

## ASC The Grange Care Home Service

Balbeggie  
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**Type of inspection:**  
Unannounced

**Completed on:**  
18 March 2024

**Service provided by:**  
Advanced Specialist Care Limited

**Service provider number:**  
SP2005007542

**Service no:**  
CS2003009758

## About the service

ASC The Grange is a care home for adults with learning disabilities situated in rural Perthshire, close to the small village of Balbeggie. There are transport links nearby to gain access to a wider range of shops and amenities in local towns. The service provides care for up to 29 people and there were 25 people living at the service at the time of this inspection.

Accommodation is arranged over two floors, in single bedrooms, with en-suite toilets. There are some rooms with en-suite shower rooms, and communal wash facilities are also available. There are two lounges and two open plan kitchen dining rooms for people to use. The service also has an accessible outside space.

## About the inspection

This was an unannounced inspection which took place on various 12, 13, 14 and 18 March 2024. 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 four people using the service and five of their families
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

## Key messages

- People were supported by a caring staff team that knew them well.
- A sense of community was promoted within the service.
- Improvements were required to ensure people's finances were managed safely.
- There were comprehensive quality assurance systems in place, however these were not consistently effective.
- Safer recruitment guidance was not always being followed.
- People could personalise their environment.
- Care plans contained comprehensive information and were used by staff.
- Communication with people's representatives could be improved.

## 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?	3 - Adequate
How good is our setting?	4 - Good
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 adequate there were many important strengths having a positive impact on people's outcomes and experiences. However, there was potential for these to be significantly reduced due to the nature of the weaknesses we identified.

During the inspection we saw many warm, caring, and fun interactions between staff and people living in ASC The Grange. Staff knew people well and spoke with respect and kindness about them. The staff we spoke to and observed, displayed values consistent with some of the health and social care standards. People are likely to have more positive experiences and better outcomes if they are valued, respected, and treated with dignity.

A sense of community was promoted within the service. We saw people sitting in groups spending time together, which supported them to develop and maintain relationships. Some people talked about staff members and other people who they lived with as their friends. These positive relationships help to support good outcomes and experiences for people.

People benefitted from regular interaction and engagement from staff. Communication supports and techniques were used, and people were given opportunity to express their needs and wishes which were responded to promptly and sensitively. Meaningful communication was a focus in the service with weekly Makaton practice sessions for staff and people and picture communication aids available to support with choices and daily plans. Photographs were also used on the daily menu and for people to identify their place at the dining table. This supported people to feel valued, listened to and promoted a sense of belonging in the service.

People's abilities were considered in decision-making, and they were supported in making daily choices. People were also involved in decisions about wider aspects of their care such as how the home and their rooms were presented and decorated. Choices and preferences were accommodated by staff which promoted a sense of value and independence for people.

We identified several discrepancies in the records of people's finances. Processes that were in place to keep people's money safe were not robust enough and were not being followed consistently. We concluded that there was potential for people to be at risk of financial harm. Some decisions about spending were being made without proper consultation or agreement with the correct person with legal decision-making responsibilities. Without appropriate consultation and agreement, people's right to make choices was not being fully respected. Processes, staff practice and oversight of the management of people's finances needed to improve to keep people safe. Please see Requirement 1.

The service had a designated activities team. A range of accessible, on-site activities were planned for weekdays. Monthly off-site events were also organised and supported by the activities team. Local organisations visited the service regularly to provide additional opportunities for meaningful occupation and engagement.

Care staff were also involved in carrying out meaningful activities with people such as online or in person shopping and supported with other activities through the week. Some day trips were planned in advance, and some were as a result of a decision made on the day. It was positive that staff were flexible and able to respond to people's needs and wishes at the time. It is also important however, to recognise that some people benefit from a more predictable structure to their day. Individual activity planners were not up to date and recorded activities were not always reflective of those that had been planned. It appeared that there were periods where no activities had been carried out at all. Some families also expressed that routines were not always respected or followed. This had the potential to impact on people's daily wellbeing.

Food and fluids were accessible to people throughout the day. Some people were supported to do their own shopping and were encouraged to develop independence and skills in activities of daily living. We observed people being supported to prepare their own food during the inspection.

People's health needs were recorded and monitored in their care plans with recognised assessment tools in place. Some monitoring charts for fluid intake were unclear and could therefore not be relied on for accurate health information. The service took steps to rectify this during the inspection, to reduce any risks. Medication management processes were effectively used to ensure people received their medications as prescribed.

Positive behaviour support plans were in place for everyone who needed them and were detailed with clear information for staff to follow. Care plans recognised people's abilities and detailed how to promote their independence and participation in everyday tasks. There was evidence of advice being sought from health professionals to ensure people got the right care for them.

## Requirements

1. By 27 May 2024, the provider must ensure people are kept safe from harm.

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

- a) Ensure that a people's finances are managed and protected in line with legislation.
- b) Ensure all expenditure is in accordance with people's or their representatives' wishes.

This is to comply with Regulation 4(1)(a) 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 Health and Social Care Standards (HSCS) which states that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HSCS, 2.5) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS, 3.20).

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, there were some strengths that just outweighed the weaknesses.

There were comprehensive systems in place for oversight of most aspects of the service. These were mostly being used effectively and informing the overall service development plan. However, some audit tools that we sampled were being inconsistently completed and we did not see how they were being used to drive improvements.

