

Adams House Care Home Service

Auchenlodment Road
Elderslie
Johnstone
PA5 9NX

Telephone: 01505 337 322

Type of inspection:
Unannounced

Completed on:
10 October 2022

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003001274

About the service

Adams House Care Home is situated within the Elderslie area of Renfrewshire, and is owned and managed by Crossreach. The service provides 24 hour care for up to 30 people living with dementia. At the time of the inspection, 30 people were living in the home.

The service has 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 patio area. Parking is available on site.

The service's stated aim is "to provide the best possible care and support for residents within the service".

About the inspection

This was an unannounced inspection which took place on 5, 6 and 7 October. 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 13 people using the service or their family
- spoke with 9 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The service had moved all care plans onto the electronic system. This had improved the information available.
- Visiting was unrestricted and people were enjoying activities from external agencies who were coming into the home.
- Staff training needs to be brought up to date to ensure that all staff can meet people's care needs.
- The roof needs to be replaced. This is planned for 2023.

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

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|--|--------------|
| How well do we support people's wellbeing? | 4 - Good |
| How good is our leadership? | 4 - Good |
| How good is our staff team? | 3 - Adequate |
| How good is our setting? | 3 - Adequate |
| How well is our care and support planned? | 4 - 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. There were a number of important strengths which have significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People looked clean, tidy and well cared for. We could see that permanent staff knew residents well and we saw kind and caring interactions between staff and residents. Feedback from residents, relatives and visiting professionals indicated that people's healthcare needs were well managed.

Medication systems were robust, and staff appropriately trained to administer medication. Attention to detail when recording the outcome of as required medication would improve the written records. We were satisfied that people's health benefitted from a robust medication system.

Information about key health indicators were collected by the service. Analysis of some of the key information was underway and this should be expanded as the use of the online care planning system is developed. People's health benefited from regular access to community healthcare professionals such as GP's, district nurses and podiatrists. Professionals we spoke to told us that the home was responsive to guidance and sought advice appropriately. We were satisfied that people's health needs were well managed.

We saw that people were encouraged to keep mobile and there were a range of weekly activities that included physical exercises to support people's physical health. The home had begun to invite external activities into the home and had plans to continue to expand this.

People enjoyed their meals in an unhurried and relaxed atmosphere. Visual choice of options was available. People we spoke to commented positively about the food and options available and enjoyed a tasty, varied and well-balanced diet including additional drinks and snacks. Food fortification was given to people who required it. People who required more assistance during mealtimes, were supported in the conservatory to have their meals. The sound of buzzers was loud in this area. We asked the home to consider using a different location to ensure that all residents have a positive dining experience.

People received visitors during the inspection and there were no unnecessary restrictions to visiting. People were visiting with family outside the home also. Relatives told us that during outbreaks technology was used to maintain contact where appropriate. Relatives reported they experienced delays in getting in and out of the home when visiting and we ask that the service looks to improve this.

We saw that all staff had received training in IPC (Infection Prevention and Control) and that staff practice in handwashing, donning and doffing PPE (Personal Protective Equipment) was observed and recorded. We saw staff on the whole adhering well to PPE and IPC guidance.

PPE was in good supply throughout the home and was readily available at several PPE stations situated throughout the home. Where we found PPE wrongly stored in toilets and bathrooms this was rectified immediately. The laundry space is tight, and we made some suggestions during the inspection of how this could be better managed, which was implemented during the inspection.

Domestic staff had checklists to work to and were generally aware of which products to use. The home is currently recruiting for domestic staff. The cleaning of the home was largely effective as the home was fresh and odour free.

We asked the management team to revisit the Care Home IPC manual and the Health Improvement Scotland Infection Prevention and Control standards to ensure that each staff designation understood their IPC responsibilities in accordance with their role. The manager agreed to hold workshops. (Area For Improvement 1)

Areas for improvement

1. To ensure that the likelihood of infection is reduced and people are protected from the risk of infection, the management team should ensure that staff are familiar with the CHIPCM (Care Home Infection Prevention and Control Manual), other relevant legislation and national guidance and can apply the guidance consistently in their practice according to their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

How good is our leadership?

4 - Good

We evaluated this key question as good. There were a number of important strengths which have significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

The provider has a range of systems in place to check, monitor and audit the home's performance across care delivery, the home environment and the quality of the staff team. This includes an audit by external managers. The provider also has a range of policies and procedures to support care delivery and drive improvement including Complaints policy, Adult Support and Protection and Medication policy. The Quality Assurance policy provided was dated 2009 and this policy should be revised and updated to reflect the quality assurance systems and processes currently in use. (Area For Improvement 1)

The manager also had also collected key information that should support the quality of the service and service improvements, for example key health indicators such as falls, accidents and incidents. The electronic care planning system was recent and was not being used to its full potential in generating reports that could inform actions or improvements to the service. The manager was aware of this and planned to use the system more effectively.

