

# Adams House Care Home Service

Auchenlodment Road  
Elderslie  
Johnstone  
PA5 9NX

Telephone: 01505 337 322

**Type of inspection:**  
Unannounced

**Completed on:**  
22 August 2024

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
SP2004005785

**Service no:**  
CS2003001274

## About the service

Adams House Care Home is situated within the Elderslie area of Renfrewshire, and is owned and managed by Crossreach.

The service provides 24 hour care for up to 30 people living with Dementia.

At the time of the inspection, 27 people were living in the home.

The service has accommodation for residents on the ground and first floors with rooms having en-suite toilet and handwashing facilities. Communal areas including dining and lounges are on the ground floor. Residents have easy access to two enclosed patio areas. Parking is available on site.

## About the inspection

This was a follow up inspection which took place on 21 August 2024 between 11:00 and 18:30. 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service and four of their family/friends
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

## Key messages

We followed up on three requirements made at the last inspection on 11 April 2024 and two of these requirements were met. The service required more time to address a third requirement about staffing and we extended the timeframe.

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

### Requirements

#### Requirement 1

By 31 July 2024, the provider must ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service. To do this the provider must ensure:

- a) routine and regular management audits are being completed across all areas of the service being provided including staff observations
- b) internal quality assurance systems effectively identify any issue which may have a negative impact on the health and welfare of people supported including oversight of reviews and care plan updates
- c) clear action plans with timescales are devised where deficits and/or areas for improvement have been identified
- d) action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.

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 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).

**This requirement was made on 11 April 2024.**

#### Action taken on previous requirement

We saw that routine and regular management audits were being completed across all areas of the service including staff observations. We sampled several of these audits and found robust oversight. This indicated strong leadership.

Quality assurance systems effectively identified issues which may have had a negative impact on the health and welfare of people. Accident and incidents and falls were analysed and shared for learning. We saw trackers for reviews and monthly care plan updates. This meant staff were able to deliver care and support to people that was based on current information about their needs and outcomes.

A range of issues were being addressed and added to the action plan including potential for missed fluid targets, missed topical cream application and oral care. We saw that weekly weights were being carried out for people who needed this and this was being communicated to the staff. There were event reports for peoples fluid requirements. We could see that good practice was being supported in a number of ways;

there were checklists for all tasks and senior staff were also completing the audits which was improving oversight. We were assured leaders had systems in place to identify risk, and plans to address these.

Action plans were reviewed monthly and signed off. The quality assurance focus was picking up on some trends and evidencing how these were being addressed.

### Met - within timescales

#### Requirement 2

1. By the 31 July 2024, the provider must, ensure that people's care and support needs are met effectively by ensuring staffing arrangements are right. As a minimum, the provider must:

- a) assess people's needs regularly and use this to determine staffing levels over seven days including evenings, weekends and nights
- b) ensure that there are appropriate staff numbers and that these are deployed to fully meet the health, welfare and safety needs of people
- c) offer levels of support whilst the staffing position is improved.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure 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).

**This requirement was made on 11 April 2024.**

#### Action taken on previous requirement

A number of rotas were sampled. Whilst most staffing vacancies had been filled, staffing levels at the weekends and particularly overnight were reduced and not appropriate. These staffing levels did not reflect people's changing needs and were static in number.

This requirement is not met and will be extended to 30 November 2024.

### Not met

#### Requirement 3

By 31 July 2024, to ensure that all residents records set out how the health, welfare and safety needs of each individual will be met, the provider must ensure:

- a) Personal plans and care records are accurate, sufficiently detailed and reflect the care planned and provided including, but not limited to: mobility and falls prevention
- b) Risk assessments are kept up-to-date, and the outcomes are used to inform care planning
- c) Review and evaluate care plans regularly
- d) Staff skills are developed regarding personal planning and the maintenance of accurate records

e) Documentation relating to decision making powers is held on file and detailed in care plans what these mean for the individual

f) Future plans are recorded and detailed with peoples choices and wishes.

This is to comply with Regulation 5(1) (Personal Plans) 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 the Health and Social Care Standards (HSCS) which state that: 'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15) and 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7).

**This requirement was made on 11 April 2024.**

### Action taken on previous requirement

We sampled a number of care plans both on the electronic system and within the hard copies. Personal plans and care records were accurate, sufficiently detailed, and reflected the care planned and provided. This included mobility and falls prevention. There was sufficient oversight of the care plans.

Risk assessments were kept up-to-date, at least on a monthly basis and the outcomes were used to inform care planning. We looked at several assessments including for people at risk of choking and at risk of falls. These were clear and informed staff how to mitigate the associated risks for people, meaning staff had the information needed to contribute to keeping people safe. When there were changes, we saw that these were communicated to the staff team.

There was clear evidence of monthly updated and reviewed personal plans. Keyworkers spent time with people to gain their views and input. The activity worker completed these tasks if the persons named worker was not on shift.

Fridays had been allocated as paperwork day for those staff with keyworker responsibilities. Staff used the findings from management audits as structure to their work. This supported them to identify what information required to be updated and the tasks that were outstanding. Whilst this was a relatively new process, we felt assured staff were being supported to improve their skills and understand their responsibilities.

There was a management focus on maintaining accurate records and supporting staff to achieve this.

There was clear information within personal plans relating to decision making powers. The service had introduced new admission paperwork requesting information about Adults With Incapacity, Power Of Attorney and DNACPR. This was checked on a monthly basis.

Anticipatory Care Planning paperwork was within the care plans and there was further training for staff on using the plans to clearly detail peoples needs and wishes. This new paperwork in conjunction with more joint working with advanced nurse practitioners and GPs evidenced good multi-disciplinary working. The new paperwork was more concise and easy to read.

Staff members told us they were much more confident that the systems and processes safeguarded people and that care being delivered is based on current and accurate information.

**Met - within timescales**

## 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).

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