

The General Anderson Trust Care Home Service

Anderson's Care Home
Institution Road
ELGIN
IV30 1RP

Telephone: 01343 542281

Type of inspection:
Unannounced

Completed on:
25 July 2022

Service provided by:
The General Anderson Trust

Service provider number:
SP2020013581

Service no:
CS2021000129

About the service

The General Anderson Trust is a care home for older people situated in a residential area of Elgin, close to local transport links, shops and community services. The service provides residential care for up to 51 people.

The service provides accommodation across two buildings, each with two floors. There are single bedrooms, each with en-suite toilets and wash hand basins. Each unit benefits from its own dining and sitting area. There is a large communal sitting area in the entrance hall and access to well-tended gardens.

About the inspection

This was an unannounced inspection which took place on 19 July 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with five people using the service and six of their families
- spoke with five staff and management
- observed practice and daily life
- reviewed documents

Key messages

- People were happy in their home
- Staff had time to spend chatting with people
- Laundry processes needed to be reviewed and improved
- People were fully involved in developing and reviewing their support plans
- The manager needed better oversight of the service
- Staff were well trained and had the knowledge and skills required to carry out their role.

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 leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	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

We evaluated this key question as good. Several important strengths were identified, which outweighed areas for improvement.

People's health and well-being benefitted from their care and support. We saw warm and kind interactions between people who use the service and staff. People told us that they were happy in their home and knew the staff who supported them well. People were treated with respect and staff were responsive to people's needs.

There were varied menu options displayed for people to choose from, and snacks were available throughout the day. Nutrition and hydration intake charts were being completed for people who required them, meaning their nutrition was monitored on an on-going basis. Where changes were identified, these were referred to a health professional for further advice and action.

There were strong links between the service and other professionals, with arranged visits taking place on a routine basis. This meant people benefitted from professional healthcare, from the comfort of their own home and challenges posed in accessing healthcare were reduced. There were some discrepancies in medication administration records. (MARS) We could not be sure that people's medication was always being administered as prescribed. We discussed this with the manager, who implemented new tools to ensure that, in the future, these issues were identified and actioned .

People were supported to maintain contact with their friends and families. Visitors told us they could come in to the service at any time, with no restrictions. People told us that their visitors were always welcomed and they could go out with those important to them. We heard how staff supported people to use technology to maintain contact, such as support setting up an iPad for video calls. We saw people in the service spending time together. They told us they enjoy the company of others. We were told by those who use the service, that staff had time to spend chatting with them, which was important to them, especially where visitors were unable to visit on a regular basis. The risk of isolation and losing touch with loved ones was reduced by the actions of staff members. There were a range of activities offered in the service, such as quizzes and bus runs. Feedback received on the activities was positive, and bus runs were particularly enjoyed.

Infection prevention and control procedures (IPC) for the service were clear and adhered to. Domestic staff were knowledgeable about the products they used and where they were used. The service was clean, and it was clear that the upkeep of the service was the responsibility of all staff. Care staff were knowledgeable about recognising the symptoms of Covid-19 and how to reduce the risk of the spread of infection in the event of an outbreak. Staff were testing in line with guidance, and knew what action to take should they have a positive result. Personal protective equipment (PPE) was in good supply and was accessed easily by all staff. Staff were wearing PPE appropriately and were confident in using it correctly. We identified some concerns in the laundry, with regards to the separation and storage of clean and dirty linen. We discussed this with the manager at the time of inspection, who has committed to resolving the concerns identified. **(See area for improvement 1)** This will reduce the risk of infection transmission.

Areas for improvement

1. To reduce the risk of infection transmission, the provider should ensure that laundry processes' are reviewed and improved. This should include, but it not limited to, reviewing the storage and separation of clean and dirty linen.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS, 5.24)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. Several strengths taken together, just outweighed the identified areas for improvement.

There was an open culture, with systems for recording aspects such as accidents, complaints and errors. There were policies and recording procedures which made the information easy to track and the outcomes for people (positive and negative) were clear. We were concerned at some incidents where medication errors had occurred and had not been reported to a health professional for their advice. Also, there were some accidents which resulted in injury, and should have been reported to Care Inspectorate, and were not. **(See requirement 1)** The inconsistency in using the systems and involving the wider care team reduces the standard of safety and transparency for people.

The provider recognised the importance and value of gaining feedback from people. At the time of inspection, group meetings had not yet been reinstated following the Coronavirus pandemic. However, feedback was being gathered in other ways, for example by questionnaires, during review meetings and informal conversations. This was documented and stored securely and we were told that improvements would be made based on this feedback. It would be beneficial for the service to develop an improvement/development plan to monitor the actions towards improving the service for people. This would ensure that improvements did happen, and were not forgotten or neglected.