Environmental improvements that were needed had been identified and works were being started. Plans were available for further improvements to the garden.

The manager kept oversight of staff training, supervisions and appraisals and registration with professional bodies. While supervisions were taking place, these need to be realigned into a schedule and monitored closely for compliance as there were clear gaps. This could affect the quality of the care people receive if staff are not adequately supported and encouraged to reflect on their practice. (Area For Improvement 2)

The service plan was in place and was being reviewed. We discussed with the manager how to improve the presentation and recording of this, including using SMART criteria to enable the progress to be clearly identified.

We saw that meetings with staff and relatives and residents, were taking place and these would benefit from having a planned schedule.

The manager had been in post in this service a relatively short time and as is common across the sector, the ability to recruit has caused some pressure on staffing levels. We were assured by her responsiveness to feedback during the inspection and that she had independently identified areas for improvement.

Areas for improvement

1. To support people to have confidence in the service to provide high quality care and support the provider should review and update the service policies and procedures in line with the services current practices with reference to relevant legislation, guidance and best practice. This includes, but is not limited to, the Quality Assurance policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19)

2. To ensure people are supported by staff who are confident in their role and who have the opportunity to reflect on their practice, the manager should recommence a schedule of staff supervision in line with the organisations policy. Supervisions should be planned, tracked for completion and documented.

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)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. There are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

We saw that staff were recruited in a way that adhered to safer recruitment guidance and the process is well organised, documented and is followed consistently. Residents were able to contribute questions to the interview process. It could be improved by the looking for other meaningful ways to include residents in recruitment decisions. We saw an example of where job descriptions have been reviewed in recognition of people's changing needs. We were satisfied that the service had a robust recruitment system.

The service has been impacted by staff shortages, as is currently common across the care sector, and the service was regularly using agency staff. Agencies have responsibility to train their staff and the service should have a documented process that checks that agency staff have the correct skills and training to support the people living in the home.

The induction system is clear and the mandatory training courses should enable staff to confidently support the needs of the residents in the home. Training completion information shows that some staff had not completed some mandatory courses, including courses directly relating to residents support needs. Relief staff's training completions should be monitored also. We could not be fully confident that all staff were trained and skilled to meet residents needs. To ensure that people are supported by staff who are trained, competent and confident in their role, we have made a requirement (Requirement 1)

Requirements

1. By 12 December 2022 the manager must ensure that staff receive training appropriate to the work that they are to perform . To do this the provider must, at a minimum, ensure that:

- A) all staff have completed and are up to date with mandatory training courses, including refresher courses
- B) training records are held for all staff in a format that can be analysed to identify gaps or deficits in skills and knowledge in order to inform a comprehensive training plan. This includes, but is not limited to, having training information on individual staff and staff by designation
- C) a process is in place for ensuring that agency staff have the correct training , skills and competence to meet the needs of residents.

This is to comply with Regulation 15 (b)(i)(Staffing) of the 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 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)

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. There are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

We saw that people had specialist medical equipment such as wheelchairs and hoists as needed and that these were clean, and safety checked and maintained. Shared equipment was serviced and maintained and a system in place for cleaning after each use. The home has an effective cleaning schedule that maintain the cleanliness of the environment and improvements had been made to the dining room, which was now more homely and inviting.

There is a system for maintenance and repairs, and we could see safety checks on equipment had been completed as necessary. We were satisfied that the environment was well maintained.

The records of some checks are held centrally, and a more effective system should be developed to ensure that services have access to reports and outcomes of servicing visits to hand. Items that have been identified from audits and checks should be brought together in one plan so that the completion of identified repairs and actions arising from service checks can be more readily identified (Area For Improvement 1)

Specific plans were available for further improvements to be made to the garden. The service had carried out a Kings Fund Audit Tool last year and the service would benefit from this being repeated and actions added to service plan.

The previous inspection visit in April 2022 identified ongoing issues with the roof. We were informed that the provider had agreed that the roof needed to be replaced and this was planned for March 2023. During the inspection it was raining, and it became apparent that there was water ingress in a corridor next to one of the enclosed patio areas, resulting in a section of wall that was that was stained and damp. Immediate repairs were carried out during the inspection.

While the issues with the roof detracts from the homely environment that residents should be able to enjoy, we are aware of the scale of the undertaking to replace the roof and the issues presented by attempting to do so over the winter. Currently, the intermittent water ingress is confined to specific corridors next to the enclosed patio area and a specific area of the attic which is used for storage. No communal or individual living spaces or bathing facilities are affected. We have received written assurances that any incidences of water ingress will be dealt with effectively and timeously until the roof replacement is completed. We will keep this under review.

