

St. Aubins Care Home Service

87 South Anderson Drive
Aberdeen
AB10 7PN

Telephone: 01224 358 551

Type of inspection:
Unannounced

Completed on:
13 February 2024

Service provided by:
Aberdeen Association of Social
Service, a company limited by
guarantee, trading as VSA

Service provider number:
SP2003000011

Service no:
CS2003015268

About the service

St. Aubins is registered to provide accommodation for eight people who have experienced problems with their mental health. Residents either no longer need full-time hospital care and have the potential to move on to more independent community living, or have experienced difficulties managing to live independently in the community and require a period of rehabilitation and assessment. The accommodation is on two floors of a large traditional granite building, with individual bedrooms and spacious communal facilities. The house is two miles from the city centre with a bus route nearby. Five people were living at St. Aubins at the time of the inspection.

The service provides a personalised service, in a homely relaxed environment, for the people living there. It works to a recovery focussed model with service users.

The service has been registered since 1 April 2002.

About the inspection

This was an full inspection which took place on 12 and 13 February 2024. The inspection was carried out by one inspector 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 three people using the service and one of their family representatives;
- spoke with four staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- Residents and staff worked well together and there was a relaxed atmosphere in the service.
- Management oversight of the service was comprehensive.
- Managers and senior staff were accessible to residents and staff.
- Some areas required refurbishment and upgrading.
- Support plan and risk assessment documentation needed to improve.

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
How good is our staff team?	5 - Very Good
How good is our setting?	3 - Adequate
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 felt the service was good at supporting people's wellbeing. This was because we identified a number of important strengths that had a significant positive impact on people's experiences. However, improvements are required to ensure that people consistently have experiences and outcomes which are as positive as possible.

There was a calm and friendly atmosphere in the home and we saw staff interacting with residents respectfully, with appropriate banter and good humour. This created a relaxed and homely atmosphere within the service. People living at the service told us, 'Everybody is great here, its really good', and I like the other residents too' and 'I am now in a much better routine, and my life is so much better now, I hope to be moving out soon into my own place'.

Support plans evidenced that there were good links with other peripatetic professional staff such as psychiatric services, and people had support to access regular health screening and medical appointments when required. There were good records of communication with professional staff within support plans, which ensured that staff and other peripatetic professionals worked well together to support people.

The service had worked hard to ensure that people had opportunities to enjoy social time together. Important events were celebrated together, such as Halloween, the recent King's Coronation and other key celebrations during the year. During our inspection it was good to see staff and residents working together to prepare and make pancakes for pancake day, which everyone enjoyed participating in. We also heard that people enjoyed watching films together and spending some social time together during the evenings if they wished. Although some external trips had been organised, these didn't happen very often due to difficulties with transport. We discussed how these could be improved going forward to support people to have new experiences and opportunities to try new things.

To help people to move on from this service, people were supported to be as independent as possible. People worked alongside staff to develop their cooking and budgeting skills, and also to keep the service clean and tidy. This supported people to learn and maintain the skills necessary for independent living when they were ready to move into their own accommodation.

The service was in the process of transitioning support plans to a new electronic care planning system. We found that essential details regarding the support that people needed, and associated risk assessments were not as clearly documented as they needed to be. For example, there was little recorded in people's plans relating to the support that people required from staff at the time of admission, or that these were not clearly set out or updated. This meant that new or unfamiliar staff would have difficulty understanding the support needs of people, and how they needed support to be offered. This also made reviews of people's support less informative, due to lack of clarity of what the service was providing and the effectiveness of these interventions in meeting people's stated outcomes. We discussed how these could be improved to ensure that supports were clearly set out and documented.

(See area for improvement 1).

The service was visibly clean and tidy, and cleaning schedules were in place and completed. Staff worked alongside residents to ensure that all areas of the service were kept in a clean and tidy condition. This also supported people to learn and maintain essential life skills for when they moved on from the service and were living in their own independent accommodation.

Areas for improvement

1. The service should ensure that information in support plans is person centred and reflect people's assessed needs, as described in multidisciplinary support agreements; this should include social and wellbeing needs.

Support plans should reflect:

- a) Clear, up to date information detailing the strategies that staff should use to support people to achieve their assessed outcomes.
- b) Risk assessments should also clearly set out how staff should respond when people are exposed to, or who put themselves at risk.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22), and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our leadership?

4 - Good

We evaluated this quality indicator as good. Performance demonstrated a number of important strengths which, taken together, clearly outweigh areas of improvement.

