

# Annan Court Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 May 2023

**Service provided by:**  
Annan Court Care Home Limited

**Service provider number:**  
SP2012011825

**Service no:**  
CS2012308063

## About the service

Annan Court care home is registered to provide a service for a maximum of 33 people aged 55 years and above. The provider is Annan Court Care Home Limited (Advinia Care Homes Limited).

Annan Court care home is situated on the outskirts of Annan, between Dumfries and Gretna, with expansive views over the Solway Firth.

The bedrooms have en suite toilet and sink, and two rooms have en suite wet rooms. A large lounge area is situated in the middle of the home and a separate dining room on the opposite side.

At the time of the inspection, there were 31 people living in the home.

## About the inspection

This was an unannounced inspection which took place from 2 May till 4 May 2023. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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:

- consulted with eight people supported by the service and two visiting relatives
- consulted with 12 staff, from both day and night shifts
- reviewed documents relating to care and support
- carried out observations of daily life.

## Key messages

- The use of communal areas should be reviewed to support smaller group living, reduce over stimulation from noise and give people greater choice of how to spend their day.
- To provide better continuity and reduce staff turnover, greater use of positive appreciation and professionalism by staff should be encouraged.
- To support more meaningful activity so people feel less bored, individual plans should be developed by allocated key workers who can link with local resources to help meet people's needs better.

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

## 3 - Adequate

We made an overall evaluation of adequate for this key question, there were strengths which have a positive impact and taken together, clearly outweighed areas for improvement. However, there were also key areas which needed to improve.

People supported at Annan Court should expect to experience compassion, dignity and respect. We observed very caring and friendly interactions between staff and people supported. People told us they were confident in staff and enjoyed positive relationships. People's views had been sought recently using surveys and meetings. This meant people felt respected and listened to.

People should expect to get the most out of life. We observed at times staff were rushed and people told us sometimes staff don't have time to spend with them. "This is a nice place and I like the staff but I'm bored and it's a long day." "They try to do some activities and I go along, sometimes it's good but other times I just avoid it," were comments made. Although staff knew people well, there was not enough focus on personal outcomes and we could not be confident people's wishes and aspirations would be recognised or acted upon. **(See area for improvement 1.)**

People's health should benefit from their care and support. Assessments were carried out by a variety of staff, sometimes it was not recorded who this was. The completion of pre-admission, risk assessments and some corresponding plans of care was incomplete. Although medical history was recorded, there was no check to ensure it was up to date with G.P.'s. This meant there was a potential for important information to be missed and for staff to have insufficient guidance from personal plans. **(See area for improvement 2.)**

Medication management was under review by the service to improve systems and ensure stocks. This involved the local pharmacist and was in progress during the inspection. Regular audits were in place and demonstrated people were getting the right medication at the right time. Further improvement could be made to how medication is stored by increasing the number of medication cabinets in people's own rooms as this is more homely.

People were encouraged to take part in activities to benefit their health but this could be developed further to suit the range of people's needs better. A plan to implement sensory stimulation suitable for specific people using 'Namaste Care' was at an early stage.

External health professionals were available to support aspects of healthcare. There was particularly good support from advanced nurse practitioners who visited the home regularly. There were also regular visits from a variety of other healthcare professionals. This meant people were confident they would be able to get the right healthcare from the right person at the right time.

People should expect to be able to choose well-presented healthy meals. We observed relaxed and enjoyable mealtimes for those who could use the dining room. The meal choices were made earlier in the day and for people with dementia a visual choice at the mealtime could be more meaningful. To ensure the menu remains suitable, a review with people's involvement would also be beneficial. There were systems in place to monitor people's nutritional and hydration needs. Noise levels within the dining room could be reduced by using spaces differently. This was discussed and changes to communal spaces were planned which could improve this quickly.

## Areas for improvement

1.

So people can get the most out of life, people's individual plans to support meaningful activity should be given greater focus. Staff training to support this aspect should be developed so people experience a sense of worth and engagement with life appropriate to their own needs and wishes.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

2.

So people benefit from comprehensive holistic health assessment which promotes management of long-term medical conditions and have opportunities to make decision about future care, improvements should be made to completion of:

- pre-admission assessment
- confirmation of current medical conditions/history
- robust use of health related risk assessment and corresponding plans of care
- future care plans to be used consistently for everyone and summary recorded on electronic key information summary (E-KIS) at GP practice.

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

'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13).

## How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experience.

People should expect quality assurance and improvement is led well. There was a comprehensive system used to monitor quality within the service. This included regular surveys to gauge the view of people using the service and their representatives. There were regular audits carried out and external assurance visits took place. This meant people benefited from a culture of continuous improvement.

The management team were in early stages of assigning new roles and responsibilities for key subject areas and this could promote accountability further. For example, the use of self- evaluation could be carried out more regularly to inform 'where are we now' and contribute to the improvement plan which was already in use. Some aspects had staff allocated such as infection control or dementia but these roles were not well defined to ensure best practice guidance was embedded into practice. This meant improvements may not happen as quickly as they could. **(See area for improvement 1.)**

Management were responsive to feedback and demonstrated this throughout the inspection. There were motivated staff who were keen to be part of the improvement agenda. The service provider was supportive

in providing staff with training to develop leadership skills and knowledge. This meant there was good capacity to drive improvements at Annan Court.

