The service's aim is: 'To provide individuals with care in a safe environment committed to excellence where personal dignity is maintained, personal privacy respected and personal needs are fully met'.

This was a follow up focused inspection to evaluate how well people were being supported during the Covid-19 pandemic. We looked at improvements the service had made in relation to requirements made at a previous inspection on 5 August 2021. This report should be read in conjunction with this report and the report dated 8 September 2021.

What people told us

We spoke with six residents informally during the inspection. All residents spoke warmly about living in the home. Everyone was well presented and we could see they looked happy and content.

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?	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?

4 - Good

This key question has been re-evaluated following the improvements that have been made in relation to an outstanding requirement. Please see 'What the service has done to meet any requirements made at or since the last inspection' for further details.

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

This key question has been re-evaluated following the improvements that have been made in relation to an outstanding requirement. Please see 'What the service has done to meet any requirements made at or since the last inspection' for further details.

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

Requirements

Requirement 1

By the 6 September 2021 the provider must ensure that people experiencing care have a personal plan in place to meet their health and welfare needs. In order to achieve this, the action you take must include but not be limited to, the following:

- (a) Personal plans must contain person-centred strategies to manage a person's health and wellbeing including their nutritional needs and to support those experiencing stress and distress in dementia.
- (b) Personal plans and risk assessments must be regularly reviewed to ensure that the support in place is effective and promotes health and wellbeing including, eating and drinking and maintaining a healthy weight.
- (c) Personal plans and risk assessments must be informed by current best practice guidance.

This is to ensure that Wellbeing is consistent with the Health and Social Care Standards, which state that: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change', (HSCS 1.12) and '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', (HSCS1.15).

Also to comply with Regulation 4(1)(d) Welfare of users and Regulation 5 (1) (2) (iii) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 5 August 2021.

Action taken on previous requirement

The service had introduced a new care plan format which we looked at during the last follow up inspection. All of the residents now had the new format care plans in place. These contained a good range of health and risk assessments. The format of the care plans made them more accessible and user friendly. We found the plans we sampled were written in a person-centred and dignified way. We could see that people experiencing care and their representatives had been involved in the development. The management team told us this had enhanced the experience for all involved, and allowed the essence of the person to be captured.

At the last inspection we had discussed with the management team ways to further improve the content and quality of the nutritional and activity assessments. We could see an improvement in the mealtime experience, and found people were enjoying their meals in a relaxed and social atmosphere. We could see a team approach to supporting people who were at risk of weight loss and felt this had improved people's

wellbeing as risk had reduced. The team had started a weekly clinical oversight meeting. We could see how this had supported the team's learning and development, as well as provided reassurance to the management team that actions were being followed through.

We could see that staff had developed person-centred strategies to support people living with dementia. The care plans included information that was important to someone's routine or personal belongings. We felt the plans had enhanced outcomes for people who may experience stress and distress. We found this had enabled staff to support people promptly who may be becoming distressed and had demonstrated this in their daily record keeping.

Met - outwith timescales

Requirement 2

By the 6 September 2021: Infection prevention and control procedures must be improved and maintained to comply with current guidance to protect the health and welfare of people experiencing care. In order to do this the provider must:

- ensure implementation of enhanced cleaning schedules are in place to fully comply with current guidance; 'Covid-19: Information and Guidance for Care Home Settings (Adults and Older People)' 12 August 2021 (Version 2.3);
- ensure clear records of cleaning are maintained and includes a plan for what constitutes a daily clean and a deep clean;
- implement a system of direct observation of staff practicing infection prevention and control including using and disposing of PPE, handwashing, with clear records of these being quality assured; and
- establish an audit of soft furnishings including mattresses and chairs which clearly records findings, any actions required and progress on implementing actions.

This is to ensure care and support is consistent with 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 '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).

This is in order to comply with Regulation 3 - Principles; Regulation 4(1)(a)(d) - Welfare of users and Regulation 15(a)(b)(1) - Staffing, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services).

This requirement was made on 5 August 2021.

Action taken on previous requirement

The team had continued to work hard with this requirement. The home was clean and fresh. We found all areas of the home to be well presented. We could see the programme to redecorate the home had progressed and some of the corridors had been painted.

The management team had reviewed cleaning schedules and systems of work. We looked at staff training records and saw staff had been supported with refresher training around Covid-19 guidance. We found an improvement in the standard of cleanliness since the last inspection. All the rooms we checked we could see staff had paid more attention to detail. The management team now observed key areas throughout the day, and this had been recorded. Records for cleaning frequently touched areas were now held together in one place, which meant it was easier to see when these areas had been cleaned.

We saw staff were using personal protective equipment appropriately. We could also see that staff had their practice observed in this area, as well as handwashing. Staff had been given training with audits and we found soft furnishings were now checked. We felt reassured that people could be supported in an environment that reduced their risk of infection.

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

Quality assurance tools should identify areas for improvement to the service and be completed by staff who have the sufficient skills and training to undertake quality assurance checks and assessments. Areas identified for action should inform the service's improvement plan. Actions to be taken should be specific, measurable, attainable, relevant and time limited (SMART). This would ensure that any actions to improve the service can be measured and promotes continuous improvement.

This is to ensure that leadership and management is consistent 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).

This area for improvement had been continued from previous inspections.

This area for improvement was made on 27 June 2018.

Action taken since then

The service improvement plan was in place to help the service to meet the requirements and areas for improvement arising from the last inspection. We could see that the management team had been supported by external managers to review the improvement plan at regular intervals. We felt the content of the improvement plan was robust and comprehensive. We could see this had been shared with the staff team and staff told us they felt valued as they had been included. We could see the service had good oversight of clinical risks within the home which included nutrition and skin care.

We could see that the actions to be taken in the plan were specific, measurable, attainable, relevant and time limited (SMART). We could see the actions taken had made a difference to people's experience in the home as the environment had been upgraded. We also felt the atmosphere in the home was relaxed and staff told us they felt positive about the recent changes.

This area for improvement has been met and we look forward to seeing this developing at future inspections.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health benefits from their care and support	4 - Good

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

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