

Ailsa Lodge Care Home Care Home Service

21 Erskine Ferry Road
Bishopton
PA7 5PP

Telephone: 01418 124 994

Type of inspection:
Unannounced

Completed on:
10 July 2024

Service provided by:
McKenzie Care Ltd

Service provider number:
SP2012011987

Service no:
CS2012313838

About the service

Ailsa Lodge Care Home is a care service for 35 older people, operated by McKenzie Care Limited. It is located outside Bishopton on the main road to Erskine. A regular bus route operates between the two towns with a stop outside the service. Parking is available on site.

The service has three wings with accommodation for people residing in the care home on the ground and first floors. Communal areas including dining and lounge areas are on the ground floor. People have easy access to a vast and enclosed garden area.

At the time of the inspection, there were 35 people living in the home. The registered manager was supported by the depute manager, four senior carers and a team of carers.

About the inspection

This was an unannounced inspection which took place on 02, 03, 04, 05, 07 and 08 July 2024 between the hours of 07:15 and 19:30. The inspection was carried out by two inspectors and an inspection volunteer 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 12 people using the service and 10 of their relatives
- spoke with 22 staff and management
- observed practice and daily life
- reviewed documents
- made contact with professionals supporting the service.

We also reviewed electronic feedback received from eight staff and six relatives.

Key messages

- Regular staff in the team knew people well and were good at building positive relationships with people and their families.
- Staff were highly motivated and committed to wanting to provide the best support to people.
- The service should develop more regular and meaningful activities to improve people's quality of life.
- Improvements should be made to the overview of people's nutritional experiences to ensure people's choices are respected with hydration and nutritional needs being met.
- The uptake of staff training is good, which improved staff knowledge and understanding.
- Quality assurance systems could be better utilised to drive service improvements and developments.
- As part of this inspection, we assessed the service's self-evaluations of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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 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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We observed respectful and warm interactions between people and staff. Generally staff knew people well and used this knowledge to support people when they were upset or agitated.

People can expect to have confidence in staff because they are trained, competent and skilled. A range of training was in place to develop staff knowledge and understanding, the uptake of training overall was very good. During the induction phase there should be clearer timescales for mandatory training based on job roles, to ensure staff have a baseline knowledge to carry out their role safely.

There was a system in place to support people's finances, records sampled accurately recorded. We were assured that people's finances were managed safely and appropriately.

Relatives shared that the regular staff had a good understanding of their loved ones needs, and that they were kept informed of any changes or concerns. This gave confidence in the service and support being provided. A relative told us "Staff have a good knowledge of x and his health and wellbeing needs. They picked up an infection really early and demanded an ambulance, which was really good as stopped the infection going any further."

We saw referrals to other agencies, when there were concerns regarding people's health and wellbeing. Feedback from professionals was very positive in relation to how well the regular staff knew people and how the service followed guidance and direction offered in relation to people's health and wellbeing.

To enable people to make informed decisions about giving consent it is important staff are clear about the questions they are asking and the potential impact on people. A number of people were able to make decisions for themselves. The service sought consent from people who had capacity, in relation to aspects of their care and support, including administering medication.

Systems were in place to support the safe management of medication. Some improvements are necessary in relation to the management of topical medications. Protocols for medication prescribed "as required" should be more detailed to ensure consistency of support. The management team should have a clear overview of medication support, to ensure it is effective with people receiving their medication in a timely manner. A person shared "I didn't get my medication until after 12 midnight last night, this wakened me as staff put the big light on which then kept me awake for hours, this has happened the last two nights. I am not happy about this" (see area for improvement 1).

People should expect their meals and snacks to meet their cultural and dietary needs, beliefs and preferences. Nutrition passports detailing peoples preferences were in place however these were not all up to date. The kitchen did not appear to be aware of some of the information detailed. This had an impact on the choices offered to people where they had specific dietary preferences and end of life care. In relation to peoples hydration and nutritional needs there was a hydration station in the lounge, which was not easily accessible and a water machine but no cups. There was no station upstairs. People should have access to snacks and fluids independently throughout the day (see requirement 1).

