

# The General Anderson Trust Care Home Service

Anderson's Care Home  
Institution Road  
ELGIN  
IV30 1RP

Telephone: 01343 542281

**Type of inspection:**  
Unannounced

**Completed on:**  
12 March 2024

**Service provided by:**  
The General Anderson Trust

**Service provider number:**  
SP2020013581

**Service no:**  
CS2021000129

## About the service

Anderson's is an A-listed building which is registered to provide a care service for up to 51 people over the age of 65. The home comprises of five units. The units vary in size and can accommodate from eight to 13 residents on a single occupancy basis. The fifth unit is housed within a large detached period residence next door.

Bedrooms have en suite toilet facilities. Bathing and showering are shared facilities and are available in all units. There are dining and sitting rooms in all units. A large hall is available for visitors and residents and is used for planned events.

The principal aim is to provide the highest quality of care, ensuring a comfortable and supportive environment where individuality, dignity and quality of life are paramount to the residents.

## About the inspection

This was an unannounced follow up inspection which took place on 12 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 people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People appeared content and happy living in Andersons.
- Staff were visible and were prompt to attend to people's care and support needs.
- The number of falls in the service had greatly reduced.
- Further improvements are needed to developing an enablement approach to how people's care and support needs are met.
- Managers had worked hard to implement a programme of audits.
- Managers worked well to create an improvement focused approach to the quality of the service provision.

## 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 good is our leadership?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our leadership?

4 - Good

We made an evaluation of adequate for this key question at our last inspection, this has now been regraded to good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The provider had recruited a new manager to the service. This had strengthened the management team. Managers were working well together to establish quality assurance processes that would help identify areas of the service provision that needed improved.

It was evident that managers had taken time and considered the audits that were being introduced. This meant that audits undertaken were specific to the needs of the service. This would help improve outcomes for people and improve the quality of the care and support they received.

The improved focus on falls ensured that robust analysis of falls took place. This meant that managers were made aware of common factors which may contribute to falls occurring or increase the risks. For example, analysis of time, location helped inform if staffing arrangements needed to be reviewed. This improvement had contributed to the reduction in falls in the service.

The requirement made at our previous inspection have been met (see 'What the service has done to meet any requirements made at or since the last inspection').

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

### Requirements

#### Requirement 1

By 17 October 2022, the provider must ensure that the manager has complete and up to date oversight of all that is happening in the service.

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

- a) Implement and embed effective quality assurance and reporting systems which are used to inform the manager and leadership team on a daily basis.
- b) Develop and implement an improvement/action plan to identify and monitor planned changes
- c) Maintain regular contact with multi-disciplinary colleagues, as required for service users' wellbeing, for example (and not limited to) medical staff for drug errors, Care Inspectorate for notifications.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS, 4.19); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 16 October 2022.**

#### Action taken on previous requirement

Managers had implemented a programme of quality assurance. The planned audits were specific to the needs of people and the needs of the service. This meant that audits undertaken were focused on people's outcomes and highlighted where improvements were needed.

The improved oversight and analysis of falls had contributed in reduced falls in the service. This helped reduce the risk of injury to people.

We felt the managers worked well together and all contributed to the improvement of the quality of the service provision.

When an unexpected event happened in the service, the relevant agencies were notified. This helped ensure that the necessary input and support was in place to help reduce the risk of re-occurrence.

We felt that actions taken when a medication error occurred, were proportionate and focused on staff reflecting on how the error occurred. This created a learning culture in the service.

**This requirement has been met.**

**Met - outwith timescales**

## 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

Improvements should be made to develop an enablement approach to how people are supported. This will help people to retain skills and abilities.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 16 October 2023.

## Action taken since then

We felt more could be done to support people retain skills and abilities. For example, helping routinely with daily tasks, pouring their own drinks. This would give people a sense of achievement and self-worth. We felt the activities programme should be revisited to ensure that they included more activities involving motion and movement. This would help people with balance, muscle tone and posture. It is important for people to be physically active to help with general health and wellbeing.

This area for improvement is unmet and will be followed up at our next inspection.

## 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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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