

Alford Service Care Home Service

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Alford
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Type of inspection:
Unannounced

Completed on:
23 September 2024

Service provided by:
The Richmond Fellowship Scotland
Limited

Service provider number:
SP2004006282

Service no:
CS2003000347

About the service

The Richmond Fellowship Scotland's Alford Service is a care home for adults. It is situated in a residential area of Alford, Aberdeenshire. Alford is a semi-rural setting with a number of small retail facilities. There is no rail service and a very limited bus service. The village is approximately 26 miles from Aberdeen.

The service consists of three bungalows which can provide support for up to 12 adults with mental ill health. The service plans to close and most residents have relocated to other services.

At the time of the inspection, there were two people living in one bungalow waiting suitable placement to services that would suit their needs.

About the inspection

This was an unannounced inspection which took place on 19 September 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 one person using the service
- spoke with one of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were very good at developing meaningful relationships with people.
- Leaders were highly knowledgeable about all aspects of the service.
- There were positive relationships between leaders and team members.
- People were connected with their family and those who were important to them.
- The service had developed very good relationships with external professionals.
- As part of this inspection, we assessed the service's evaluation of key areas. We found that the service had implemented a national evaluation tool and prepared a comprehensive service improvement plan. However, not all stakeholders had had the opportunity to engage in this process. A more collaborative approach to self evaluation would provide a more holistic overview of the service provided.

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?	5 - Very 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?

5 - Very Good

We evaluated this key question as very good. There were very few areas for improvement and opportunities were taken to strive for excellence in a culture of continuous improvement.

There were only two people living at the service at the time of inspection, this was because the service was identified for closure. People who remained in the service had increased physical needs and were waiting for suitable alternative placements becoming available.

The provider had developed very good working relationships with professionals from the health and social care partnership. There was regular contact with care managers and health professionals to effectively manage and review people's health conditions.

Staff knew people very well and were able to identify changes in people's presentation which may indicate a deterioration in their health. This meant that assistance could be sought early and reduce any potential negative impact.

Staff encouraged people to make healthy choices. They were encouraged to mobilise regularly. Staff used different techniques to ensure that people engaged in regular movement to maintain physical health.

People with diabetes were supported to maintain a healthy diet. Staff advised on healthy options for people and encouraged appropriate fluid intake. People told us that they were involved in decision making about their diet and were happy with the options provided to them. One person told us that staff supported them to understand the condition and what foods to eat. This contributes positively to people's overall mental and physical wellbeing.

Overall, medication practice was very good. An audit had recently been completed and action taken to support staff to maintain good standards of practice had been taken. We discussed with the provider during the inspection the need to ensure appropriate legal frameworks were in place for the administration of medication for people who may lack capacity. The provider took action to resolve this at that time.

How good is our leadership?

5 - Very Good

We evaluated this key question as very good. There are very few areas for improvement and opportunities were taken to strive for excellence in a culture of continuous improvement.

Leaders were visible in the service and were involved in direct service delivery. This meant that they were able to assess staff performance which led to good oversight of what changes may be necessary to improve the service.

There were very good relationships between leaders of the service and the staff team. Staff gave very positive feedback about the level of support they received in order to do their job well.

When we spoke with staff, they said that leaders were approachable, respectful, and patient. They felt confident that if they needed to raise concerns that these would be dealt with quickly and appropriately. Staff felt able to challenge leaders about decisions about the service without fear of retribution. This

contributes positively to a whole team approach of improving service performance and personal outcomes for people experiencing care.

We spoke with one person's relative. They told us that the leaders had been very supportive to them and helped them understand changes in their loved one's conditions and had kept them up-to-date with service changes. As a result, people felt involved and reassured about the care being provided.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. There are very few areas for improvement and opportunities were taken to strive for excellence in a culture of continuous improvement.

There was a warm and upbeat atmosphere in the home, staff worked well together and communicated effectively. The team were improvement-focussed. This contributed positively to people's personal outcomes being met.

As the numbers of residents living in the service were reduced, there was a small staff team providing care and support. There were enough staff with the right skills and knowledge to ensure that people received support in the way that they wished. Some staff had worked in the service for a number of years and had in-depth knowledge about the residents. This meant that people were receiving very personalised care.

Robust systems were in place to continuously assess the needs of supported people against the number of staff required to provide support. This meant that people would continue to receive support, even at times when their support needs increased.

When we spoke with staff, they were clear about their roles and were able to demonstrate a good working knowledge of the Health and Social Care Standards (HSCS). We found that staff spoke compassionately about the people they supported and they were flexible in the way that they worked to ensure that people received support to be involved in things that were important to them.

New staff were supported well during their induction to the service. They received appropriate training before engaging in any service delivery and completed work shadowing in order for people experiencing care to get to know them and for staff to understand and effectively deliver person-centred care.