We observed some very nice, respectful interactions and support during mealtimes, however the mealtime experience for some people was varied. The service should improve the overall dining experience for people. The period between lunch and dinner was very close, therefore consideration should be given to meal times, ensuring they are appropriately spread across the day (see requirement 1).

People should have the choice to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. Some people told us they enjoyed some of the activities, although most people, relatives and staff shared that they felt that activities required more attention and focus. A person told us "I don't really get involved in the activities as there isn't anything that interests me. I am glad to hear outings will be starting again from next week, as I have missed these and I enjoy getting out". We did not see many one to one activities for people who were not able or didn't wish to get involved in group activities. (see requirement 2)

Requirements

1.
By 28 October 2024, the provider must improve the management of individuals' nutrition and hydration needs to support their health.

To do this the provider must at a minimum:

- a. ensure hydration and snack stations are available for people to access independently
- b. ensure people are enabled to make informed decisions regarding their meal choices, with accurate menus being available prior to meals being served, in a format people can understand
- c. ensure that nutritional passports are up to date and reflect the measures in place to support people's nutritional and hydration needs
- d. ensure all staff are aware of and promote people's choices in relation to their nutritional preferences
- e. review the timings of meals, to ensure they are spread over the course of the day to meet people's ongoing nutritional needs and requirements.

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 can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSC 1.33)

"My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSC 1.37)

2.
By 27 January 2025 the provider must enhance the provision of activities throughout the home linked to people's choices and preferences, to support better outcomes .

This should include but is not limited to:

- a. provision of regular planned activities linked to individuals' preferences, which provide stimulation and validation
- b. opportunities for everyone to have access to meaningful activities
- c. improved availability of one-to-one support with meaningful activity
- d. effective evaluation of activities provided, which inform future plans.

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

Areas for improvement

1. To keep people safe the provider should ensure that medication is managed safely and effectively in line with best practice guidance.

In order to do this, the provider should at a minimum:-

- a. ensure there is a clear system in place for reporting errors or discrepancies to enable checks to be carried out and corrective actions to be taken
- b. improve consistency of administration and recording of topical medications inline with prescribers instructions
- c. ensure the system for the administration of medication is effective and carried out in a timeous manner
- d. ensure as required medication protocols give clear guidance in relation to their usage and threshold of when further actions should be taken
- e. ensure that effective systems are in place to assess and monitor medication management.

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

"Any treatment or intervention that I experience is safe and effective. " (HSCS 1.24)

How good is our leadership?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There was a service improvement plan in place covering a wide range of areas of development, with clear target and review dates. This could be improved by detailing evidence utilised when reviewing actions, particularly when signing off an area as being complete. This would support clear tracking of the improvement journey.

People should benefit from a culture of continuous improvement. There was a range of quality assurance tools available and a framework detailing what should be done and when. Whilst we could see some improvements and developments identified and taken forward as a result of quality assurance activities, these were not always as effective as they could be.

There was a number of audits being used at service and senior management level. However these were not always picking up the improvement actions required to develop the service. Audit formats should be reviewed to ensure they are fit for purpose and asking the right questions to improve the quality of the experience for people. Auditors should be clear about what the questions are asking, to ensure a consistent response. Audits should have a clear action plan, with the intended outcome, whose responsible, required dates and sign offs for when completed. To ensure the continuing improvement journey, evidence based practice should identify both good practice and areas for development (see area for improvement 1).

There was an overview in place of the legal status of people. The details recorded weren't always clear or reflective of information stated elsewhere. This made it difficult for the management team to be confident that they had a clear and accurate overview of what was in place for all people.

Regular head of department meetings were taking place. These gave the opportunity to discuss learning in relation to incidents from across the home, with actions to take forward across the teams. We saw regular supervision for staff, with themes and guidance cascaded down as directed.

Areas for improvement

1. To continue the improvement journey, the provider should ensure that quality assurance is well led to ensure people experience consistently good outcomes.

This should include at a minimum:-

- a. the registered manager having complete oversight of the service and ongoing key activities
- b. the registered manager ensuring audits are effective in improving outcomes for residents. Quality audits and action plans should be accurate, up-to-date and lead to the necessary action to achieve improvements without delay
- c. utilising evidence based information to review and update quality assurance tools, to ensure they are effective and driving forward improvement.