## Areas for improvement

1.  
So improvement drives change staff roles and accountability, for leads and 'champions' should be made clearer with the objective of:

- carrying out self-evaluation on specific areas more regularly
- using national frameworks such as 'Promoting excellence' or 'Palliative and End of Life care' framework more effectively
- demonstrating use of best practice and guidance such as infection control manual or national cleaning schedules.
- use of resources such as 'Step into leadership' to enhance staff skills and supervision practices.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## How good is our staff team?

### 3 - Adequate

We made an evaluation of adequate for this key question, there were strengths which have a positive impact and taken together, clearly outweighed areas for improvement. However, there were also key areas which needed to improve.

People should expect staffing levels are right and staff work well together. We found the skill mix to be well balanced with seniors and team leaders allocated on each shift. The numbers of staff and deployment was subject to recent reviews and pressured time was identified between 06:00 and 08:00. This meant people may experience a delay in care when staff are busy. This was recognised and plans were in place to rectify this. However, this needed to be more responsive to ensure people did not experience poor care outcomes. People supported praised staff and spoke positively about them. However, some were also unhappy at times about availability of staff or how rushed they were. "They do their best but they're in a rush." **(See area for improvement 1.)**

Most staff spoke positively about team work and their ability to work together effectively to benefit people. However, others spoke of difficulties in team work which was affecting motivation. Steps needed to be taken to improve staff relationships so people benefit from a warm atmosphere with effective communication and the wider staff work together to improve outcomes for people.

People should expect staffing deployment to consider best practice and include provision to support effective key worker or named worker roles. The use of these allocated roles was under discussion and not currently in place. This meant people may not benefit from strong relationships to support the personal planning process. **(See area for improvement 2.)**

## Areas for improvement

1.

So people's needs can be met with dignity, the numbers of staff and deployment should be reviewed to cover the 06:00 – 08:00 period effectively. Other times of the day should be monitored and action taken responsively.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16).

2.

So people benefit from strong relationships to support effective personal planning approaches, a named worker or key worker role should be allocated in consultation with each individual.

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

'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with' (HSCS 3.8).

## How good is our setting?

### 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experience.

People expect to benefit from high quality facilities. The layout of the service had potential to be used more effectively to support smaller group living. This was discussed as the larger lounge could also include a dining and kitchenette area. The current dining room could also support a living area within it. This would give people a smaller group more appropriate to homely living. Management were keen to introduce changes to support best practice and provide people with more choice as to how they spend their day.

**(See area for improvement 1.)**

The layout of the building was good with access to a central courtyard. If spaces were reorganised this could also make use of outdoor space easier. Minor adjustments could enhance the environment further such as use of colour and contrast to help people with visual impairment or dementia.

People benefited from a warm, comfortable environment. All areas were clean and tidy and well-looked after. The larger lounge had an institutional layout, which could be improved. However, there were benefits of plenty of natural light and beautiful views over fields to the Solway nearby.

There were arrangements in operation for maintenance of the premises and the equipment to ensure people are safe. People also benefited from a hairdressers facility and plans were in place to develop a further quiet lounge space.

## Areas for improvement

1.

So people benefit from smaller group living, review of communal spaces should take place to support this better.

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

'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS 1.8).

## How well is our care and support planned?

## 3 - Adequate

We made an evaluation of adequate for this key question, there were strengths which have a positive impact and taken together, clearly outweighed areas for improvement. However, there were also key areas which needed to improve.

People should expect they can be involved in deciding how their care and support is delivered.

We found the personal planning process could not evidence this well. Although plans of care were written into the electronic care plan system there was no record of how this would be shared with people experiencing care or their representatives. This meant we could not be sure how they had been consulted or agreed plans of care.

People should expect to be able to view their personal plan and have a copy in a format which suits them. This had not been taken into account yet and people could not readily see their personal plans. This meant people could not comment or suggest changes easily. The service provider was aware of this limitation and also of the possibility to make this easier.

People should expect to be involved in reviews of their personal plans. We found reviews sometimes didn't include the person supported or their representative. Ways of involving people in the review process so there is meaningful feedback should be explored. The legal status should also be made clearer so people can be sure the right people are involved. **(See area for improvement 1.)**

## Areas for improvement

1.

So people can be involved in decisions about their care, methods of sharing personal plans and demonstrating meaningful involvement with agreed legal representatives at reviews should take place.

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

'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9).



## 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

To ensure the needs and wishes of people experiencing care are respected the manager should ensure people and/or their representative are fully involved and consulted in decisions relating to their wellbeing and information is recorded accurately.

**This area for improvement was made on 15 November 2022.**

#### Action taken since then

**This area for improvement is not met** and has been re-worded to take account of evidence examined in this inspection. See 'How well is our care and support planned?' area for improvement 1.

#### Previous area for improvement 2

The service manager should consider various ways in which new residents can meet fellow residents and help them to settle in more quickly.

**This area for improvement was made on 13 December 2019.**

#### Action taken since then

A person newly admitted to the care home spoke about the welcome provided and afternoon tea arranged with a few key individuals who lived at the service, This helped her to settle in quickly. We heard about a group of residents who had called themselves "the firm" and how they would ensure people were welcomed into the care home and helped to settle. This appeared to be working very well.

**This area for improvement is met.**

### Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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

How well is our care and support planned?	3 - Adequate
5.2 Carers, friends and family members are encouraged to be involved	3 - Adequate

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