

31 Two Mile Cross Care Home Service

Kaimhill
Aberdeen
AB10 7DL

Telephone: 01224 208 428

Type of inspection:
Unannounced

Completed on:
16 August 2024

Service provided by:
Archway (Respite Care & Housing) Ltd

Service provider number:
SP2003000018

Service no:
CS2003000245

About the service

31 Two Mile Cross is registered to provide respite care to a maximum of six adults or children with learning difficulties. Adults and children are not supported in the service at the same time. The service is situated in a residential area on the outskirts of Aberdeen city centre.

The home is a six bedded purpose-built unit with a communal lounge, dining area and kitchen.

The service also has a multisensory area and an enclosed garden to the rear of the property.

About the inspection

This was an unannounced inspection which took place on 13 and 14 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:

- Reviewed online surveys sent out prior to the inspection. We received feedback from five people using the service, seven of family members and nine staff members.
- Spoke with four people using the service.
- Spoke with five families.
- Spoke with three staff and management.
- Received feedback from two visiting professionals.
- Walked round the building.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- People and their families told us they enjoyed coming to the respite service.
- Staff were warm, welcoming and working hard to support people.
- People had opportunities to engage in activities that were meaningful to them.
- Accident and incidents had not been fully investigated and appropriate notifications had not been made to statutory bodies.
- The service should ensure staff have the right knowledge and skills to communicate with people in a way they understand.
- People benefited from clean, recently redecorated facilities.
- Improvements are required to ensure people's care and support is planned well.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home had a relaxed, pleasant atmosphere and we saw kind and caring interactions between staff and the people they support. One relative told us their family member "loves going to the service" and another told us their "child comes home happy and enjoys their time away".

We found that people looked well, they were well presented and appeared comfortable within their environment. This meant people's dignity, sense of identity and wellbeing was being promoted.

People could choose to take part in a range of activities tailored to their interests or continue with their usual daily routine, for example, attendance at their day support or work placements. One family told us that "They make respite fun". This helped people to have an enjoyable and meaningful day.

People's personal plans and risk assessments were not always updated, signed, and reviewed accordingly. This meant we could not be confident that people's current needs were known to staff particularly if there had been changes.

(See 'How well is our care and support planned?').

People's nutritional and hydration needs were being met. People enjoyed their meals in an unhurried relaxed atmosphere and could choose where they ate. Staff had a good overview of people's nutritional needs. This ensured people's food and diet was tailored to their needs. Staff were responsible for preparing and cooking food/meals within the home. Staff had undertaken food hygiene training. However, we found whilst food safety recording sheets were in place, the cooking temperatures of food was not consistently recorded. This meant there were no records of food being cooked at the correct temperature to kill any harmful bacteria that may be present. This could put people at risk. This was raised with the management team during the inspection, and we were confident this would be actioned.

We found that guidelines and advice from relevant healthcare professionals were in place. This supported specialist treatments such as the management of diabetes, enteral feeding, and oxygen therapy. This meant this aspect of people's health care needs were being met.

People had a variety of postural care and mobility needs. People's skin integrity was considered, and preventative measures were implemented where needed.

(See 'What the service has done to meet any areas of improvement made at or since the last inspection').

Whilst we observed people receiving frequent positional changes, records did not always reflect the care that was being delivered. **(See 'How well is our care and support planned?').**

People should be supported to communicate in a way that suited them. We observed staff being attuned and responsive to non-verbal cues from individuals, staff appeared to know people well. However, some people who accessed the respite service used recognised alternative communication systems for example, Makaton and symbols. We found staff had limited knowledge on these systems. The service should ensure staff have the right knowledge and skills to communicate with people in a way they understand.

(See area for improvement 1).

People were supported to take the right medication at the right time. This helped people to maintain good health. The service has a medication policy in place and daily checks enable any errors to be addressed. Where 'as required' medication had been prescribed, people benefited from having protocols in place to guide staff. However, this could be improved by ensuring the impact of receiving this medication is recorded. The management team started to address this at the time of the inspection.

People's health benefitted from safe infection prevention and control practices and procedures. The general environment was clean and tidy. Personal protective equipment (PPE) and hand sanitiser were readily available throughout the building. This helped to minimise infection and keep people safe.

Areas for improvement

1. To improve people's experiences and quality of care, the provider should ensure staff have the right knowledge and skills to communicate with people in a way they understand. This should include, but is not limited to, ensuring training is provided in the augmentative and alternative communications systems (AAC) that people currently use, such as Makaton and symbols.

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 communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs'. (HSCS 2.8); and

'I receive and understand information and advice in a format or language that is right for me'. (HSCS 2.9).

How good is our leadership?

3 - Adequate

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

The service benefitted from a temporary management structure to support the day to day running of the service. The service was well led and benefitted from a committed management team who were focused on supporting the team to deliver good care. This had contributed positively to the oversight of the service and led improvements. We found the management team responsive, and they effectively addressed some issues raised by us during the inspection.

Some families felt that there was limited information shared with them following their relatives' stay. This was raised with the management team during the inspection, and we were confident they will improve this.

