

Ythanvale Home Care Home Service

Park Road
Ellon
AB41 9AB

Telephone: 01358 281 130

Type of inspection:
Unannounced

Completed on:
21 February 2024

Service provided by:
Aberdeenshire Council

Service provider number:
SP2003000029

Service no:
CS2003000286

About the service

Ythanvale Home is located in the market town of Ellon and is close to local amenities. The provider is Aberdeenshire Council.

The purpose-built home is single storey and consists of three units: Ythan, Gordon and Schivas. The home is registered to provide accommodation, care and support for up to 31 people.

About the inspection

This was a type 2 inspection which took place on 09 February 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 people using the service and three of their family
- Spoke with six staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- People appeared well cared for and happy living in the home.
- People spoke of the kindness of the staff.
- People were happy with the level of support they received.
- Care plans needed to be updated when changes are noticed and agreed during care reviews.
- The service improvement plan needs developed to reflect improvement.
- There needs to be better oversight of the condition of some areas of people's bedrooms and shared facilities.

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?	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 good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were well dressed and cared for. People using the service spoke of the kindness of the staff and enjoyed living here. We saw compassionate support from staff and it was evident the staff knew people well.

Individual rooms were clean and personalised. Some rooms needed decorative work, and it would be beneficial to audit and record where rooms need attention. Communal rooms including shared bathrooms, would benefit from attention and being repurposed, which the service was planning to do (**see area for improvement 1**).

People had choice and we saw this with people choosing where to be within the home and involvement with activities. We saw people moving freely as they were able around the home and they could access outside if they wished. The service should continue to encourage people to move to ensure their mobility does not decrease.

Meals were taken in a number of smaller dining areas. Menus were on each table and show plates available allowing people to make informed choices about what they wished to eat. Menus were also available in people's own rooms. We saw staff support people with eating and drinking respectfully allowing people to be as independent as possible. The dining rooms would benefit from improvement to a more domestic environment. The service had already started to plan this with involvement with people using the service and staff.

There was a weekly programme of activities which was available in individual rooms for people to see. Whilst there was not a dedicated activities co-ordinator the service is actively looking at options to bring this in. During inspection there was a knitting activity in the main lounge and some people were engaged in this and others not. With the addition of an activities co-ordinator, the service can look at ways to increase the availability of meaningful activities across the home.

Care plans had relevant information but could be developed more with more person-centred information as they were not always reflective of people's wishes or changing needs. Changes recorded through care reviews should be documented into plans. Plans should continuously be reviewed to ensure any changes are documented. There were some good examples of my life story; the service should ensure this is replicated for everyone. End of life care plans should be revisited with people and their families to allow clear understanding between everyone about their wishes (**see area for improvement 2**).

There were good working links between the service and the Multi Disciplinary Team (MDT) when people's health and wellbeing changed. We saw appropriate referrals to the relevant health professional with positive outcomes for people.

The medication system was good. There were individual medication records, which gave clear information, for example people's allergies. People's preferences in taking their medication was also clear. The service should develop an "as required" protocol for medication. Staff should record when someone has needed the

medication and the effectiveness of it. To reduce risk of errors staff should only record when medication is given (**see area for improvement 2**).

Areas for improvement

1. To support people's wellbeing and a pleasant living environment, the service should ensure there is a comprehensive environmental audit of both personal and communal areas and report any defects and action required.

This is to ensure that 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 cleaning, tidy and well-maintained premises, furnishings, and equipment' (HSCS 5.24).

2. To support wellbeing and to ensure that people benefit from receiving their medication as it is prescribed, care plans should be updated and reflective of changes that people want or are assessed as needing to their care and support. This should include the implementation of "as required" medication protocols.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Management had a service improvement plan (SIP) in place, however this needs development. There should be target dates to show when the improvements or changes should be in place and progress information. This would allow the service to see the level of progress. The person responsible for the action should be named as this will help staff focus on the area they are accountable for. The management team should review the outcomes to identify if there has been any change or improvement to people's experiences. The management team should continually seek people's views and use this feedback to inform the improvement plan (**see area for improvement 1**).

People we spoke with knew who to speak with if they had any concerns and were comfortable doing so. They found managers to be approachable and would respond quickly to those concerns. People, families and staff felt listened to and reassured any concerns were heard and dealt with quickly.

There were a number of audits undertaken. Managers should review the aim of the audits to ensure that they are reflective of current good practice and link to the SIP. There was oversight of training, and the manager is working to ensure this is up to date and staff have access to training. Staff supervision is planned for the year, it would be beneficial for the spreadsheet to include when supervision is completed. This would allow managers to see how the service is improving and how the audit process support better outcomes for people.

The manager holds staff meetings regularly. Agendas are prepared in advance allowing staff to be involved with the structure of the topics discussed. The topics were pertinent to the service and the minutes showed a comprehensive record of discussion. There is evidence of the management team taking a continuous learning ethos with the staff holding debriefing sessions to look at approaches to situations. This supports better outcomes for people using the service with staff understanding different approaches as a team.

Areas for improvement

1. To support good outcomes for people and to ensure that people are at the centre of improvements to how the service is delivered, the service improvement plan should be developed to include target dates, progress information and a review of the outcome of improvements, based on feedback from people using the service wherever possible.”

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

‘I benefit for a culture of continuous improvement with the organisation having robust transparent quality assurance process’ (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?	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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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