

Annesley House Care Home Care Home Service

Annesley Grove
Torphins
Banchory
AB31 4HL

Telephone: 01339 882 297

Type of inspection:
Unannounced

Completed on:
3 November 2022

Service provided by:
Cubanhall Limited

Service provider number:
SP2003002310

Service no:
CS2003010350

About the service

Annesley House Care Home is registered to provide care to a maximum of 36 older people, of whom a maximum of two may be younger adults with physical impairment. The home is a traditional, detached building set in its own grounds in a quiet residential area of the rural village of Torphins, Aberdeenshire. The home is within walking distance of nearby shops and amenities on the edge of the village. It is set in well maintained gardens with views over the countryside and hills.

The service aims to:

- "provide residents with a comfortable and happy environment in which dignity, independence, privacy, and comfort are maintained".

This service has been registered with the Care Inspectorate since it was formed in 2011.

About the inspection

This was an unannounced inspection which took place on 31 October 2022 between the hours of 09:30 and 16:00 and 01 November 2022 between the hours of 09:30 and 14:00. 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 six people using the service and seven of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People living in Annesley House appeared to be happy in their surroundings.
- The manager was reviewing the format of care plans to help ensure information was complete and easy to find.
- Access to activities needed to improve. Some people told us they were bored and there wasn't much happening.
- The manager needs to ensure staff are adhering to best practice guidance in relation to infection prevention and control.
- The manager needs to introduce a robust quality assurance system to help evaluate the service and ensure there is ongoing development and improvements in the service.

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?	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 considered three quality indicators under this key question. These were;

1.3. People's health and wellbeing benefits from their care and support, and 1.4. People experience meaningful contact that meets their outcomes, needs and wishes. We evaluated performance related to these indicators as good. An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.

We also considered quality indicator 1.5. People's health and wellbeing benefits from safe infection prevention and control practices and procedures. We evaluated this area of performance as adequate. An evaluation of adequate applies where 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.

People experienced warmth, kindness, and compassion in how they were supported and cared for. People told us they were happy living at Annesley House, 'I am happy here', 'I feel safe'. Most family members told us they thought the care and support was good and that staff were approachable. 'Staff are all very good'.

People's personal plans detailed their likes, dislikes and things that were important to them. They contained information on the way in which people preferred to be supported and information on what was required to keep people safe. There was also good information about people's lives and past experiences that could be used to help inform their care and support. The management team were reviewing the care plan format to help make it easier to navigate and information easier to find.

We saw documentation around helping people to maintain healthy skin which was kept in people's rooms. There were good records confirming dietary and fluid intake, positional changes and the application of creams. It was disappointing however that there was no reference to these documents within the main care plan file. This meant there was a risk that new or unfamiliar staff would not know this support was required. The manager should ensure that all care plans are complete making reference to all relevant documentation.

People's health needs were met through well-established links with other organisations. There was a sense of good partnership working to ensure that people received the support they required. Staff knew people well and were alert to any changes, meaning that people received appropriate treatment at an early stage.

There was access to a varied menu and people had a choice of snacks and drinks. Weights were monitored described actions they would take where a weight loss was identified. Staff were clear about when referrals to other agencies would be required. People told us that they were happy with the meals and that they received enough to eat and drink. People had a choice of where to eat, they could enjoy the company of others in the large dining areas or have more privacy to eat in their rooms. Those who needed some support to eat, were supported sensitively and discretely.

A variety of ways to maintain contact with loved ones was made available to people. Some people had access to mobile devices to make phone or video calls. There were no restrictions on physical visiting at the time of our inspection. People were able to spend time with loved ones to celebrate birthdays and other special events.

Visiting care plans were in place but were now outdated. We discussed with the manager how this information could be used to develop new plans about the support people require to maintain contact with family and friends in the future.

During our visit to the home, some people told us they were bored and there was very little to do. One person told us they would take part if there was more on. There was no weekly timetable of activities or opportunities for people to get involved with. There was good information in care plans about peoples likes and interests, but we didn't see or hear how this information was used to organise and provide activities for people. Previous links with the local community were still to be re-established to help provide wider networks of support and contact for people if they wanted this.

There were systems and resources in place to prevent the spread of infection. Housekeeping staff were working hard to help ensure that overall the home was cleaned to a good a standard. However, the home was in need of ongoing refurbishment and redecoration which would help improve the environment and also ensure all areas can be cleaned effectively. The manager should establish a regular environmental audit so that they can prioritise repairs and maintenance issues and keep track of how these are addressed.

We observed several breaches in hand hygiene practice during our visit where staff were wearing watches, bracelets and nail products. Staff should be reminded that they should be bare below the elbow to help ensure good hand hygiene practice. The management team need to introduce regular observations of practice to help ensure standards are being maintained or to identify where reminders or further support was required.

Staff told us that they had received training in Infection Prevention and Control and Control. Some training records however showed that training was out of date and needed to be refreshed. This should include reference to the Infection Prevention and Control Manual for older people and adult care homes.

<https://www.nipcm.scot.nhs.uk/infection-prevention-and-control-manual-for-older-people-and-adult-care-homes/>.

Areas for improvement

1. The provider should continue to review activity provision and choice to ensure that it meets the needs of all individuals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22).

2. In order to ensure that staff knowledge is up to date and informs their practice, the manager should:

- ensure that staff have knowledge of Infection prevention and control manual for adult care homes
- introduce regular observations of staff to help ensure good standards of hygiene are being maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state 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) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where 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.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. At the time of the inspection there were no established processes in place to help evaluate the quality of the service. There was however a new management team and structure in place who were developing an overall quality management strategy which would inform the overall improvement plan (**see area for improvement 1**).

Staff should regularly evaluate peoples' care and support to help ensure people are receiving the care and support that is right for them. We did not see records of formal reviews of peoples care and support plans to demonstrate the service was meeting its regulatory responsibility of reviewing care plans at least once every six months. The nursing staff were working hard to ensure that care plans were evaluated monthly so information was up to date however there was little evidence that the person or their relatives had been consulted so we could not be confident that people were being involved in planning and reviewing their care and support.

Observations of staff practice are a good method of assessing learning and competence. Some training was out of date and needed to be refreshed or repeated. As reported previously we did not see records of observations during our inspection visit and we raised concern about hand hygiene practice with staff. The manager should re-establish regular observations of staff practice to help identify training and support needs of staff.

Staff had opportunities to express their views and share ideas through supervision. We also heard that team meetings and departmental meetings were being planned. Regular team meetings are a key opportunity to establishing effective communication throughout the team which will help to inform developments and improvements within the home.

The manager had started to formulate an overall service improvement plan. Establishing a robust quality assurance system will provide further information to add to the plan. The plan should be a dynamic tool that is influenced also by feedback from people and is discussed and evaluated regularly. This would make it clearer how quality assurance processes were impacting on outcomes for people.

Areas for improvement

1. The provider should develop a robust quality assurance system that as a minimum shows how they;

- act on feedback from people who use the service, relatives and staff
- use measures to ensure good quality outcomes were being achieved for people who use the service
- show how the above feedback and measures contribute to plans for continuous improvement
- assess staff development needs and ensure skills and knowledge are kept up to date.

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).

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.