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

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People's care and support should be consistent and stable because people work together well. Relatives were complimentary about the regular carers and housekeeping staff sharing they have confidence in the support provided. Carers who worked together regularly shared that they feel they work well as a team supporting each other and helping each other out. However there was more of a mixed response between day and night shift staff with some feeling that the others don't understand their role. To support staff to recognise the role each other have in supporting good outcomes for residents, there should be discussions as a staff team to explore this further (see requirement 1).

People should experience a warm atmosphere because people have good working relationships. From our observations and discussions, there appears to be some underlying tensions between the staff and management team, in relation to the baseline standard of care that is expected. To promote good working relationships it is important there is a clear understanding about the issues faced across all levels of the home and positive options explored on how to resolve these as a whole staff group (see requirement 1).

The service utilises a dependency tool as a guide for staffing hours required. Whilst this takes cognition of people's needs and support requirements, as it is completed retrospectively when there are changes these are not reflected in the current staffing allocations. The management team shared with us their expectation in relation to staffing levels, however we were not able to see this met regularly on rotas. We heard that staff feel that they have time to meet people's basic needs, however often don't have time for other things including spending time talking to residents. To consistently meet people's assessed needs, the service should ensure there is an appropriate allocation of staff on each shift (see requirement 1).

The management team were working on improving recruitment and retention of staff, as it was recognised there is a high turnover of staff across all areas of the home. To maintain continuity of support for people and minimise the impact on people's experiences, it is important that the service retain key staff that are currently in post as well as recruit to the current vacancies.

People should experience stability in their care and support from people who know their needs, choices and wishes, even if there are changes in the service or organisation. As the service has been utilising a number of agency staff recently, it is important they are clear about the expectations of their role and key information about people. In order to keep people safe and minimise the impact of unfamiliar staff, the service should ensure detailed key information is accessible for all staff (see area from improvement 1).

Requirements

1. By 28 October 2024, the provider must ensure that effective methods are in place to meet people's assessed care and support needs.

This must include, but not be restricted to:-

- a. regular staffing assessments and planning are based on current guidance taking into account a variety of meaningful measurements including people's assessed needs and support preferences. This should be responsive and adaptable to meet people's changing needs.
- b. staffing levels and skills mix are based on people's outcomes and needs.
- c. the whole staff team developing relationships and working together in a positive manner, to promote good outcomes for people.

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

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

"My needs are met by the right number of people" (HSCS 3.15) and

"My care and support is consistent and stable because people work together well." (HSCS 3.19)

Areas for improvement

1. To ensure consistency of support and the safety of people the provider should ensure external staff, have a clear understanding of the expectations and requirements of their role.

This should include but not be limited to information regarding key responsibilities, people's routines, likes and dislikes and an overview of support to be provided.

This is to ensure 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." (HSC1.19)

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should expect to live in an environment that is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. There were cleaning schedules in place detailing housekeeping staff knowledge and understanding of what was required of them. This kept people safe and minimised the risk of infection. The home was clean, tidy and free from intrusive smells.

The reception area was homely and welcoming. A number of areas around the home were nicely decorated demonstrating consideration being given as to what the area was to be used for. Bedrooms were personalised, with people being able to bring in their own belongings, which people appreciated. Some areas required redecoration, including hallways and doors as this detracted from the homely feel.

There was a choice of areas available where people could spend their time. This meant that people had space to come together or spend time alone if this was their choice. Access to the garden was good and work was ongoing to develop areas so people could enjoy spending time outdoors, either independently or with their family.

For sometime the service has had limited access to maintenance support, which has resulted in gaps in the regular safety checks being undertaken. We were not readily able to access maintenance and safety certificates or track that actions identified had been carried out. We observed some equipment stored with out of date safety tags. We were given assurances that with the recent appointment of a maintenance person, this would be rectified. To keep people safe, internal and external safety checks should be carried out as determined by organisational requirements and resultant actions being taken without delay (see requirement 1).

The service had involved several relatives in completing a dementia friendly environmental audit, however no actions identified have been taken as yet. Signage around the home should be relooked at and updated to ensure it is clear and supports people to find key areas, particularly as orientation has been identified as a support need for a number of residents.