The service development plan was clear and detailed; the manager regularly updated it. There were also short-term action plans in place informed by oversight activities. Outcomes were clearly documented showing progress towards the planned goals. Aspects of these development plans were informed by staff, families, and people through consultation.

Oversight of some crucial areas such as recruitment practices and management of people's finances was not effective. This meant that proper procedures were not always followed potentially leaving people in the service at risk. Please see KQ1 "How well do we support people's wellbeing?" and KQ3 "How good is our staff team?" for further information.

Staff were aware of their leadership roles and responsibilities which was promoted at all levels. There was strong team-working within the leadership, and this was reflected in the rest of the staff teams. Staff were valued and developed in their roles and with their career. Motivated staff and good team working reflects positively on the care environment and means people can be confident in the people supporting them.

The leadership team were responsive to all findings and feedback during the inspection and implemented changes to work towards rectifying any issues identified. We were therefore confident that the leadership team had the capacity and motivation to implement and embed the required changes to the service.

## How good is our staff team?

### 3 - Adequate

People should be confident in the staff that support them because they have been safely recruited. We evaluated this key question as adequate as there were some strengths, but these just outweighed the weaknesses.

We sampled recruitment documentation. The service was in the process of implementing a new digital system for the storage of recruitment files and as such, documents were stored between two systems but were still easy to locate.

We identified that several people had started their employment at ASC The Grange prior to all appropriate pre-employment checks being completed. This had been identified by the service and all except one that we sampled had the correct checks in place retrospectively. This was rectified promptly during the inspection.

It is essential to keep people safe, that all appropriate employment checks are carried out at the correct time and in accordance with safer recruitment principles. We recognise that the service had already identified issues with their recruitment processes and were undertaking a review of these to identify and rectify any further discrepancies. Please see Area for Improvement 1.

Staff told us they felt well supported in their role, training was comprehensive, and they could request further training to support people's needs. New staff were supported into their role with induction training and shadow shifts to ensure they were competent in their new role. The service also invested in their staff and encouraged career development which helps to develop a stable staff team that work well together.

### Areas for improvement

1. In order to ensure people are safe and protected the service should consider implementing further audits or checks on their recruitment processes, to ensure they are in line with safer recruitment practices.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

### How good is our setting?

### 4 - Good

We evaluated this key question as good. There were several strengths that outweighed any areas for improvement.

The environment was generally clean, tidy and well decorated, with cleaning schedules in place to direct staff in their duties. People had been involved in selecting the decoration of communal areas. Bedrooms were personalised and contained people's choices of furniture and bedding enhancing their sense of identity.

An environmental audit had been undertaken by the service to ensure the setting was appropriate for people's needs. Resulting action plans were in place and improvements were being made on an on-going basis. Signage to orientate around the home was clear and made use of pictures and writing to support people's understanding.

Rooms mostly had names and numbers on them with personalised pictures, some people had chosen not to have these on their room door, and this was respected. However, other missing door signs needed to be replaced, the service were taking action on this to continue to support people's orientation.

There were large communal areas which were well used and had plenty of space and light. People had their own storage spaces for food which they could access with the correct level of support. The onsite kitchen provided meals and snacks for people, but there were also two open plan kitchen diners which were in use often and provided social opportunities.

People we spoke to expressed that there was a lack of private space except for bedrooms. It may be of benefit for the service to consider how to accommodate this going forward.

There was access to surrounding gardens which were in need of review and potential upgrade. Some areas were used for the storage of bins and discarded equipment. People had access to these areas which posed potential risks to their safety. Parking at the service was limited; families told us at times they had difficulties accessing the home due to having to park a distance from the front door. We are aware of plans to upgrade the outside space as soon as possible to ensure people's safety and look forward to seeing the impact of this at future inspections.

## How well is our care and support planned?

4 - Good

We have evaluated this key question as good. We identified several important strengths, which when taken together clearly outweighed areas for improvement and would overall contribute to people having positive experiences.

Care plans and risk assessments were in place for the people we sampled. These were well formatted and contained comprehensive information. We saw evidence of regular review of these documents and changes were generally being made when required. Staff members we spoke to, told us that they had time to read people's care plans and found them helpful. It's important that care plans contain concise, up to date information and are actively used by staff to direct the care and support they deliver.

Review documentation indicated that reviews were being completed in line with legislation. This was available in an easy read format for people, to ensure they had the opportunity to participate and be involved in decisions about their support. The completion of review documentation was inconsistent, in some cases it was unclear who had been involved.

Information about legal documents was included as part of care plans. It was not always easy to identify where these were stored on the system. It is important that relevant legal documents are in date and easily accessible for reference so that it is clear who has legal decision-making responsibilities.

## 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

This area for improvement arose as a result of an upheld complaint on 06.09.21:

The service should ensure people's representatives are appropriately informed and involved regarding decisions about people's support, with expectations regarding communication being clearly agreed and followed through.

This is in order to ensure that care and support is consistent with Health and Social Care Standards which state: 2.12: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.'

**This area for improvement was made on 6 September 2021.**

#### Action taken since then

Care plans contained details of people's families and representatives. Contact details were clear and easy to access. We did not see agreements on specific communication expectations documented within people's care plans. Some representatives we spoke to said that communication needed to improve.



This Area for Improvement has not been met and will be restated.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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?	3 - Adequate
3.1 Staff have been recruited well	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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