

# ASC Orchard Court and Dalguise Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
16 May 2024

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

**Service provider number:**  
SP2005007542

**Service no:**  
CS2011298007

## About the service

ASC Orchard Court and Dalguise is a care home. It provides support for up to 24 adults with learning disabilities. It is set in a rural location, close to a village. The care home consists of two separate buildings each of which can accommodate up to 12 people in individual ensuite rooms. There are communal areas in each building for people to spend time together. There is a large garden and onsite there is a workshop that some people attend for making crafts.

## About the inspection

This was an unannounced inspection which took place on 13, 14, 15 and 16 May 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 seven people using the service and two of their families
  - spoke with 13 staff and management
  - observed practice and daily life
  - reviewed documents
- spoke with a visiting professional.

**Key messages**

- New staff had been recruited to the service, which had reduced the use of agency staff.
- The service benefitted from a dedicated well-being team.
- Medication management needed to improve to keep people safe.
- Oversight of the service was not effective.
- Not all staff had completed the relevant training for their role.
- We identified issues in the environment which had the potential to compromise the experiences, health and well-being of the people living in the service.
- The information contained within care plans was comprehensive, however was not consistently kept up to date.
- The service were responsive to our feedback.

**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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
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?

## 2 - Weak

We evaluated this key question as weak. We identified strengths but these were compromised by weaknesses that had the potential to affect people's outcomes and experiences.

People have a right to be respected and treated with dignity as individuals. We saw many warm and respectful interactions between staff and people in ASC Orchard Court and Dalguise. It was clear from many of the staff and people we spoke with that there were some strong, positive relationships formed. We sampled documents and found some references to incidents containing phrases that did not denote value for the person involved. The language used in documentation should be more carefully considered to also demonstrate respect for individuals. We discussed this with the leadership team during the inspection, who advised us they would review this further with the staff team.

There had recently been many new staff recruited and we acknowledged that it can take time to build trust and form bonds with people. However, the service should ensure that people are supported by enough staff with the right skills to facilitate, build and promote these relationships so that people can have positive experiences. Please see key question 3 "How good is our staff team?" for more information.

The facilities and care for the environment in the service did not demonstrate a high level of respect for people. Repairs to the environment and essential equipment took a long time to arrange, some had been outstanding for over a year. Use of the garden area was reduced by a lack of maintenance and broken equipment. The promotion of people's independence with activities of daily living such as caring for outdoor pets and being involved in doing their own laundry was affected by the lack of importance placed on the maintenance of the premises and equipment. (Please see KQ 4 'How good is our setting?' for more information.)

Dignity was not always considered when storing people's belongings that could not be in their own rooms. We saw belongings stored in a communal bathroom, and behind piles of equipment limiting access to them. We heard how people's clothing could go missing and about instances of some people not wearing their own clothes. This showed a lack of respect for people's personal belongings and had a potential impact on their sense of identity.

We saw that people were offered snacks and drinks regularly throughout the day and were supported in preparing these for themselves if appropriate. Some people were also supported to carry out their own shopping, promoting independence and healthy eating choices. Information about nutrition and hydration was recorded in care plans and families we spoke to confirmed they had no concerns about this.

The service benefitted from a wellbeing team and some people had a variety of activities planned including baking in the service. Some people were also supported to access community activities ensuring they had purposeful, meaningful activities for them. We saw people making use of technology such as iPads and saw the new games room within the service. Families we spoke to told us they can visit their loved one when they wish. This supported the maintenance of important relationships.

Where there are restrictions in place to support people and keep them safe such as door locks and physical restraint, the risks and benefits of their use should be fully assessed and regularly reviewed to ensure they remain appropriate measures. Although we saw many risk assessments in place the potential for the overuse of these restrictions was not always clearly considered.

Documentation of wound management was inconsistent, and it was unclear if wounds were being reviewed as needed to identify changes and ensure appropriate treatments were in place. Medication management was not in line with best practice and there were risks that people could not always receive their medications as prescribed. Please see requirement 1.

## Requirements

1. By 14 June 2024, the provider must ensure the health, safety and well-being of people in the service.

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

- a) Ensure that people receive their medication as prescribed.
- b) Ensure that medication administration processes are followed.
- c) Ensure that wounds are monitored and managed appropriately.

