

Alt- Na- Craig House Care Home Service

215 Lyle Road
Greenock
PA16 7XT

Telephone: 01475731308

Type of inspection:
Unannounced

Completed on:
31 October 2024

Service provided by:
Alt Na Craig LTD

Service provider number:
SP2010010977

Service no:
CS2010249498

About the service

Alt-Na-Craig is registered to provide a care home service for up to 53 older people. The provider is Alt-Na-Craig Limited. The home is situated near to the centre of Greenock and has good access to shops and local transport. The home was previously a large dwelling house that has been converted into a care home and additional building work added. The home is situated on three levels with lift access to all floors. The home offers mainly single rooms, some with en-suite facilities. Three rooms are shared rooms. The home is divided into different units, each with its own lounge and dining room. The home has large gardens and a safely accessible patio area.

At the time of the inspection the service was supporting 49 people.

About the inspection

This was an unannounced inspection which took place on 27, 28, 29 October 2024 from 07:30 to 20:30. The inspection was carried out by two inspectors 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 eight people using the service and seven of their family/friends and received two questionnaires from people using the service;
- spoke with 13 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with two visiting professionals.

Key messages

People benefitted from warm relationships from a constant staff team.

The service recognised the importance of ensuring people had meaningful connections with others.

Training available for staff was comprehensive.

Quality assurance processes and systems were in place and being developed further. Some bedrooms were being upgraded to include wet rooms to improve access to shower facilities
Support plans were used to deliver support effectively.

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 staff team?	4 - 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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff knew people well and we saw that positive relationships had been developed. People told us 'staff are really great' and 'staff help me to live well'.

The majority of relatives told us that they were happy or very happy with the care their loved one received and that communication was good with staff. They said the management team was approachable and they were 'confident that if they raised concerns they would be dealt with in a timely manner'. The service held regular relatives and residents meetings and encouraged feedback via questionnaires, ensuring people's views were known. Any issues were then addressed using an action plan. This told us the management team acknowledged views and were responsive to issues affecting people's wellbeing.

We completed formal observations around how staff interacted with people using the service. We observed kind and respectful interactions throughout our inspection. We made suggestions about how an additional member of staff for larger groups would ensure all people could be supported to engage meaningfully resulting in better outcomes for individuals. Activities in the service were well attended and people were encouraged to remain active, however there was no current dedicated worker for activity at the weekends. The service were recruiting to this post during our visit. There were a range of activities on offer. People told us their favourite activity was being able to get out and about to groups on the minibus. Relatives we spoke with said this was a strength of the service as their loved one really enjoyed being a part of the community. We saw cultural needs met with access to church services should people wish.

People's care and support needs were clearly described in the care plans we sampled. We saw some person centred information and some life history of people. There was clear information about people's needs and how to meet outcomes. We could see staff used the care plan to deliver support effectively. Plans were updated regularly. Though relatives told us they had been involved in reviews for their loved one, we did not always see minutes from reviews recorded. These minutes and any changes would evidence that staff are providing current care to promote good outcomes for people.

Mealtimes were pleasant and relaxed and a social atmosphere was notable in the dining areas. People were encouraged to choose where to sit including beside friends and peers. People who required support with eating and drinking were assisted sensitively. We saw people had access to snacks and drinks when they chose including when they preferred support in their room. This included home baking. People living in the service said the 'food is magic, I love the fish and chips'. We fed back to the management team that pictorial menus or show plates could maximise people's choice around food.

Effective communication was in place highlighting clinical needs and changes in presentation for people using the service and the actions to follow up on. We found a strength in the service was a GP surgery on a nominated day which professionals told us worked well. This allowed health professionals to effectively manage and review people's health conditions. Referrals to other professionals were appropriate and good information and communication supported positive health outcomes for people. Relatives told us staff recognise when their loved one is unwell and arrange access to health professionals and treatment. We concluded that high quality care contributed to positive outcomes for people.

People benefitted from safe medication practices. Medication was well managed and records evidenced that people received their medication in line with prescribed instruction. As required medication protocols were in place for people who needed this for pain or stress and distress. We discussed ways in which these could be improved to align with information in the care plan. Refining audits to include medication counts would support staff to maintain good standards of practice.

Staff were trained in Infection prevention and control. Policy and procedures were in place providing assurance that any outbreak of infection would be managed in line with good practice and keep people safe. Daily and monthly cleaning schedules were in use by the domestic and laundry staff. We highlighted where the safe management of linens could improve to reduce the risk of cross contamination. This was addressed during the inspection.

Peoples property and finances should be managed and protected in line with legislation. People should have access to their funds 24/7 should they wish. People could not easily access their money out with office hours. The leadership team recognised this and have developed a policy and procedure to be implemented as a priority to address this.