To ensure that residents enjoy a well maintained, safe and secure environment we will make a requirement (Requirement 1)

Requirements

1. By 31st January 2023, the provider must ensure that people are safe by demonstrating that there are clear planned arrangements for regular monitoring and maintenance of the premises. To do this the provider must at a minimum:

- A) check the building daily for signs of water ingress and document this
- B) notify the care inspectorate immediately of any incidences of water ingress from the roof including actions taken to effect immediate repairs and the effectiveness of these.
- C) provide a time table of works for the replacement to the roof by 31st January 2023. This should include the a start date for the roof replacement, which should be no later than March 2023.
- D) provide a plan, by 31st January 2023 that demonstrates how the works will be managed to incur least disruption to the lives of residents affected by the works, including assessments of risks and how these will be managed.

This is to comply with Regulation 10 (2) (b) (Fitness of Premises) of the 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: "My environment is secure and safe." (HSCS 5.19)

Areas for improvement

1. To ensure that people benefit from a well maintained environment, the service should develop a comprehensive plan for environmental repairs or improvements to ensure that actions and outcomes from servicing, audits and other checking mechanisms are readily accessible, trackable and the outcome is clearly recorded.

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 well is our care and support planned?

4 - Good

We evaluated this key question as good. There were a number of important strengths which have significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

The service is using a relatively new electronic care planning system. We could see that people had comprehensive plans covering their clinical needs, health and wellbeing, including people's preferences and choices around food, personal care and how they liked to spend their time.

Records would benefit from being written in a more outcome focused way. For example, people's participation in activities was recorded, but the impact of the activity on people's outcomes was not clear. (Area For Improvement 1)

The online care planning system should be developed further to identify trends for individuals and the home across a range of health needs information and used to inform changes to care plans and staff training needs. Resident of the day system was used to review individual's care plans once a month. Plans should be checked to ensure that all the information in the plans is current and up to date, now that all plans are on the electronic system.

Legal documentation, some risk assessments, and food, fluid and nutrition monitoring continued to be kept separately, in paper form. While this was accessible, we asked the service to look to develop the online system to allow all relevant information to be held in the one place to avoid important information being overlooked

Areas for improvement

1. To support people to meet their outcomes the management team should ensure that care plans contain up to date and relevant information aligned with best practice guidance. This includes but is not limited to, recording information in an outcome focused way and analysing information to inform any changes needed to care plans to meet people's outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: " 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. "(HSCS 1.15)

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

The service should continue to refine the content of the care plans and adapt the online system to best meet the needs of residents. This is to comply with: Health and Social Care Standards: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met.' (HSCS 1.15)-

This area for improvement was made on 9 February 2022.

Action taken since then

Online care plans have been completed for all residents, however the online system requires further adaptations and refinements to best meet meet the needs of residents. This area for improvement will continue.

Previous area for improvement 2

The service should produce a comprehensive refurbishment plan that includes repairs and redecoration. This is to comply with: Health and Social Care Standards: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment"(HSCS 5.22)

This area for improvement was made on 9 February 2022.

Action taken since then

The service provided a refurbishment plan that included repairs and redecoration as requested. Further information is available in "How good is our setting". This area for improvement has been met.

Previous area for improvement 3

Quality assurance processes should be developed to clearly identify areas for improvement, show how these have been reached, and demonstrate people's involvement. Progress and outcomes should be reviewed regularly to assist the manager to prioritise areas for improvement.

This is to ensure care and support 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) and 'I use a service and organisation that are well led and managed'. (HSCS 4.23)

This area for improvement was made on 28 October 2021.

Action taken since then

Some progress had been made in identifying areas for improvement, and reviewing these. Further development is necessary to demonstrate how the areas for improvement have been reached and demonstrate people's involvement. This area for improvement will continue.

Previous area for improvement 4

The Manager should establish a clear plan of how people can have a choice about independent access to the main garden area. Where potential risks or barriers are identified, proposed measures to overcome these should be discussed and documented.

Where this cannot be achieved, reasons should be recorded and regularly reviewed. This is to ensure that care and support is consistent with the Health and Social Care standards which state that: 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.'

This area for improvement was made on 28 October 2021.

Action taken since then

Further work is planned on the garden area. It is not yet clear how this will facilitate choice of independent access to the main garden. This area for improvement will continue.

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

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|--|--------------|
| 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 | 4 - 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? | 4 - Good |
| 2.2 Quality assurance and improvement is led well | 4 - Good |
| How good is our staff team? | 3 - Adequate |
| 3.1 Staff have been recruited well | 3 - Adequate |
| How good is our setting? | 3 - Adequate |
| 4.1 People experience high quality facilities | 3 - Adequate |
| How well is our care and support planned? | 4 - Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 4 - Good |

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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