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

## How good is our leadership?

**2 - Weak**

We evaluated this key question as weak as there were significant weaknesses which required improvement as a priority to ensure the welfare and safety of people.

There were a number of quality assurance processes in place for the service but the completion of these had largely stalled since the beginning of the year. As such there were several areas of the service that were not subject to robust oversight. Staff training had not been kept up to date in some essential areas, there were several staff who were working without appropriate professional registration in place, and recruitment was not consistently following safer recruitment guidance. This meant that people could not be confident that they were being supported by staff with the correct knowledge, skills and accountability.

There was a service improvement plan in place which was informed by audits of relevant areas of the service. Many actions were outstanding for months making it unclear how effective the improvement plan was. Most repairs needed to the facilities and equipment had been identified by the oversight processes however these were taking a long time to action and had left people in the service without some facilities and living in conditions requiring repairs. (Please see KQ4 'How good is our setting?' for more information.)

Communication within the service was variable. Staff told us communication of clinical information and day to day care needs was good and most staff knew how to support people well. There was evidence of infrequent but comprehensive clinical risk meetings taking place to ensure staff were kept up to date with people's clinical needs.

Staff felt communication with the leadership team was challenging with some staff telling us they did not feel listened to and were "battling against management" to get their job done. We did not see evidence of regular team meetings. Staff told us they were scheduled in regularly for online meetings but these were "not practical to attend...while on the floor too". Families we spoke with confirmed that communication and passing on information could be an issue. Families told us that if they raised a concern, they would have to follow it up to ensure it was dealt with and that it could take a long time for things to be actioned.

The service had recently introduced new team leader posts and had developed staff into these roles. This was a positive step in supporting staff development and communication between the leadership team and staff.

People have a right to receive a service that follows robust and transparent quality assurance processes and that strives for continuous improvements. It was disappointing to see that quality assurance and improvement had not been maintained since our last inspection and that there were now potential risks to the safety and wellbeing of people living in ASC Orchard Court and Dalguise. (Please see requirement 1.)

## Requirements

1. By 26 July 2024, the provider must ensure better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

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

- a) Effectively assess the service's performance through the use of appropriate audit tools.
- b) Ensure that where quality assurance identifies areas for improvement, appropriate action is taken.

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) Regulation 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).

## How good is our staff team?

**2 - Weak**

We evaluated this key question as weak as we identified several weaknesses that compromised the strengths in this area.

All staff working in a service need to have the appropriate skills, knowledge and experience to safely meet the needs of the people they are supporting. Some essential and specific staff training was out of date or incomplete in ASC Orchard Court and Dalguise. The training matrices for online and face to face learning showed that a number of staff did not have up to date training such as infection prevention and control, adult support and protection or training specific to the needs of people in this service, such as positive behaviour management. If there are not enough appropriately trained staff on shift there is the potential for harm. For example, if incidents were not managed appropriately, they could escalate. Further training was arranged in response to our feedback.

Staff told us about procedures that were in place to mitigate some of the potential impacts of the lack of appropriately trained staff including staff covering from other services in response to emergency alarms. It was unclear how this process worked practically and there was the potential for other people's needs to be compromised if staff had to provide support elsewhere at a moment's notice. We could not be assured that the staff working in this service had all the appropriate training and skills to keep people and themselves safe without compromising the needs of others.

Arrangements for assessing ongoing staff knowledge and competencies was sporadic. Appraisals and supervisions were carried out but irregularly. Some staff were unable to recall the last opportunity they had had to reflect on their practice and development needs. Staff competence and training should be regularly assessed and maintained to ensure learning and development supports better experiences for people.

The service used a dependency tool for determining the number of staff needed on each shift, it was unclear when this had last been updated and therefore unclear if it was responsive to changes in people's needs. The staff rotas we saw were not consistently reflective of the number of staff we were informed should be on shift although efforts had been made to fill any gaps. Families we spoke to also felt that the service would benefit from more experienced staff. The service had recently recruited a number of new staff and as such had reduced their use of agency staff significantly meaning that people would be supported by people familiar to them or who would become familiar to them.