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.

People benefitted from a warm atmosphere and staff clearly knew people well. We noted staff worked well together as a team, did not seem rushed and were visible throughout most of the home.

People could be confident that safer recruitment practices were in place to recruit staff in accordance with good practice and safer recruitment guidance. The service was actively recruiting additional staff including nurses and activity staff. New staff were offered an induction and a buddy to support them. Supervision had taken place for new staff after twelve weeks to highlight any gaps in knowledge or training. This allowed the leadership team to target training to address gaps in knowledge and improve staff skills at an early stage.

Supervision had improved with most staff having had a recent supervision with their line manager and staff appraisal was ongoing. This provided staff with opportunities to express their views, reflect on their practice and identify areas for development.

The leadership team introduced 'employee of the month' to improve motivation within the staff team. Staff were able to nominate each other and leaders told us morale has picked up since this was implemented. This indicated that the service had recognised the importance of staff wellbeing in accordance with safer staffing legislation. Staff were to be offered access to a nurse trained in mindfulness to support wellbeing. We also saw leaders recognition of the contribution of staff who were not directly caring to improving outcomes for people.

We spoke with people, observed the staffing levels and sampled rotas. Staff were able to tell us that there is a good skills mix and always someone available to ask for help. An on call system to provide out of hours support to staff was in operation. There was a process for assessing how many staff hours were needed to support people and we discussed ways in which this could be developed including taking account of the layout of the building. We highlighted a concern about the availability of staff at some times in the lower floor of the home. The dependency assessment needs to take account of the layout of the setting, location

of staff and time needed to respond to people who need support. We asked that staff are deployed effectively and available at any time of the day or night to support people when they need this. People should not have to wait longer for help or assistance no matter where they are in the building. For example, we noted that the length of time for the nurse call to be answered varied depending on location which could increase risk to people.

Some of the relatives we spoke with said if they could improve anything it would be consistency since some of the staff, particularly nursing staff were moved around. Others suggested this may be beneficial in identifying changes in presentation and as care staff were stationed in the same posts to provide stability.

As part of the new safer staffing legislation, services are required to ask for feedback on the staffing levels from people, relatives and staff. Staffing decisions and arrangements should be transparent and shared with people and staff. We saw that staff were flexible and demonstrated good team working with shifts being well organised and duties allocated. Staff covered shifts minimising the reliance on agency staff and promoting consistency of staff for people using the service.

Training opportunities for all staff were available. Oversight and compliance with training was at a good level. We saw that the training delivered reflected the needs of people living in the service. Staff had attended bespoke training with the local hospice to develop end of life care and plans. This indicated the service recognised this was an important part of peoples care. People benefitted from a competent and skilled staff team.

People could be assured there was regular oversight of staff registration with a professional body, such as the Scottish Social Services Council (SSSC) and the Nursing and Midwifery Council (NMC). Staff were supported to meet their regulatory conditions such as vocational qualifications. We could see that team meetings were taking place allowing staff to contribute to the agenda and discuss practice to support positive outcomes for people.

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

Care plans, daily notes and review minutes should be outcome focussed and written in a person-centred manner. They should take account of all the needs of the resident which should include but not be limited to;

- Daily notes.
- Risk assessment documentation.
- Medication documentation.
- Meaningful activity documentation.
- Review documentation.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 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 area for improvement was made on 3 March 2022.

Action taken since then

Care plans had been added to an electronic system and used outcome focused language. Care plans had clear person centred information contained within them. There had been care plan audits completed by the quality manager. Risk assessments were in place and updated regularly.

Medication documentation was in place and being used. We saw daily notes being recorded and highlighted when overdue.

Meaningful activity had been added to the electronic system to allow staff to record this.

Review documentation has been uploaded into the care plan and reviews were carried out in line with legislation every six months.

This area for improvement has been met.

Previous area for improvement 2

To keep people safe, the provider should implement their organisational quality assurance systems to monitor, audit and evaluate areas of practice. This can include but not be limited to:

- Infection prevention and control measures.
- Care planning.

- Risk assessments.
- Medication.
- Supervision.
- Maintenance..

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); and 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.' (HSCS 5.18)

This area for improvement was made on 3 March 2022.

Action taken since then

The service are now using a recognised tool for all quality assurance (QA) activity.

The quality manager implemented organisational QA completing external audits and generating an action plan to improve outcomes for people using the service.

There is a regular auditing schedule in place allowing monitoring, auditing and evaluation.

The systems and processes are in place and though it was a work in progress we sampled a number of audits which highlighted issues and actions.

We saw that all aspects of service delivery had been added to a scheduled auditing programme.

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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