How good is our setting?

4 - Good

We evaluated performance as being good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement.

The care home is set to close and had been identified by the provider as no longer fit for purpose. While the provider continues to carry out essential maintenance, decorative work, and cleaning of the properties, the properties would not meet the standards required for effective infection prevention and control. Significant work would need to be completed should the service wish to continue.

People benefitted from increased space within the home as the numbers of residents were reduced. Staff had organised the space in the accommodation so that each person enjoyed access to a bedroom, sitting room, and dining area. This encouraged people to move between areas and gave a feeling of independent living. People told us that they were very happy with this arrangement.

People benefitted from, and regularly accessed, the internet and used personal mobile phones. This ensured that people remained in contact with family, friends, and the wider community. One person told us that they enjoyed spending time surfing the web and looking at things to buy.

People were independently accessing a small central courtyard. One person told us that they often liked to sit there with family when the sun was out. The courtyard had been used for service events previously when there were more people living at the service. However, this was happening less frequently.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good. Performance demonstrated major strengths in supporting positive outcomes for people. There were very few areas for improvement. Opportunities were being taken to strive for excellence within a culture of continuous improvement.

Personal plans were very detailed, outcome-focussed, and gave a good account of who people were. They demonstrated clearly people's hopes, dreams, and wishes about how they should be supported and cared for.

Some recordings of people's daily activities were a little task-focussed. However, overall, most staff were very good at giving a person-centred description of people's day.

Plans were updated regularly. This is important where people's needs change frequently. While we saw that plans were being updated, the service sometimes delayed reviews in order to accommodate the care manager's annual review. We advised during inspection that reviews should happen every six months. The provider took immediate measures to ensure that this was completed.

People told us that they were involved in their care reviews and were aware of any changes. They told us that staff updated them regularly between reviews and always asked for their input. This meant that people's care would be more likely to be delivered in a way that they were happy with.

Overall, legal documentation was in place. However, we noted in one plan that one essential piece of information regarding medical consent was missing. This was addressed during the inspection.

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

Requirements

Requirement 1

By 31 March 2023, you, the provider, must ensure that the service is well led and managed. You must support better outcomes for people through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

To do this, you, the provider, must at a minimum:

- a) Ensure the service's performance is assessed through effective audit and other quality assurance processes;
- b) Ensure staff in leadership roles are trained in quality management, supported in their role, and are allocated sufficient time to implement the service's quality assurance processes;
- c) Ensure action plans are put in place and implemented to support improvement when required; and
- d) Ensure the impact of improvement work is subject to ongoing review and assessment to determine the extent to which the improvements have positively impacted on the health, safety, and wellbeing of service users and staff knowledge, skills, and confidence.

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 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 9 December 2022.

Action taken on previous requirement

The provider had a suite of quality assurance tools in use. Leaders in the service had received training and were completing checks of service performance in line with their organisational policies and procedures. Where issues were identified, actions were taken to resolve these. The service had developed a dynamic improvement plan to support improvement and audits were completed to measure impact for people living within the service. This contributed positively to personal outcomes of people experiencing care.

Met - outwith timescales

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 improve outcomes for people, the provider should develop post-incident debriefs to identify and address any harm, ongoing risks, and the emotional impact on people and staff following an incident or accident.

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 area for improvement was made on 9 December 2022.

Action taken since then

The provider was completing incident and accident records in line with their policies and procedures. Leaders reviewed documentation and investigated potential for improvement in service delivery. Debriefs with staff took place where necessary. Staff told us that they were satisfied with the level of support offered by the provider in relation to potentially distressing incidents.

This area for improvement has been met.

Previous area for improvement 2

To improve outcomes for people, the provider should ensure that training needs analysis is informed by people's health and wellbeing needs, including diagnosed medical conditions. Staff should be provided with training and development opportunities to ensure they can competently meet people's support needs.

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 and organisational codes' (HSCS 3.14).

This area for improvement was made on 9 December 2022.

Action taken since then

A training needs analysis had been developed. Documentation was being updated regularly. Training needs were identified through team meetings and staff supervisions. There was a mix of online and classroom training covering both physical and mental health needs. This contributed positively to the care and support delivered to people living at the service.

This area for improvement has been met.

Previous area for improvement 3

To support wellbeing, the provider should ensure that people's personal plans contain all current and relevant documentation required to deliver person-centred, safe, and effective care and support.

This is to ensure that 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 will be met, as well as my wishes and choices' (HSCS 1.15); and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 9 December 2022.

Action taken since then

Personal plans were very detailed, giving a good account of people's care needs. People experiencing care had been involved in developing personal plans, where possible, and detail of how they wished to be supported and cared for was well documented. Plans also contained up-to-date risk assessment and management plans in order to support safe and effective care.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.4 Staff are 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
4.2 The setting promotes people's independence	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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