The service had an outstanding requirement which we had made at our last inspection. This was in relation to their quality assurance processes. We have reported our findings under: 'What the service has done to meet any areas of improvement made at or since the last inspection'. Although we found sufficient improvement had been made to meet this requirement, some areas had not been fully met. For example, we found accident and incidents had not been fully investigated and appropriate notifications had not been made to statutory bodies. Therefore, we have made an area for improvement to address these outstanding areas. (See area for improvement 1).

The manager had a clear understanding of what was working well and what needed to improve. A service

improvement plan had been developed which gave us confidence that they were committed to drive improvements forward.

Where people needed support to manage their finances, there were policies and procedures in place to keep their monies safe. People's monies were held securely in the medication cabinet, and we recommended a separate secure location is sought to avoid any contamination.

The service produced a regular newsletter and had a private Facebook site that provided good information on what was on offer in the service and activities that had taken place. This helped keep families informed and updated.

The management team were observed to be visible and accessible to people accessing respite, and staff. Staff and relatives told us they felt able to raise any issues or concerns with management. This contributed to people feeling valued and listened to.

Areas for improvement

1. To ensure that people benefit from a culture of improvement and are kept safe. the provider should investigate all accident, incidents and adverse event to identify actions to be taken to mitigate reoccurrence. Appropriate notifications should be submitted to relevant statutory bodies.

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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff were warm, welcoming and working hard to support people. We observed staff working well together in a supportive and respectful manner that helped to create a positive team spirit and warm atmosphere for people accessing respite. Staff reported feeling supported in their role and were happy working within the service. Staff were visible and attentive to people when they needed assistance. People were not rushed, and care was undertaken at people's own pace. One visiting professional told us that people accessing respite "had a lovely relationship with staff who were giving their full attention to each individual".

Recruitment had been undertaken to improve staffing levels within the service. Several new staff had joined the service, and a more stabilised team was being developed. The service had a pool of relief staff which they used to fill gaps in the staff rotas, which meant there was a positive emphasis on building as much continuity as possible when planning cover.

Staffing levels appeared appropriate at the time of our inspection. Staff had time to provide care and support and engage in meaningful interactions with people. Rota planning was done in advance. People who required additional staff were clearly identified. However, we heard there were times that the staffing levels were insufficient to meet people's social needs. This was due to people's care dependency, however,

staffing levels need to reflect all aspects of people's needs. The management team should use their knowledge, assessments of people's needs, observations of practice, people's views and their management of risk to inform the service's staffing arrangements. This is to ensure people receive the care and support they need and wish. We will follow this up at our next inspection.

The service followed safer recruitment guidance, and all relevant paperwork was present. This promoted people's safety and wellbeing. New staff underwent a robust induction process which included shadow shifts to learn about people's support needs. This meant staff were provided with the necessary information to undertake their role.

Staff meetings were taking place regularly. This meant staff were provided with the opportunity to share ideas, views and to support communication across the organisation.

Staff training records showed staff had access to a variety of training to support them to carry out their role. A training matrix provided an overview of training completed and showed a high uptake of mandatory training. This included subjects such as adult support and protection and infection control practices. However, some staff felt they required additional training on the management of diabetes. This was raised with the management team during the inspection, we will follow this up at our next inspection.

Staff told us they were well supported. There were some gaps where staff had not received supervision sessions, at the frequency of staff supervisions of their organisational policy. The management team had a planner in place to address this.

Although the manager is undertaking regular informal observations of staff practice, they should consider undertaking these more formally. By recording observations well, it gives an opportunity to build on staff development and support good outcomes for people. This was raised with the management team during the inspection, and we are confident they will improve this.

How good is our setting?

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 benefitted from warm, comfortable communal living areas with plenty of fresh air and natural light. The respite service has been redecorated and has benefitted from new flooring in the main hallway and rooms have been painted. One family member told us the "surroundings had much improved". The home has been decluttered and areas have been reorganised. This provided a safe and dignified living environment for people accessing respite.

People could move freely throughout the home. People could choose to spend time in the communal areas or spend time alone in their bedrooms. The environment was uncluttered, generally clean and tidy, with no evidence of intrusive noise or smells.

We observed that people benefitted from single bedrooms which were bright and homely. People were encouraged to bring in their own personal belongings for their stay. This contributed positively to a comfortable living environment.

People with a sensory or other cognitive impairments were supported through the provision of signage

throughout the respite service to aid orientation to their environment. The service should consider assessing the service using the five good communication standards developed by the Royal College of Speech and Language Therapists (RCSLT), to consider how they could improve the service for people to develop this area further

Cleaning schedules were in place, however, we found some gaps in staff recordings. Management had good oversight of this, and this was being addressed within staff meetings. We observed staff to be undertaking cleaning tasks, and we had no concerns regarding the cleanliness of the unit at the time of the inspection.

People benefitted from a garden to the rear of the property to enjoy in the better weather. Plans were being developed to upgrade this area.

Maintenance checks were taking place. This enabled any issue to be identified and resolved quickly.

We found that personal protective equipment (PPE) was readily available within the home. Handwashing facilities and hand sanitiser were available throughout the home. This contributed to ensuring possible cross infection was minimised.

