

Meadowview Respite Care Home Service

Meadowview
Willowbank
Glendaveny
Peterhead
AB42 3DY

Telephone: 01779 477 192

Type of inspection:
Unannounced

Completed on:
29 September 2022

Service provided by:
Aberdeenshire Council

Service provider number:
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Service no:
CS2003000311

About the service

Meadowview Respite is a residential service providing short breaks and emergency respite for up to four people with a learning disability, physical disability or mental health problem. The service is in a rural location, near to the town of Peterhead and is operated by Aberdeenshire Council. There were three people living in the service at the time of the inspection. The service provides accommodation on one level, with bedrooms and shared bathrooms, kitchen, dining and living areas. Meadowview is situated on the same site as Willowbank Bungalows, which provides residential care, and is also operated by Aberdeenshire Council.

About the inspection

This was an unannounced inspection which took place on 15 September 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 two people using the service and two of their families.
- Spoke with nine staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

- We saw staff providing kind and compassionate care.
- People living in the service had developed positive and meaningful friendships.
- People were accessing a range of activities that they enjoyed.
- The new leadership team were having a positive impact on the service.
- Leaders were clear about what aspects of the service needed to improve.
- The service was clean.

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?	5 - Very Good
How good is our setting?	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

Overall we evaluated this key question as good, because we found important strengths which were having a positive impact on people's outcomes.

We found strong evidence of positive health and wellbeing outcomes for the people currently living in Meadowview Respite. We saw that staff had positive, respectful relationships with people, and that staff worked with people to promote their dignity, independence and personal choices.

Staff worked with people to develop holistic care and support strategies, including supporting people to make healthier lifestyle, diet and activity choices. This focused work led to clear improvements in people's health outcomes. One visiting professional told us how a supported person "has just blossomed" since being in the service.

Support plans contained a good amount of person centred detail. People were included in regular reviews and care planning. Families told us that they were fully involved in care planning, and that communication with the service was very good. One person said "I feel really included."

The service worked collaboratively with a range of multi-disciplinary professionals, and their advice was communicated to staff and incorporated into care plans. We found that information contained within daily notes was detailed and person-centred. Any risks were clearly identified and could be tracked through to updated assessments and support plans. Staff were therefore able to access clear support strategies to help people manage any areas of risk, such as how to support people experiencing stress and distress and how to promote good skin integrity. This meant that people could be confident that staff knew what to do if people were becoming unwell or if they needed additional support.

Staff worked with people and families to prepare them for transitioning to future placements in a measured and person-centred way, which included providing detailed information to new providers, and facilitating shadowing opportunities. Staff put the person and their family at the centre of the planning process, and this made the moving on process supportive and less overwhelming for people.

The management team had introduced a change in medication management processes, and there was improved oversight of the medication system. Staff were positive about changes made and were vigilant in identifying any errors. This supported good governance and safe medication practice so that people were receiving their medication as prescribed and in line with best practice guidance.

People took great pleasure and pride in telling us about the range of activities they could access both within the service, and in the community. Activities included shopping trips, going bowling, and going to the hairdresser, as well as practical activities to provide people with the skills to support their independence, such as baking and other domestic tasks. Families told us about the difference being able to engage in these activities made to the lives of their loved ones. This demonstrated that the service thought carefully about how to support people to be active, engaged and stimulated throughout the day, and that the activities provided enhanced people's wellbeing.

We discussed with the provider the importance of keeping all relevant legal documentation pertaining to decision making and care and treatment, within care plans. This will ensure that where the person lacks capacity to make decisions, relevant decisions will be made by the person with the legal authority to do so.

We saw and heard about positive and meaningful relationships between people living in the service and the service had thought about how to support these relationships to continue when people moved on to permanent placements. Important events, such as birthdays, were noted and celebrated, which made people feel special.

There were no restrictions to visiting, and people could go out of the building on trips with each other, and with staff or family members. Family members told us that visiting the service was a positive experience. One person said: "As soon as I visit, I get a cup of tea, I never feel rushed, I feel really welcome." This demonstrated that the service recognised the importance of supporting people to maintain relationships that were important to them.

The service was clean with a pleasant and welcoming atmosphere.

