

VSA, 450 Holburn Street Care Home Service

Queen Mother House
18 Claremont Place
ABERDEEN
AB10 6RH

Type of inspection:
Unannounced

Completed on:
7 August 2024

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

Service provider number:
SP2003000011

Service no:
CS2003000172

About the service

VSA, 450 Holburn Street is a care home registered to provide residential support for up to 20 people with mental health issues, alcohol or drug problems. The service has been registered since 2002 and moved to new purpose-built premises at 450 Holburn Street, Aberdeen, in August 2021.

At the time of the inspection, people were living at Queen Mother House whilst work was ongoing to install air conditioning to the main care home location. Queen Mother House is also centrally located and close to local amenities. Accommodation is provided over two floors, in single rooms with en-suite facilities. There is a garden area which is accessible and outdoor spaces for people to enjoy.

There were 15 people living in the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 1 August 2024 and 2 August 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 13 people using the service and six of their family
- spoke with 20 staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

Key messages

People were being supported by staff who were treating them with dignity and respect.

People had formed positive relationships with staff, which put them at ease in their home.

Quality assurance processes were improving outcomes for people.

People were being supported by high-quality staff, who were aware of the best ways to support.

Improvements had been made to the living environment, which made the premises more homely.

People were included in planning and arranging their care, which put them at the centre of their support.

The service needed to improve the quality of meals, so that everyone could enjoy the mealtime experience.

The service needed to continue auditing and planning around medication errors, so everyone was taking their medication as prescribed.

As part of the inspection, we assessed the service's self-evaluation of key areas. We found the service had an effective and well completed self-evaluation that was reflective of our findings.

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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very 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 made an evaluation of good, for this key question. As several important strengths, taken together, clearly outweighed areas for improvement.

Relationships between staff and people were positive. Staff were observed talking and engaging well with people. We heard lots of friendly exchanges and saw people smiling and laughing. Someone told us, "The staff are all nice to me". This meant people were being treated with kindness and compassion. Furthermore, staff had good understanding of the positive impact that social interactions can have on people's mental health. This meant there was a culture of friendliness, respect and dignity. This contributed greatly to people's feelings of positive mental wellbeing. Due to this, people were relaxed, comfortable and at ease in their home.

Staff were aware of signs to look out for and how to support people experiencing stress or low mood. For example, during a daily meeting, they discussed someone's speech being faster. They identified this as a sign of deteriorating mental health for this person. They planned how best to support throughout the day. Furthermore, people spoke openly about staff having good awareness of how they are feeling. Somebody told us, "They can tell if I'm down and I like they are there to help me when this happens" whilst someone else said, "If I'm feeling stressed, they know the signs, and they know how to help me". As a result, people trusted the staff team to help them when they needed it. Personal plans indicated best ways to support and good links were seen with external professionals such as, Community Psychiatric Nurses and Social Workers. People's experiences were therefore improved through getting the support that was right for them.

Staff were supporting people to get the most out of their days. People were observed taking part in a group yoga session in the home. People told us about their recent group trip on the minibus to a local area, where they had coffee and went shopping. Daily group activities were being offered including cooking meals and going for walks. Furthermore, staff were supporting people with weekly one to one support sessions of their choice. People spoke about enjoying this and had done various things including going for meals and to the gym. This meant people were being stimulated and their days had purpose and meaning. However, a small number of people said they can get bored at times. This was discussed with the provider, who will continue to support people to identify how they might like to spend their days. This will further support positive mental health and well-being. We will follow this up at future inspections.

People's opinions of the quality of the meals were inconsistent. Someone told us, "I enjoy the food, it's good". However, in contrast to this someone told us, "The quality of the meals depends on who is cooking them" whilst someone else said, "the food is patchy to say the least". This meant some people's meal experiences were negative. The service advised that a new cook had recently been employed. The service should ensure this supports improvements in the quality of people's meals. **(See Area for improvement 1)**

People were supported by staff to maintain their personal hygiene. There was a culture of enablement, where people were encouraged to remain independent. Someone told us, "They sometimes give me a wee nudge to remind me I need a shower. I don't mind as I'd forget otherwise, and I want to look my best" whilst a family member told us, "Thanks to ongoing encouragement from staff, they shower and change their clothes every day". This meant people's personal care was improved and people felt better about their appearance.