How well is our care and support planned?

3 - Adequate

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

Everyone had a personal plan in place with some guidance around the care and support they required. However, we found these to be of varying quality. We followed up on an outstanding requirement we had made at our last inspection. This requirement has not been met. We have reported our findings under: 'What the service has done to meet any requirements made at or since the last inspection'.

A pre-admission telephone assessment enabled staff to contact people and their families prior to admission. This helped to identify any changes in people's needs and plan for activities. However, we found records had not been fully completed. This had led to missed opportunities to ensure people's personal plans were reviewed and up to date.

There were gaps in recording in some people's supplementary health charts. For example, one person's position change chart had not always been completed. The service should develop this to improve the records to reflect the care and support people receive.

Where people were unable to make choices or decisions, supporting legal documentation was in place. However, we highlighted the importance of all legal documentation being up to date and reviewed regularly to ensure people's rights are being protected. This is to ensure staff are clear about their responsibilities and how to support people with any related decisions.

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

Requirements

Requirement 1

By 17 May 2024, the provider must ensure people have a personal plan in place which is up to date and regularly reviewed to meet their needs and wishes.

In order to achieve this the provider must:

- a. Ensure that documentation and records are accurate, sufficiently detailed, and organised and reflective of the care/support planned or provided.
- b. Ensure plans are updated in a timely manner when a person's care and support needs change.
- c. Ensure the quality of people's care and support is evaluated and recorded where a person's care needs or risk level changes, for example, after an incident.
- d. Ensure plans are developed, implemented, and documented for each person, in consultation with them and their friends/relatives/carers.
- e. Ensure that people's care is reviewed in line with regulatory requirements and people's views and wishes are actively sought on their care and support.
- f. Ensure all staff involved in planning and documenting care and support are provided with time and support for this.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) 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 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).

This requirement was made on 30 May 2023.

Action taken on previous requirement

Quality assurance processes were effective. There were quality assurance systems and tools in place to help the management team to identify and prioritise improvements. Audits generated identified actions to be taken which were signed off as completed, once achieved. The actions from these audits also fed into the service improvement plan, of which senior management had an overview. This meant we could be confident that improvements were driven forward.

It was positive that accident and incident forms were completed when things went wrong. However, these had not been completed fully and there was a lack of analysis which could result in missed opportunities to learn from them to prevent the reoccurrence of a person experiencing a similar accident. We found no

evidence of poor outcomes for people as a result of this. However, going forward there will be an expectation that incident and accident records are fully informed with all information.

The management team acknowledged that they had limited knowledge and understanding about when to contact external organisations to protect and support people. Training had been arranged and the management team were due to attend this the following day. Notifications of accident/incidents and adverse events had not always been made to statutory bodies, such as the Care Inspectorate.

We found that there was a responsive management team in place. The manager demonstrated an understanding of what was working well and what improvements were needed within the service.

Some parts of this requirement have been met and a new area for improvement has been made to address any outstanding actions.

Met - outwith timescales

Requirement 2

By 17 May 2024, the provider must ensure people have a personal plan in place which is up to date and regularly reviewed to meet their needs and wishes.

In order to achieve this the provider must:

- a. Ensure that documentation and records are accurate, sufficiently detailed, and organised and reflective of the care/support planned or provided.
- b. Ensure plans are updated in a timely manner when a person's care and support needs change.
- c. Ensure the quality of people's care and support is evaluated and recorded where a person's care needs or risk level changes, for example, after an incident.
- d. Ensure plans are developed, implemented, and documented for each person, in consultation with them and their friends/relatives/carers.
- e. Ensure that people's care is reviewed in line with regulatory requirements and people's views and wishes are actively sought on their care and support.
- f. Ensure all staff involved in planning and documenting care and support are provided with time and support for this.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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'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).

This requirement was made on 30 May 2023.

Action taken on previous requirement

We found some progress has been made, however, further work is required to ensure people have a personal plan in place which is up to date and regularly reviewed to meet their needs and wishes.

We sampled some people's personal plans which had been reviewed and updated and found them to be person centred and comprehensive. These personal plans contained all relevant information, including people's health needs, which was important in keeping them safe. The plans focused on people's strengths and preferences. Some plans, however, had not been updated to reflect the care provided as some information was either missing or inaccurate. This put people at risk of receiving the wrong care.

People's care was not being reviewed within the regulatory timescales. We found that review meetings were not happening consistently, and many were overdue. This meant that people's support may not meet their needs and wishes.

This requirement has not been met.

This requirement has been extended until the 15 November 2024.

Not met

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 people receive the care and support required to meet their needs the provider should ensure people's skin integrity is considered, and preventative measures are implemented where required.

This is to ensure that care and support is consistent with 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 30 May 2023.

Action taken since then

Arrangements were in place for regular monitoring and evaluation of people's skin condition. The service had introduced the Braden Scale for predicting pressure ulcer risk to measure people's risk of developing pressure sores. Preventative measures according to people's identified risk were put in place. This helps to keep people's skin healthy.

This area for improvement has been 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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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