

Daldorch House Adult Service Housing Support Service

Catrine Bank
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Catrine
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Type of inspection:
Unannounced

Completed on:
22 February 2022

Service provided by:
The National Autistic Society

Service provider number:
SP2004006215

Service no:
CS2020380626

About the service we inspected

Daldorch House Housing Support and Care at Home Service is registered to provide support to a maximum of 15 adults with an autistic spectrum disorder/learning difficulty in their home and in the community. The provider is the National Autistic Society. The service registered with the Care Inspectorate on 31 January 2021.

The service is located in Catrine in East Ayrshire. Up to 12 young adults live in self-contained flats within an enclosed perimeter. In addition, 3 people share a three-bedded house, Park View, in the nearby village of Mauchline. There were 13 people assessed as having an autistic spectrum disorder living in the service at the time of the inspection with 24 hour staff support.

Many of the young people experience significant communication and language difficulties and all required individualised support to develop their personal and social skills. Formerly school care accommodation, since registering the service has transitioned from a children to an adult service which has involved renovations of accommodation buildings, restructuring of staff and cultural change.

How we inspected the service

This was a focused follow-up inspection to evaluate how the service has responded to the requirements made on 25 January 2022. The requirements were not met and have been extended to 11 March 2022 to allow further time for these to be fully met.

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

Taking the views of people using the service into account

We met people supported and observed interactions between them and staff during the previous inspection visit to the service, please refer to the inspection report of 25 January 2022.

Taking carers' views into account

We sought views from people who use the service and their families during the previous inspection visit to the service, please refer to the inspection report of 25 January 2022.

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

Previous requirements

Requirement 1

By 15 February 2022, the provider must ensure that systems in place to ensure people get medication are safe and effective. To do this the provider must, at a minimum, ensure:

- a) medication records for each person are accurate, up to date and clearly reflecting the medication prescribed and the support required
- b) staff responsible for supporting people with medication clearly understand the process of and importance of recording and administering medication
- c) medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

This is to comply with Regulation 4 (a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

This requirement was made on 25 January 2022.

Action taken on previous requirement

Medication recording systems and audit processes continued to be in place, however there were still gaps in medication administration recording. Medication being administered did not always match the recorded medication prescribed. The service has begun reviewing healthcare plans, including medication records, this has not as yet been completed, therefore not all records are accurate and up to date. An audit of all medication records has been undertaken, with actions identified to improve recording and practice. Gaps and improvements have not yet been actioned, we therefore were not able to determine the impact of these audits.

We have been unable to ascertain that systems in place for medication administration and recording are safe and effective. Or that all staff responsible for administering medication clearly understand their responsibilities, therefore this requirement is not met.

We have extended this requirement to 11.03.22 to give more time for this to be met.

Not met

Requirement 2

By 15 February 2022, the provider must ensure that safe infection control practices are always followed. To do this the provider must ensure:

- a) staff and visitor testing are in line with Scottish Government guidance
- b) staff implement standard infection control precautions, with particular attention to handwashing and personal protective equipment
- c) signage that is in line with Scottish guidance is in place to promote safe infection prevention and control practices
- d) the management and processing of laundry is in line with current guidance
- e) environmental cleaning is carried out in line with guidance
- f) managers regularly monitor staff practice to provide assurance that practice is consistent with current infection prevention and control guidance and take effective action where it is not
- g) there is a robust contingency plan which includes Covid-19 arrangements.

This is to comply with Regulation 4 (1)(a) (Welfare of users) and 15 (b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 25 January 2022.

Action taken on previous requirement

The service has implemented a recording system for all staff to confirm they have checked their temperature and completed a lateral flow test prior to starting their shift. There continues to be a lack of oversight of this, as there were gaps identified with no actions taken.

Infection control folders have been introduced into each house, which included individual Covid-19 risk assessments for people supported and guidance in relation to Covid-19. Although staff have been asked to sign that they have read each of these documents, it was not clear that there is an understanding of the information or how the guidance translates into practice.

Signage within communal areas has been replaced with Scottish Government guidance. Attention needs to be given to the durability and sustainability of the posters, to ensure they are wipeable and of a good standard.

Updated cleaning schedules have been implemented which have been lifted from NHS, safe management of the care environment. The forms detail a list of tasks, but no guidance in relation to what should be done, particularly in relation to weekly or less frequent tasks. We were not able to see what has to be cleaned, the frequency, and if this is being carried out when it should be. The cleaning schedules required to be tailored to the specific service environment to give assurance of effective and timely cleaning.

The laundry has good signage detailing the flow of dirty to clean laundry. Machines were able to meet required temperatures and staff told us appropriate settings, for soiled and dirty laundry. Some attention to housekeeping arrangements within the laundry is needed to reduce the risk of cross infection, including clearer marking of dirty and clean baskets and air drying areas.

Daily infection control checklists were in place, to be completed by senior staff. One of the tasks is a spot check of staff wearing PPE appropriately. It was not clear what is being observed, actions required and any support given.

The service has a contingency plan, that has been revised throughout the Covid-19 pandemic. The plan details alternative staffing options if available staff numbers was reduced, alongside possibilities for revising support provided.

We have been unable to ascertain that safe infection control practices are followed therefore this requirement is not met.

We have extended this requirement to 11.03.22 to give more time for this to be met.

Not met

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

Previous recommendations

Recommendation 1

To promote the safety and wellbeing of people supported the provider should ensure that staff access training appropriate to their role and apply their training into practice. This should include, but is not limited to:

- a) staff receive training in Covid-19 and infection prevention and control practice in line with current guidance
- b) monitor staff competence through training, supervision, and direct observations of staff practice
- c) keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

This recommendation was made on 25 January 2022.

Action taken on previous recommendation

This area for improvement was not assessed at this inspection.

Recommendation 2

To promote the safety and wellbeing of people supported the provider should ensure that the number and skill mix of staff are suitable. This should include, but is not limited to:

- a) The level of staffing is adequate to always provide the assessed level of support to people receiving care
- b) Suitably qualified, skilled and experienced staff are working in the service in such numbers as are always appropriate
- c) The effectiveness of the management team is rigorously, regularly and systematically evaluated and documented
- d) Robust and regular oversight of the service by the organisation to monitor implementation of the quality assurance system and its effectiveness.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs are met by the right number of people' (HSCS 3.15).

This recommendation was made on 25 January 2022.

Action taken on previous recommendation

This area for improvement was not assessed at this inspection.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

This service does not have any prior inspection history or grades.

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