

ASC Orchard Court and Dalguise Care Home Service

Balbeggie
Perth
PH2 6AT

Telephone: 01821 585 012

Type of inspection:
Unannounced

Completed on:
5 September 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 which provides some amenities and transport links.

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 also a large garden.

About the inspection

This was an unannounced inspection which took place on 27 August and 02 September 2024. The inspection was carried out by three 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 eight people using the service and one of their families
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional.

Key messages

- Some people who lived in the service were supported by staff who were knowledgeable about their needs. However, this experience was not consistent for everybody who used the service.
- All people living in the service were subject to some blanket restrictions such as locked kitchens.
- Staff did not consistently adhere to medication administration policies and processes.
- Quality assurance processes were not being used to effectively audit and improve the service.
- Improvements to the environment, internal and external, were on-going.
- People were supported by the right number of staff, although the skill mix and deployment of staff was not always right to meet people's needs.
- Not all staff had completed the relevant training for their role.
- Support provided by some staff was task orientated.

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
--	----------

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 have evaluated this key question as weak in response to concerns we identified about restrictive practice during the inspection. Restrictive practice is practice that has the potential to limit someone's ability to make choices and can include restrictions such as locked doors, door alarms, medical or physical restraint.

It's important to note that some people were supported well, by compassionate staff who were knowledgeable about their needs. However, this was not the consistent experience for everybody who used the service.

Throughout the inspection, we observed many interactions and activities of daily life. Although some of these were positive, we found that other aspects of the culture of care and practice in the service demonstrated unnecessarily restrictive practice. Poor practice in the service was accepted and not challenged. This meant there was a risk that concerns may not always be recorded, reported, and addressed appropriately.

There was a lack of positive risk taking and a blanket approach to avoiding risk in the service. We found that all kitchens were locked, meaning people had to seek support to access these, for example, to get a drink. We also heard from some staff that there were times when lounge doors were locked so people could not access these areas of their home overnight. These restrictions impacted on people's choices and right to liberty.

This approach had the potential to be disabling for some people and could also be considered demeaning or degrading. We recognise that for some people, there are times and situations where restrictions are required to promote their safety. However, this should always be the least restrictive approach. At the time of inspection, we advised the leadership team that consideration needs to be given to this to ensure that where restrictions are required for some people, other people are not unnecessarily restricted.

Some care plans we sampled contained comprehensive, relevant information on how to support the person, others contained inaccurate information which had not been identified by staff or members of the leadership team. This meant there was the potential that people were supported incorrectly, and potentially not in line with legal powers. Care plans and risk assessments, including those with reference to restrictive practice, should be accurate and reviewed frequently. This is to ensure that care is delivered in line with legal powers and where people's independence, choice and control are restricted people are well informed and restrictions are kept to a minimum and carried out sensitively.

Overall, due to the significance of the concerns, and the potentially negative impact these could have on people's experiences, we have issued an Improvement Notice.

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

Requirements

Requirement 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).

This requirement was made on 16 May 2024.

Action taken on previous requirement

During the inspection, we observed some staff not following policy when administering medication to people. We raised our concerns with the manager at the time, who was responsive to our concerns and took immediate action. We also identified several missing signatures on people's medication administration record (MAR) sheets in July and August 2024, however found a lack of evidence to show this had been identified and actioned by staff or the leadership team. Further to this we identified some people's as required medication protocols had not been reviewed since October 2023, we would expect these to be reviewed at a minimum of six monthly in line with regulations. If medication processes are not followed, or tools to enable staff to support people as well as possible are not being reviewed, there is a risk that people may not receive their medication as prescribed. This had the potential to impact on their health and wellbeing.

We also sampled wound care plans. Some of these contained unclear information relating to the planned treatment, and within others, action was not recorded as being taken in line with the planned care and review date. We were not assured that people's wounds were being monitored effectively, which meant there was the potential for changes to go unnoticed.

This requirement has not been met and is extended to 29 November 2024.

Not met

Requirement 2

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).

This requirement was made on 16 May 2024.

Action taken on previous requirement

We recognise that at the time of inspection, the service had been through a recent transition period with their leadership team and structure. Significant changes can have an impact on quality assurance and oversight within a service.

At the time of inspection, aspects of the provider's quality assurance system were being implemented in the service. However, the provider told us that there were planned reviews and potential changes to be made to these tools, to ensure they were fit for purpose within the specialised service. We identified gaps in audit processes such as meal time audits and medication audits. If some of these audit processes had been in place, there was the potential that they would have identified some of the areas for improvement we identified during the inspection.

It was positive to see that meetings had been set up with people who used the service to discuss plans for improving the service, such as the garden and the mealtimes. The service must continue with building on this to enhance people's ability to have more control over their life, their care experience and their environment. Genuine, meaningful service user involvement and participation must be a key driver to improving the service.

Based on the concerns that we identified in the inspection we are not yet satisfied that robust processes are in place to effectively assess the service's performance. This requirement has therefore not been met and has been extended until 29 November 2024.

Not met

Requirement 3

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)

This requirement was made on 16 May 2024.

Action taken on previous requirement

We found that people who lived in the service were supported by enough staff, however the skill mix and deployment of staff did not always meet people's needs. Some staff demonstrated that they knew people well and had warm relationships with people. At times throughout the inspection, we observed some lovely interactions between people who live there and staff. However, some staff did not communicate easily with people and demonstrated a poor understanding of human rights and a person led approach. Care provided by some staff was task orientated. Interactions tended to be impersonal or neutral, and at times, some were negative. We observed more than one example of poor practice where people's individual support needs were not met by staff. This evidenced that care and support was being delivered around routines with little regard for the individuals needs and wishes.

Meal-times in the service were not routinely audited by the leadership team. We identified concerns such as people and staff not knowing what was being served, little consideration for the meal time setting such as background noise and room layout, limited staff interaction and also lack of choices in relation to fluids. People were disempowered as they were not given a meaningful choice about what or when to eat or drink each day. These examples meant that people were not supported to maximise their independence and they were not treated with compassion, dignity or respect. People experienced a lack of choice and control. We discussed this with the leadership team during the inspection who advised us they would review this immediately and were committed to making improvements.

Staff training records we sampled did not evidence that all staff had undertaken the training that they need to deliver person centered care. We found a significant number of gaps in the skills matrix. This included core training such as induction, Positive Behaviour Support (PBS), Positive Behaviour Management, Adult Support and Protection and learning disability. We were advised that this was due to a recording issue, however, it was evident from some staff's restrictive practice and the culture of care in the service that there were significant gaps in people's understanding of people's fundamental human rights.

Overall, based on the concerns identified during the inspection, this requirement has not been met and has been extended until 29 November 2024.

Not met

Requirement 4

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)

This requirement was made on 16 May 2024.

Action taken on previous requirement

It was positive to see that since the previous inspection an environmental audit was completed by team members, and a subsequent action plan with timescales was implemented. The audit highlighted areas requiring repair both internally and externally. Progress on this action plan was on-going, and we could see some areas had been addressed such as on-going grass cutting and the garden improvements. It's important that the service continue with this progress and make on-going improvements to make the space enjoyable for people to use.

However, more work needs to be done to ensure repairs are carried out to an appropriate safe standard, both internally and externally. This is to promote peoples' safety and well-being, but also to ensure they live in a comfortable environment that promotes feelings of inclusion, respect and dignity.

This requirement has not been met and has been extended until 29 November 2024.

Not 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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.