People told us that the manager and seniors were friendly and approachable. There was an open door policy and we could see that staff and residents had access to managers during the course of our inspection.

The service had a development plan for the service, which detailed the key areas of development, and plans to develop and improve these areas over the coming year. Development plans were set against current health and social care standards, which ensured that standards were meaningful and measurable for people living at the service in supporting them to achieve their personal outcomes.

Effective and regular team meetings were held with managers and staff. These ensured that key points of the development plan were discussed, to ensure that these plans were being monitored, and any shortfalls in progress addressed.

Staff meetings were held regularly which supported staff to have their say about how the service could be developed, and to address any concerns. Staff told us that they had confidence in managers and that they were confident about raising any concerns when needed.

Regular meetings with service users and their representatives had not been held for some time due to the pandemic and other operational difficulties. Although one meeting had recently been held, we discussed the need to improve this area. This is to ensure that people using the service, and their families have opportunities to discuss how the service could be improved, and discuss any potential concerns at an early stage. **(See area for improvement 1).**

Support plans did not clearly set out supports provided by the service for people. Although staff were able to describe what support they provided to individuals, this was not clearly documented in support plans. This meant that there were missed opportunities to identify what the service had done well, or how the service could be improved during people's review meetings. **(See area of improvement 1 in section one of this report).**

We discussed the importance of these meetings with the manager and senior staff, and strategies to improve these areas were being progressed by the end of our inspection. We will follow this up at our next inspection.

Areas for improvement

1. To promote opportunities for people to have their say, and to ensure that people are able to contribute to the improvement of the service; the provider should ensure that there are regular opportunities for people and their representatives to feedback and contribute to the development of the service. This feedback should be recorded in the service improvement plan and referred to at regular intervals.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8)

How good is our staff team?

5 - Very Good

We evaluated this quality indicator as very good. Performance demonstrated important strengths to support positive experiences and outcomes for people.

Staff worked well together to create a relaxed atmosphere in the service and of working alongside residents to support them to meet their agreed outcomes. Residents told us, 'Its a lovely place, and the staff are really nice', and 'The staff support me with shopping, managing my appointments and money'. People living at the service were supported to be as independent as possible whilst learning and developing new skills to support them to have more independent lives once they moved on from the service.

Staff told us that the management team were supportive and approachable, and were accessible to them, with an open door philosophy in the service.

There was a blended approach to learning and development for staff, who benefitted from a combination of on line E-Learning and face to face training. People learn in different ways, and it was supportive for staff to have opportunities of learning in different ways to support their own development and learning styles.

Staff training was monitored and regular checks were made to ensure that staff had attended their mandatory training, and training updates. This meant that staff were maintaining their core skills and competencies to keep people safe. The manager of the service acknowledged that some training updates were required, however, delays had occurred due to changes in the provider of some training, and this was in the process of being resolved at the time of our inspection.

Staff supervision was carried out at regular intervals. This is important as it provides staff and managers regular opportunities to discuss any concerns; to agree training and development needs, and to ensure that staff are up to date with their core training and registration responsibilities to keep people safe.

How good is our setting?

3 - Adequate

We evaluated this quality indicator as adequate, and applies where there are some strengths, but these just outweigh weaknesses.

The environment was well looked after with clean, tidy and well maintained premises, furnishings and equipment. People had access to a shared sitting room, kitchen and bathrooms.

People told us; 'I like it here, its peaceful, and I like my room'. We found that bedrooms were personalised to reflect the personalities of the people who used them.

The service was located near to the city centre with good transport links. This meant that people could access the local community easily.

Some areas were in need of refurbishment and redecoration in. For example, we found that stair bannisters required re-varnishing to provide cleanable surfaces, and to ensure that these frequently touched areas were hygienic and safe for people to use. In addition some shared bathrooms, required replacement or repairs to floor coverings due to wear and tear.

(See area for improvement 1).

At the time of this inspection, previous discussions had taken place regarding a possible move to a more suitable location. Although these discussions had not progressed, plans were still being discussed to move in the future. We will continue to follow this up at our next inspection.

Areas for improvement

1. To ensure that all areas of the service is clean and cleanable; the provider should ensure that bathroom floor areas are replaced or repaired, and ensure that frequently touched areas are maintained in good decorative order to ensure that these areas are hygienic and can be easily cleaned.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24)

How well is our care and support planned?

4 - Good

We evaluated this quality indicator as good. Performance demonstrated a number of important strengths which, taken together, clearly outweigh areas of improvement.