People were being supported by staff to take their medication. Clear guidance was in place where people required their medication to be administered without their knowledge. Reasons for people receiving "as required" medication were in line with best practice and kept people safe. People were assisted to take their medication at the right times throughout the day. Staff were trained and were aware of administration and recording protocols. Due to this, staff were knowledgeable around the best ways to support. However, medication errors were still occurring on occasions. The provider is already working to improve errors, with a clear action plan in place. This had already contributed to a reduction in errors and we trust this will support improvements moving forwards. The service should continue their work around reducing errors, so people are supported to take their medication as prescribed. **(See Area for improvement 2)**

Areas for improvement

1. To support people's health and wellbeing and improve upon the satisfaction of their day, the provider should improve the quality of the meals they provide for people.

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).

2. To support people's health and wellbeing and improve the quality of their care, the provider should improve how they support people to take their prescribed medication to reduce errors.

This should include but not be limited to, continuing auditing and action planning to support further reduction in medication errors and supporting all people to take their medication as prescribed.

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); and

'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 leadership?

5 - Very Good

We found significant strengths in aspects of the service provided and how these supported positive outcomes for people. We therefore evaluated this key question as very good.

An established management team were in place who were visible in the home. Management were viewed positively by staff, people and visiting professionals. Someone told us, "They might be managers, but they treat us like we matter" whilst a visiting professional said, "they are very experienced and appear to have a comprehensive knowledge of the people living here". This meant people had faith in management and trusted them to provide the best service they could.

A detailed service improvement plan was in place. The plan had clear actions and outcomes, and management were regularly updating the plan. This meant the plan was being used to continually evaluate and develop the service. Due to this, we could see improvements in the service and in outcomes for people.

Quality assurance processes were supporting improved practice and support. Management, Senior Management and Team Leaders, were all involved in improvement processes. Staff also informed that their ideas and thoughts around the service were listened to. This team approach provided good oversight and ensured the service was developing moving forwards. Robust monitoring and auditing systems were in place for various things including, personal plans, training and medication. Management were using audits to develop the service improvement plan and any actions were either in hand or had been completed. We concluded the provider was efficiently monitoring and leading the service, resulting in improved support and outcomes for people.

People felt involved in how the service runs. For example, a person living in the home had been part of the recent selection process for the new cook. People living in the home and management were also having regular meetings. Meetings were documented and action plans made. People's views and opinions around how the service was run were therefore listened to. This meant people felt part of how the service is managed and how it might change moving forwards. People had a sense of belonging and inclusion due to this.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the service provided and how these supported positive outcomes for people. We therefore evaluated this key question as very good.

Staffing levels were meeting people's needs. Rotas were completed in advance and management were regularly assessing staffing needs to ensure the correct quota of staff were available. If someone was unable to work, a regular worker from the relief pool would be used. This provided consistent staff that people knew well. People felt comfortable and at ease due to this.

Staff were working well together to meet people's needs. Twice daily huddles were taking place, where people's support needs and presentation were discussed. Staff were talking to each other during shifts and a detailed handover sheet was provided when there was a changeover of staff. This meant staff had the most up to date information. As a result, people's care and support was consistent with their current needs.

Staff felt supported by management. Staff advised of a detailed induction process where they were supported to learn their new roles. Staff also spoke about regular one to one supervision time with their line managers. This provided time for them to develop. Team meetings were regular and provided an opportunity for shared learning. Various topics were discussed at meetings. For example, the team had recently spoken about changes to their codes of practice. They further discussed how these linked to their everyday practice. This showed the service was keen to have the right knowledge to support improved outcomes for people.

Staff were appropriately trained to support people. Training was a mixture of online and face to face. Management were keeping track of training requirements to ensure they were up to date. Support workers were knowledgeable in a range of topics, including adult support and protection and medication management. Staff spoke about feeling equipped to undertake their roles. This added to the quality of the support people were receiving.

Staff had time to support people. People spoke about staff coming to them quickly, should they require any support or assistance. Staff did not appear rushed. Someone told us, "I just ask if I want help with something, and they are always there". There was an overall sense of people's well-being needs being well met. People were therefore positive about their experiences in the home.

Staff were viewed very positively by people and their families. Staff were taking the time to make meaningful connections with people and their loved ones. Someone told us, "I'm so happy here. The staff are so good, and life is good" whilst a family member said, "I have always found the staff to be responsive and helpful with any concerns I have about my son". This showed the service had a high-quality team who were working well together. People were happier in their home because of this.