Staff did not feel valued or listened to in the service. Staff we spoke to reflected that morale was low and felt "it is becoming harder and harder to do my job." Other staff expressed frustration at the length of time it took for repairs to be carried out and the impact this had on their ability to provide care by saying "We are in a state of disrepair here."

The dependency tool did not account for staff skill mix and allocation of staffing was based on leaders' knowledge and best judgements based on available resources. Some care plans specified effective communication with people as an essential technique for de-escalation of stress and distress incidents. However, staff told us that many new staff members did not have adequate skill to effectively engage with people at these times and this could pose challenges for safely supporting people. Please see requirement 1.

We saw from documentation that people were not always able to be supported by their preferred staff members, but staff had employed sensitive and creative approaches to ensuring people could understand the reasons for this. This enabled people to feel included and informed.

## Requirements

1. By 26 July 2024, the provider must ensure that people are supported by staff who have the appropriate knowledge and skills to meet their needs.

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

- a) Take account of staff skill mix when allocating staff.
- b) Ensure that staff complete adequate and appropriate training to be able to meet people's needs.

This is to comply with Regulations 7 (1) and (2) and 8 (1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional organisational codes.' (HSCS3.14)

And

'I can understand the people who support and care for me when they communicate with me.' (HSCS 3.12)

## How good is our setting?

2 - Weak

Maintaining the fabric of a care service building is essential to ensuring that people live in a safe and clean environment. There were issues identified that had the potential to compromise the experiences, health and wellbeing of people living in ASC Orchard Court and Dalguise. We have therefore evaluated this key question as weak.

The service had a full-time maintenance person who carried out some checks of equipment and premises to ensure they were maintained. There was a process in place for requesting small-scale repairs or replacements and staff we spoke with were aware of their responsibilities in this. Although there was evidence of some minor works being completed, larger repairs and those that had to be escalated to the leadership team were often left for long periods of time. We were informed that one area of the service had been without washing machines for over a year meaning people had to access laundry facilities in another service.

Whilst we acknowledge there are specific challenges in maintaining the premises in this service, maintaining a safe and comfortable setting that supports people's health and wellbeing should be a priority. Please see requirement 1.

### Requirements

1. By 14 June 2024, the provider must ensure people experience care in an environment which is safe and well maintained. This must include, but is not limited to:

- a) Undertake immediate repairs to ensure the premises, including the outside areas, are safe and useable for people.
- b) Carry out an assessment of all repairs required both inside and outside the premises.
- c) Implement a plan for the upgrading of the premises which sets out all of the work required; and contains timescale.

This is to comply with Regulation 4(1)(a) and 10(2)(b) & (d) of The Social Care and Social Work Improvement Scotland.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.19).



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

We have evaluated this key question as adequate. We identified some important strengths, which when taken together just outweighed weaknesses.

Care plans and risk assessments contained detailed information. This information was of high quality and gave a sense of the person and what was important to them. However, care plans and risk assessments were not consistently updated to reflect changes in people's needs. Staff we spoke to told us they had time to read people's care plans, which should ensure they were aware of the persons needs and wishes. However, if information is not consistently kept up to date, this has the potential for people to be supported incorrectly.

Future care plans were in the process of being discussed and developed. The service informed us that plans were in place to ensure these were implemented as soon as possible. Risk assessments were in place for people and covered a variety of situations, generally these were well detailed. Restraint was considered within care plans, however the potential overuse of restraint was not always recorded. We discussed this with the leadership team who advised us they would fully review risk assessments to ensure all potential risks were recorded.

People and their representatives should be involved in the development of their care plans and six-monthly reviews of their care and support needs. We did not see evidence that this was consistent practice in the service. Families we spoke to had not been involved in reviews recently and one family told us "I have no idea if the go on or not." There is the potential that people's needs are not met as they are not involved in directing and reviewing their own support.

## 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 protect people's health and well-being the provider should ensure staff practice is consistently in line with best practice guidance and professional codes of conduct.

This should include but is not limited to the monitoring and administration of medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

**This area for improvement was made on 10 January 2024.**

#### Action taken since then

During the inspection, we identified some concerns with medication management which had the potential to impact on people's experiences, health and wellbeing. Please refer to 'Key Question 1 – How well do we support people's wellbeing?' for more information.

Due to the concerns identified, this Area for Improvement has not been met and a requirement has been made.

### 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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
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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