People had access to other peripatetic professionals when required and had received routine medical screening, and attended outpatient appointments when required. During our inspection we observed that staff supported people to make and attend GP or outpatient hospital appointments when necessary, which promoted people's independence and formed part of their recovery plans.

People were receiving regular six monthly reviews of their care and support. Although regular reviews were being carried out, there was insufficient information about the support that staff were providing to people, or that this was not detailed enough. This meant that reviews did not describe how the service was supporting people fully, or if this support had been effective. We discussed the need to improve this information; to ensure that the service could demonstrate its effectiveness for people and managers, and to ensure that support plans were effective in supporting people to meet their stated outcomes.

(See area for improvement 1 in section one of this report).

We discussed the importance of ensuring that support plans clearly set out the support needs of people. The service was in the process of transitioning to a new electronic care planning system, which did not clearly set these out and meant that it was difficult to see the support outcomes that the service were supporting people with. We also found that risk assessments were not clearly defined, or had not been updated when people's needs had changed.

(See area for improvement 1 in section one of this report).

Support plans held information about people such as Power of Attorneys (POA), and who should be involved when making important decisions, or changes to people's care and support when required. This is important and ensures that staff know who they need to involve when people require support to make these changes, and ensure that their views are represented at these times.

Some people had anticipatory care plans in place, which set out how they would like to be supported during emergencies and at the end of their lives. Some people had not wished to discuss end of life arrangements, and it was noted that this service was not a long-term placement for people, and therefore was not a priority area for most people living at this service.

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

Requirements

Requirement 1

By 15/04/23 the provider must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of infection. In order to achieve this the provider must:

- a) Ensure that the premises, furnishings and equipment are clean, tidy, and well-maintained.
- b) Ensure that processes such as enhanced cleaning schedules and regular quality assurance checks are in place and effective to ensure that the environment is clean.
- c) Ensure that safe infection control practices are adhered to by all staff at all times.

This is to comply with Regulations 4 (1) (a) and (d) Welfare of Users and procedures for the prevention and control of infection) 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, which state that:

'My environment is secure and safe.' (HSCS 5.19)

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.24).

This requirement was made on 11 January 2023.

Action taken on previous requirement

Comprehensive cleaning schedules were in place which were up to date and had been maintained.

All areas of the service were visibly clean and tidy, and corresponded to documentation pertaining to cleaning schedules.

Staff and residents were working well together to ensure that cleaning rotas were followed and cleaning completed daily as detailed in current cleaning schedules.

Met - within timescales

Requirement 2

By 15 April 2023, the provider, must ensure that there is an effective and robust quality assurance system in place which can demonstrate continuous improvement. Where areas for improvement have been identified within the manager's audit systems, there must be sufficient information to evidence the actions taken to assure the manager that quality is at an acceptable standard.

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 care and support is consistent with 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)

This requirement was made on 11 January 2023.

Action taken on previous requirement

A comprehensive development plan was in place for the service, which involved named managers and senior staff. Regular staff meetings were being held, and all parts of the service were reviewed monthly against the service development plan. Senior manager meetings were held to review the Quality Assurance processes to ensure these were monitored and updated.

Met - within 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

To ensure that people benefit from organisation's working together, the manager must ensure that the Care Inspectorate is notified of accidents and incidents promptly, as per guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' by 23 August 2022.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate.' (HSCS 4.18)

This area for improvement was made on 11 January 2023.

Action taken since then

Notification reporting had improved. Although we found one incident that should have been reported to Care Inspectorate, all other notifications had been made as expected.

We discussed the importance of ensuring that all staff understood the reporting guidance.

This area for improvement is met.

Previous area for improvement 2

To promote people's choice, control and involvement where legal arrangements such as Power of Attorney (POA) and welfare and financial guardianships are in place, the provider should ensure that they are aware of the purpose of legislation and their role and responsibilities in the application of it.

a) This should include, but is not limited to, training in adults with incapacity legislation, regular communications and cooperation with POA and guardians in respect of decision making and updates of the subject's care and support.

b) Support plans should detail the powers that POAs and guardians hold in order to ensure that people who use the service rights are upheld; the correct people are consulted during reviews and when changes are necessary, and to ensure that people are protected from harm.

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

"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" (HSCS 2.12)

This area for improvement was made on 11 January 2023.

Action taken since then

Support plans demonstrated that relevant POA/Guardianship information was available within support plans where staff could access this information. This information was also referenced to within the electronic files.

This area for improvement is met.

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	5 - Very Good
1.2 People get the most out of life	5 - Very 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

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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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