The manager did not always have the necessary information to direct high-quality care and support. Audits were taking place across various aspects of the service, including medication and infection control procedures. Although these were being completed, the areas of concern were not always actioned and not always reported to the manager. It is important that the manager has understanding and knowledge of all aspects of the home to enable them to monitor, to ensure continued good practice and and to support improvements. **(See requirement 1)**

Requirements

1.
By 17 October 2022, the provider must ensure that the manager has complete and up to date oversight of all that is happening in the service.

To do this, the provider must, at a minimum:

a) Implement and embed effective quality assurance and reporting systems which are used to inform the manager and leadership team on a daily basis.

- b) Develop and implement an improvement/action plan to identify and monitor planned changes
- c) Maintain regular contact with multi-disciplinary colleagues, as required for service users' wellbeing, for example (and not limited to) medical staff for drug errors, Care Inspectorate for notifications.

This is to comply with Regulation 4(1)(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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS, 4.19) and "I use a service and organisation that are well led and managed" (HSCS 4.23)

How good is our staff team?

4 - Good

We evaluated this key question as good. We identified several strengths, which outweighed the areas for improvement.

Staff had the right knowledge, skills and competence to care for and support people. Staff training was up-to-date and regularly monitored by the leadership team. Learning and development was viewed as an on-going process, and all staff were supported and encouraged to develop their skills through a wide range of training opportunities. This meant that the support people received from staff, was up to date and in line with current best practice. People we spoke to felt that staff were well trained, knowledgeable and supported them well. A matrix of staff professional registration was used as an on-going tool by the leadership team, ensuring staff professional registration was maintained and conditions, such as qualifications, were met. Staff competence was assessed by the leadership team regularly. Areas for improvement were highlighted to be discussed with the individual. People could be assured that the staff who supported them had the required skills and knowledge.

People received a good quality of care because staff had the necessary information and support. Staff meetings had been paused due to the pandemic. The manager recognised the importance of promoting team working and open communication and planned to restart the team meetings. Staff benefited from one-to-one support meetings and they were encouraged to complete a self-assessment prior to these meetings, to identify areas of strength and areas for further development. The meetings were recorded and clearly documented what had been discussed, as well as further actions to be taken by each person to ensure development took place. By providing protected time for meetings, the manager enabled a supportive environment where staff could be valued and felt comfortable to express themselves. As full staff meetings had been paused, the leadership team implemented alternative measures to ensure staff were aware of changing guidance. Updated guidance was displayed around the service, and also emailed to all staff as and when it was available. These measures meant that people received support based on best practice guidance.

How good is our setting?

4 - Good

We evaluated this key question as good. We identified several strengths within the service, which outweighed the areas for improvement.

The service was warm and inviting, with open communal space at the central point. This had been well

designed and laid out to promote social opportunities, in a relaxed environment. Each unit benefitted from a lounge and communal dining area. Windows were open throughout the service during our visit which allowed fresh air to flow through and to maintain a comfortable temperature. Peoples' bedrooms were spacious, with personal belongings displayed which made them feel homely.

The service was clean, well maintained and free from odours, which benefitted people who use the services' health and well-being. Cleaning schedules were completed, and all staff were aware of their responsibilities to maintain a high standard of cleanliness. Routine safety checks were carried out, and any issues identified were rectified quickly by the maintenance team. There were three hoists in use which were overdue for servicing. The servicing had been scheduled but was delayed due to coronavirus. We discussed the importance of ensuring equipment is fit for purpose with the manager. Following inspection they developed risk assessments for staff to adhere to, prior to making use of any equipment. This ensured that peoples' needs were safely met when equipment was required, through it being reviewed thoroughly prior to use.

Some signage was displayed throughout the service, such as to direct people to hand-washing facilities or to navigate round the service and find bathrooms and bedrooms. It would be beneficial for the provider to undertake The King's Fund Audit tool to improve this and to identify and guide further improvements. This would make it easier for people to navigate around, and utilise the whole building.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good. Significant strengths were identified, with few areas for improvement.

Personal plans which were easy to follow were in place for people. These were person centred and it was easy to see the person's own input. They detailed exactly how to support each individual, and also had a personal touch which provided information on the person's life experiences and topics they enjoy or find difficult to talk about. This meant that the support each individual received, was directed by them.

Stress and distress support plans were in place for specific people, and identified signs and symptoms of changes in their mood and behaviour. There were strategies in place for staff to follow to support and reassure the individual, and further strategies should the initial attempts be unsuccessful. This meant a person in distress, and those round about them, could be sure that staff could deal sympathetically with all situations that arose. End of life care plans were in place, these would benefit from further development to identify what is personally important to each person at the end of their life. By further developing these plans, people could be sure that their needs, wishes and choices would be respected, even if they are unable to express those wishes at the time. The service held copies of all legal documents relevant to individuals and ensured that any which required review, were reviewed and updated. People could be confident that people involved in directing their care and support, and making decisions on their behalf if they are unable, were people with the legal responsibility to do so.

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 and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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