We appreciate that there are restrictions due the age and construction of the home with regards to upgrades that can be carried out. Almost a third of people do not have access to a shower, with 13 people sharing two bathrooms. Some people shared their preference would be to have a body wash rather than have a bath, if they had no access to a shower. To promote choice and health and wellbeing there should be consideration as to how a shower can be made available to all people (see area for improvement 1).

People should be able to independently access the parts of the premises they use with the environment being designed to promote this. During the inspection the lift, which people who are not able to use the stairs depend on to access key areas of the home and garden, was inoperable for a short period of time. Whilst this was able to be reset we heard that this happens regularly. The management team have shared that a stair lift has been sourced, however to minimise the impact on people, in the meantime, a contingency plan should be in place to manage this (see area for improvement 2).

There was mixed feedback in relation to the laundry with some people sharing that this had greatly improved over recent months whilst others felt that there could be delays in getting their laundry back. We heard from staff that the laundry is very busy, but they try to work hard to keep on top of everything. This appears to be an area that requires ongoing close attention to ensure the smooth running and operation.

Requirements

1. By 28 October 2024, the provider must ensure that the environment is safe and protects people who live, visit and work in the service from harm.

To do this the provider must ensure that all maintenance, servicing and safety checks are being carried out inline with good practice guidance and organisation requirements. Any resultant actions must be detailed and taken without delay.

This is to comply with Regulation 4(1) (a) (Welfare of users) and Regulation 10(2)(b) and (d) (Fitness of premises) 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 states that:

"My environment is secure and safe." (HSCS 5.17)

Areas for improvement

1. To promote choice and support people's health and wellbeing, the provider should explore options to provide showering facilities, where people do not have access to an en-suite shower. There should be clear discussions during the pre-admission phase regarding the options available to people and how personal care needs will be met.

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

"If I require intimate personal care, there is a suitable area for this, including a sink if needed." (HSCS 5.4)

2. To minimise risk and impact on people when the lift is non-operational, a contingency plan should be developed to ensure time is minimised and people are able as much as possible to move freely around the home. All staff should be aware of the plan and be able to implement this without delay.

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

"I can independently access the parts of the premises I use and the environment has been designed to promote this." (HSC 5.11)

How well is our care and support planned?

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 should benefit from care plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. We could see from observations and discussions with the staff team that people's needs were identified and staff were able to engage and support people with dignity and respect. Although this was not always documented in care plans.

Whilst everybody had a care plan, the information contained was variable. For some people there was person centred, strength based information in relation to their health and support needs. This was not always reflective of information gathered since the plans were created or the support currently being provided. It is important when there are changes to people's health, all relevant areas of the care plan are updated, ensuring consistent support is provided (see area for improvement 1).

End of life care plans were in place, however these were stored close to the back of the file, meaning information was not easily accessible. The information recorded was very general and not always up to date. To ensure people's wishes are respected, future planning care plans should be reviewed and details communicated to all staff (see area for improvement 1).

Stress and distress care plans were in place for some people, however we observed some residents displaying stress and distress who didn't have one in place. Stress and distress plans should be more detailed outlining support to be provided to ensure a consistent approach from all staff to minimise the impact on people (see area for improvement 2).

Reviews have been held regularly, with families sharing they had been involved if they wished, which they appreciated. This enabled people and their loved ones to contribute to reviewing and planning their care and support.

Areas for improvement

1.

To ensure that people receive the right support at the right time, the provider should ensure care plans are up to date and detail accurate information for all residents.

This should include at a minimum:-

- a. care plan folders should be streamlined, archiving information that is not currently required, to make information more accessible.
- b. informative life histories should be recorded for all residents to give a baseline knowledge of people
- c. all care plans should be person centred, strengths based and detail how support should be provided
- d. end of life care plans should be detailed and person specific, with staff fully informed of the persons wishes
- e. care plans, including end of life plans should be fully reviewed and updated where there are changes in people's needs.

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

2. To ensure consistency of support, stress and distress care plans should be in place, for residents who display signs of stress and distress. These should be descriptive giving clear guidance on how support should be provided.

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

"I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty." (HSCS 3.18)

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?	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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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