The staff team were supporting positive outcomes for people. Staff were knowledgeable around how best to support people who may experience periods of poor mental health. They discussed goal setting and supporting people to reach their potential. A staff member told us, "The best bit about my job is helping people to set goals and then to achieve them" whilst another said, "I feel we can have a positive impact on their lives. It might be something small, but we can support them to achieve it". This showed that staff were there to help people to live positive and meaningful lives. This helped people to feel encouraged and motivated.

How good is our setting?

4 - Good

We made an evaluation of good, for this key question. As several important strengths, taken together, clearly outweighed areas for improvement.

This inspection reflects upon current premises of Queen Mother House. People remain here whilst work is completed on their previous accommodation at 450 Holburn Street. Future plans around where people will reside is unknown at the present time. People and their families discussed being unsure around where people will permanently stay. This was fed back to the provider, who plans to meet with people to update around property arrangements. All people included in the inspection expressed agreement that the current living environment is much improved.

The premises had become more homely since the last inspection. The lounge area had comfortable sofas and a large tv. There were comfy seats at the entrance, that people enjoyed relaxing on throughout the day. There was an outside garden area where people were enjoying the sunshine. There was also an outside smoking area which people were using as required. People were appreciative and acknowledged the improvements made to the environment. A family member told us, "I think effort has been made to create a homely environment". This meant most people were happy with where they lived and felt settled. However, some improvements were still needed. For example, some corridors had no pictures or paintings on display. The provider already has plans to purchase and display some artwork. This will enhance the environment further and will improve people's living environment.

People's rooms were personalised. People had their own belongings in their rooms which were meaningful to them. For example, someone had a drumkit, whilst someone else had a collection of books. This meant people enjoyed spending time in their own personal spaces. People were assisted by staff to keep their rooms clean and tidy. People were appreciative of this and spoke positively about it. People's personal living areas were kept cleaner and tidier because of this.

The home environment was clean and tidy throughout. There was a positive response from people and their families around the general cleanliness. Someone told us, "It's as clean as this every day" whilst a family member said, "Clients rooms and the entire building is kept in really good condition cleanliness wise". This showed that people and their loved ones felt the home was hygienic and fresh.

Cleaning products were being safely handled and stored. General assistants had very good knowledge of the chemicals they were using and were aware of the risks associated with them. They were also aware of how to dispose of any potentially hazardous waste in line with best practice. Furthermore, staff were aware of infection prevention and control procedures. This meant the home environment was safe and that risks of infection were reduced.

Management were ensuring the environment was safe. For example, appropriate checks had been undertaken of water temperature, electrical installations, gas safety and fire safety. This helped to ensure the environment was suitable and safe for people to be living in.

How well is our care and support planned?

5 - Very Good

We made an evaluation of good, for this key question. As several important strengths, taken together, clearly outweighed areas for improvement.

Comprehensive and detailed personal plans were in place. Plans were available on the online system and included, behaviour, eating and drinking, room care and personal care. Plans were recovery focussed and aimed to support people; whilst helping them to remain independent. This enabling approach was evident within all aspects of the service. This helped people to remain in control of how they are supported.

Recovery focussed tools were being used. For example, people were being supported to use the Wellness Recovery Action Plan (WRAP). Individual WRAPs included, personal indicators of signs people's mental health may be declining. There were also details of how people wanted to be supported should this occur. This supported staff to understand people, whilst also helping to keep people well.

People had been involved in planning their care and support. People had indicated how they want to be supported and this was clear within personal plans. Plans included, achievable goals and the required support to work towards them. People had achieved various things, including going to the gym independently and attending a college course. Goals were being reviewed and updated regularly. This kept people central to their support and meant goals were current to people's wishes. Risks were also identified and actions in place around best ways to support. This helped to keep people safe.

Personal plans were being reviewed and updated regularly. People were involved in their reviews and had input with regards to all aspects of their care and support. Professional input was also noted such as, any advice or changes noted by mental health professionals. This meant planning was responsive to people's changing needs. People's support was improved because of this.

Daily notes provided a good overview of how people were spending their days. Daily notes included, detail around when people had taken their medication, their general mood and any activities they may have taken part in. Staff were able to look at this at any time, so they always had access to information around how people were presenting. This supported staff to provide people with the best possible care and support.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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