Staff had completed online training in infection prevention and control and appeared confident in the basic principles of hand hygiene and using personal protective equipment (PPE) correctly. This minimised the risk of spread of infection and kept people living in the service safe. Staff were carrying out enhanced cleaning, and standard operating procedures for maintaining a safe environment were in place. However we recommended revisiting the cleaning specification within the Care Home National Infection Prevention and Control Manual, to ensure that practice within the service reflects the most up to date guidance.

PPE was in good supply and close to the point of use, and clinical waste bins were located throughout the service, so that PPE could be safely disposed of. New guidance reducing the need to wear masks at all times was being followed, and staff were able to describe when they would wear them. This demonstrated that staff had considered how to keep people safe if increased risks were identified, such as during any outbreak of infectious illness.

Formal quality assurance processes to support good oversight and governance of infection control were limited. We discussed with the management team implementing formal processes so that they can identify and address any practice or environmental issues that arise. We will follow this up at the next inspection.

How good is our leadership? 5 - Very Good

We found the service to be well led, with robust assurance and governance systems in place, which were working well to support positive outcomes for people. We have therefore evaluated this key question as very good.

Staff told us that they felt well supported by the management team, who were visible and responsive to ideas. Formal supervision arrangements were in place, which gave staff the opportunity to reflect on their practice and to discuss their professional development. This meant that there was a positive atmosphere and culture where staff were working better together as a team, and they told us they felt valued and listened to.

The management team had implemented a robust and comprehensive quality assurance system, which included a review and analysis of accidents and incidents, as well as audits across areas of clinical risk, such as medication management. The management team used learning from a review of medication to introduce improved protocols. Staff were fully engaged with this improvement work, which resulted in better practice and ensured that people's medication was being provided safely and appropriately. This demonstrated the

service's commitment to learning from any adverse events and promoted a culture of improvement.

We also found improvements in the recording within support plans and daily observations. The documentation provided detailed and outcomes focused overviews of people's experiences and considered how care and support was underpinned by the Health and Social Care Standards. This meant that people received holistic care, person-centred care and support, that took into account individual needs, wishes and preferences.

Leaders were clear about what was working well and were passionate about continuous improvement. There was a detailed improvement plan supported by feedback from people using the service, their families and staff. The management team had been focusing on better communication as part of their improvement work. New processes had been implemented to ensure that everyone knew what management support was available and how to contact managers if they were not in the service. This had resulted in improved communications throughout the service and meant that people and staff had confidence in leaders and were clear about management arrangements each day.

How good is our setting?

3 - Adequate

We evaluated the quality of the environment and the facilities as adequate. There were strengths but these just outweighed weaknesses.

The service demonstrated its commitment to improving the standard of the environment at Willowbank. The leadership team had assessed the environment in consultation with the people who lived there and developed a comprehensive improvement plan. The plan detailed the priority areas, the budget and finance arrangements and it gave approximate dates for completion.

Some improvements had already been made. These included, new built-in wardrobe doors in all bedrooms, which reduced the potential for infection spread and were more aesthetically pleasing. Personal protective equipment (PPE) stations throughout the service, making people safer from infectious outbreaks. A new sofa in one of the bungalows which improved the homeliness of the sitting room and made it easier to clean and maintain. Individual medication cabinets fitted in people's bedroom, which promoted their privacy and dignity when receiving their medication. New keypad locks on kitchen and staff room doors, improving people's safety.

The work outstanding had also progressed. Residents spoke enthusiastically about the anticipated changes to their environment, particularly the new flooring and colour schemes they had chosen for their bedrooms and communal areas. The kitchens and bathrooms had been fully assessed, replacements chosen and quotes received. The leadership team were in the process of securing the final funding arrangements and organising how the work will be completed to minimise the disruption to residents (see requirement 1). We will continue to monitor the service's progress.

Requirements

1. In order to ensure the premises are fit to be used for the provision of a care home, by the 1 March 2023, the provider must develop an improvement plan, detailing the timescales to:

- Modernise, repair and/or update the kitchens, bathrooms and flooring so that they are fit for purpose and can be effectively cleaned, addressing the areas of most significant concern first.

This is to ensure 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); and

It is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 10 (1) - a provider must not use premises for the provision of a care service unless they are fit to be so used. (2) Premises are not fit for the provision of a care service unless they - (b) are of sound construction and kept in a good state of repair externally and internally; (d) are decorated and maintained to a standard appropriate to the care service.

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	5 - Very 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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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