

Annesley House Care Home Care Home Service

Annesley Grove
Torphins
Banchory
AB31 4HL

Telephone: 01339 882 297

Type of inspection:
Unannounced

Completed on:
27 February 2024

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.

About the inspection

This was an unannounced inspection which took place between 21 and 22 February 2024. The inspection was carried out by two inspectors on day one and three inspectors on day two.

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 last inspection.

In making our evaluations of the service we:

- spoke with 15 people using the service
- spoke with eight of their family and representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Any measure that could have restricted people, such as the use of bed rails, or other equipment that limited people's movements, was safe and necessary.
- People benefitted from care plans which were updated to accurately reflect their needs and wishes.
- Record keeping including falls paperwork, were up to date and concise. These were completed timeously which guided care and kept people safe.
- People benefitted from regular interactions and engagement from staff.
- Staff knew people well and this supported them to maintain their interests.
- People had access to a range of group and individual activities that they enjoyed and were tailored to their choices and preferences.
- Further improvements are required to enrich activity provision at the weekends and for people who choose to stay in their bedrooms.

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
How good is our staff team?	3 - Adequate
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 evaluation of weak, for this Key Question at our last inspection. We have re-evaluated this to adequate, due to the improvements the service had made.

We observed improvements in the management and reporting of incidents and people having access to meaningful activity. This helped promote people's wellbeing. However, improvements should be made to enrich activity provision at the weekends as we found this to be limited. The provider has recently appointed a new activity worker to work at weekends and we will follow this up at our next inspection. **(See Area for Improvement 1)**

For further information, please see the section of the report 'What the service has done to meet any requirements made at or since our last inspection'.

Areas for improvement

1. To support social engagement the provider should build on and further enhance activities within the home.

This should include, developing the availability of meaningful activity every day of the week; and individualised activity plans for people who choose to remain in their rooms, taking account of their skills, abilities, interests and wishes.

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).

How good is our leadership?

3 - Adequate

We made an evaluation of weak, for this Key Question at our last inspection. We have re-evaluated this to adequate, due to the improvements the service had made.

We observed improvements in the management and leadership of the service and this helped keep people safe. **(Please see the improvement notice letter on our website)**

How good is our staff team?

3 - Adequate

We made an evaluation of weak, for this Key Question at our last inspection. We have re-evaluated this to adequate, due to the improvements the service had made.

We observed improvements in staff practice, training and knowledge which promoted better outcomes for people. **(For more information, please see the improvement notice letter on our website)**

How well is our care and support planned?**3 - Adequate**

We made an evaluation of weak, for this Key Question at our last inspection. We have re-evaluated this to adequate, due to the improvements the service had made.

We observed improvements in people's care plans and this supported better outcomes for people. For further information, please see the section of the report 'What the service has done to meet any requirements made at or since our last inspection'.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 29 January 2024, where it is deemed to be necessary and appropriate to restrict a service user's freedom of movement, the provider must ensure such decisions are taken in accordance with the principles of the 'Adults with Incapacity (Scotland) Act 2000'.

In particular the provider must:

- a) Ensure that any such restrictions are safe and necessary.
- b) Ensure that any such restrictions are clearly documented within care plans, to ensure that staff are informed of safe and appropriate use of any equipment which may restrict service users' liberty.
- c) Ensure that the views of the service user and/or any representative are sought in relation to any such restrictions.
- d) Ensure that any restrictive practice is regularly reviewed to determine whether it remains necessary.
- e) Implement a restraint register to support management oversight of restrictive practice.

This is in order to comply with Regulation 4(1)(a), Regulation 4(1)(c), Regulation 5[RD1] [EV2] (2) and Regulation of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My human rights are protected and promoted and I experience no discrimination.' (HSCS, 1.2).

This requirement was made on 3 November 2023.

Action taken on previous requirement

Any measure that could have restricted people, such as the use of bed rails, or other equipment that limited people's movements, was safe and necessary. We sampled four care plans and all restrictions were clearly assessed and consistently documented. This meant staff were well informed of the safe and appropriate use of any equipment that may restrict someone's freedom. This ensured people's safety, dignity and choice were promoted.

The views of people and their representatives were sought and regularly reviewed in relation to restrictive practice. This ensured people received care and support that was tailored to their needs and wishes.

It was encouraging that all staff will receive training for bedrails in March 2024. Additionally, we provided the leadership team with guidance relating to health and safety and the manager used this to embed practice in line with legislation. This helped promote people's safety and wellbeing.

The provider plans to develop a restraint register as part of their ongoing improvement plan. Although we established there was sufficient managerial oversight of restrictive practice, this will help strengthen the leadership team's overview of this to help promote people's safety.

Met - outwith timescales

Requirement 2

By the 29 January 2024, the provider must ensure that service users' care plans are outcome focussed and provide robust accurate information that sets out how their health, welfare and safety needs are to be met.

In order to achieve this the provider must:

- a) Ensure that the written plan is clear and concise and the plan has supporting evaluation documentation that will evidence staff practice.
- b) Demonstrate that staff follow policy and best practice about record keeping and documentation.
- c) Ensure that the written plan is being effectively assessed, monitored and audited by managers.
- d) Ensure that medications are robustly recorded/monitored and best practice is followed.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210 Regulation 5.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19).

This requirement was made on 3 November 2023.

Action taken on previous requirement

People benefitted from care plans which had been updated to accurately reflect their needs, wishes and preferences. We sampled five care plans and these were clear, concise and noted essential information for people. For example, getting to know me profile and robust information about how to care for someone if they become distressed. This ensured staff were able to provide care that was tailored to people's individual needs.

Record keeping had improved significantly since our last inspection. Records were up to date and completed timeously. This helped guide care and keep people safe. For example, follow ups with General Practitioners and next actions were clearly recorded by staff. This meant people received care that was responsive to changes in their needs, health and wellbeing.

We observed that some handwriting remains hard to read within care plans and this can have an impact on staff having access to the right information to care for people safely. This was raised with the leadership team who have a plan to develop this.

Falls paperwork and assessments were completed accurately for people. All people had the appropriate documentation within their care plans, including up to date risk assessments. Staff appeared to be consistently following correct procedures. This helped reduce any further risk to people.

The manager had a robust oversight of people's needs and we observed a monthly review of care plans, which accurately reflected any changes for people. This ensured people were receiving care and support tailored to their needs and preferences.

People's plans included, a medication care plan which described the medication and reason for providing the medication. This helped direct and inform staff.

Met - outwith timescales

Requirement 3

By 29 January 2024, the provider must ensure that the service is provided in a manner which enables people to get the most out of life and should continue to review activity provision and choice, to ensure that it meets the needs of all individuals.

In particular:

- a) Ensure that people can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities – both indoors and outdoors every day – that match their personal preferences.
- b) Develop individualised activity plans for each person, taking account of their skills, abilities, interests and wishes.
- c) Evaluate the outcome for people as a result of their engagement with an activity.
- d) Regularly update activity planners to reflect the evaluated outcomes.
- e) Ensure people can choose to move about in an unrestricted way, including access to outdoor space.
- f) Ensure that at all times there are sufficient staff in numbers and skill to meet the assessed need of people.

This is in order to comply with Regulations 3 and 4 (a) (b) 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 the Health and Social Care Standards (HSCS) which state: '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).

This requirement was made on 4 July 2023.

Action taken on previous requirement

People benefitted from regular interactions and engagement from staff. One person told us, "I'm happy here, this is my new home". This helped promote feelings of belonging and security for people.

We observed an improvement in staff visibility and staff told us they had more time to engage with people. We observed staff encouraging people to take part in meaningful activities to enrich their day.

Staff engaged with people in a warm and compassionate way. One person shared, "There's always something to do". This helped promote people's wellbeing and sense of purpose.

People told us they were happy and content. One person shared, "I enjoy talking to the staff" and another shared, "I'm happy here".

People had access to a range of group and individual activities that they enjoyed and were tailored to their choices and preferences. For example, church services, car rides, baking and crafts. One person told us, "I really enjoy the crafts". This helped promote people's sense of worth and identity.

It was encouraging the provider made adaptations to the outside area to suit people's preferences and needs. For example, they moved the bird feeder where it was more visible for people who liked bird watching. Staff knew people well and this supported people to maintain their interests.

People were supported to develop relationships both within and outside the care home. Social bonds were strengthened and we observed positive friendships had developed with people experiencing care. This promoted good outcomes for people and helped people feel secure.

Seasonal events were celebrated. This helped people stay connected to the wider world and remain orientated to the pattern of the year.

The provider developed individualised care plans detailing people's likes and dislikes. This included good evaluations of people's experiences. This ensured people were taking part in activities they enjoyed and were meaningful for them.

People who chose to remain in their bedrooms would benefit from more one to one activities to ensure they do not become isolated or lonely. One family member shared their loved one was bored in their bedroom at times. **(See Area for Improvement 1)**

People were able to move about the care home in an unrestricted way. We were satisfied people had access to their walking aids. This helped keep people safe and helped reduce falls.

People had access to the local community which they clearly enjoyed and benefitted from. One person who went into town shared, "I had a great time" and looked refreshed and happy.

Some parts of this requirement have been met and a new Area for Improvement has been made to address any outstanding issues. Please see 'How well do we support people's wellbeing' section for further information.

Met - outwith timescales

Complaints

Please see Care Inspectorate website (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	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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