

Alma McFadyen Care Home Service

Mill Street
Dalbeattie
DG5 4HE

Telephone: 01556 610 539

Type of inspection:
Unannounced

Completed on:
25 April 2025

Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Service no:
CS2005111354

About the service

Alma McFadyen is registered to provide a care home service to a maximum of 24 older people.

The provider is St Philips Care Limited.

The home is located in the town of Dalbeattie in Dumfries and Galloway, situated in a quiet area in the centre of Dalbeattie with easy access to local amenities.

Accommodation is provided over two floors in single bedrooms; some bedrooms have en-suite facilities. Both floors have shared bathrooms suitable for assisted use. A passenger lift and staircase enables people to access their bedrooms on the upper floor. The home has a large lounge, a smaller snug room and a dining area.

The home has a large, well-tended, private garden and parking is available at the home.

At the time of the inspection, 20 people were living in the home.

About the inspection

This was an unannounced inspection which commenced on 22 April and continued on 23 April 2025 between 09:30 and 20:45 hours. Inspection feedback was provided on 25 April 2025. 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 registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people who lived in the home and received feedback via our survey from four people
- spoke with six relatives / visitors
- spoke with 15 staff and management, and received feedback via our survey from 11 staff
- received feedback from four visiting professionals
- observed practice and daily life
- reviewed documentation.

Key messages

- People living in the home and their relatives were very happy with the care and support.
- The staff liaised well with community health teams to meet people's health needs.
- Person-centred personal plans guided staff on the care and support to provide.
- The home was welcoming, clean and well maintained.
- Staff worked hard and provided support across departments.
- Recruitment was ongoing to increase staff numbers.
- We identified five areas for improvement relating to infection preventions and control, laundry facilities, staffing levels, staff training and SSSC registration.

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
How good is our setting?	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 evaluated this key question as very good. We found major strengths in aspects of the care provided and how these supported positive outcomes for people.

To understand how well the service were performing, we spent time talking with people who lived in the home and their relatives. People told us:

"Service offered is proactive and all the staff are kind and caring."

"Communication is very good, staff good at phoning if anything to tell us."

"Sometimes understaffed but they still do everything that is needed."

"Staff are amazing, approachable and very obliging."

Overall, people spoke very positively about the service and the staff team who provided this.

Personal plans were in place for all people supported using a Person-Centred Software Digital Care Planning System (PCS). We were assured that personal plans were person centred and provided appropriate detail to ensure staff could provide safe and consistent care and support. This was particularly important where people were supported by new staff.

Staff used a handheld smart device to access people's personal plans and recorded the support they had provided for people during their shift. This meant staff had quick access to people's up-to-date information and guidance.

Medication systems and processes were in place and staff completed medication training. This supported the safe administration and management of medication within the home.

The registered manager ensured people supported and their relatives were fully involved in decisions about their care. Conversations with people and observation of review records and updated care plans confirmed this. Future care plans were discussed should people's needs change. Where people did not have the capacity to make decisions or consent, appropriate legal frameworks were in place to protect their health and wellbeing.

The support provided to people was very good to ensure that their healthcare and welfare needs were met. The staff were vigilant in monitoring people's health and general wellbeing, and promptly passed on any concerns so these could be discussed and acted upon. People had access to community healthcare and treatment from external healthcare professionals. Professionals said:

"Care provision within Alma care home is excellent, staff are extremely attentive, knowledgeable and kind, they are always approachable and have excellent knowledge of their resident's care needs."

"They support their residents extremely well, concerns are escalated appropriately, and guidance is followed."

This meant people received responsive, timely care which supported their physical and mental health and wellbeing.

People were provided with a choice of home cooked meals. Menus varied and meals looked appetising. Individual diets and nutritional needs were catered for, and systems were in place to communicate special dietary requirements to the catering staff. The dining area and tables were decorated and set to promote a pleasant mealtime experience.

Residents' meetings gave people the opportunity to discuss mealtimes and menu planning. Drinks and biscuits were offered to people throughout the day and additional snack options were available. The staff team should consider how best to display snack options so people know what is on offer and can make real-time choices.

We observed very good practice where staff respectfully and kindly responded to people's needs and requests in a person-centred way. The registered manager was managing some recent staff changes, but most staff were able to demonstrate a very good awareness of what was important to people and their daily routines.

How good is our staff team?

4 - Good

We have evaluated this key question as good. We reviewed how good the staff team and staffing arrangement were. There were a number of important strengths which clearly outweighed areas for improvement.

The service had experienced recent staff changes which had impacted on the availability of staff and morale within the service. Despite this, staff continued to work hard to ensure people's needs were met.

Safe recruitment was ongoing and once all safety checks were completed, new employees were due to commence. In the interim period, the provider had used agency staff to maintain safe staffing levels. Information and guidance was shared with agency staff in order to support people safely within the home.

The staff team were made up of experienced staff who had worked in the home for a considerable time and some staff who had commenced within the last year. New employees completed an induction and 'shadow shifts' where they worked alongside a colleague for a period of time. Consideration was given to experience and skill mix when staff were deployed to work in the home.

The staff team were supportive of each other and staff worked flexibly across different departments when required. Whilst this was positive, staff should have the necessary training required (see area for improvement 1).

A recognised assessment tool was used by the provider monthly to assess people's needs. The outcome of these assessments were used to inform staffing levels to meet people's care and support needs. However, this was impacted when there were short notice absences and when staff were supporting different departments for periods of time during the day. Reviewing the staff hours required and availability of staff to cover each department would help to reduce any future impact on people supported and support the staff team (see area for improvement 2).

Most staff told us they enjoyed their role and felt supported by their colleagues and registered manager. Informal support was provided daily. Formal support was provided via training, staff supervision and team meetings. These enable staff to meet with their line manager on a one-to-one basis to discuss their role, practice and any training needs. Team meetings gave staff the opportunity to meet up with the registered manager and their colleagues to discuss the care and support of people, as well as service issues and developments.

We thought the staff were caring and worked hard to provide the best care and support. We received many positive comments in relation to the staff team. People told us:

"The staff treat me very well."

"If there is anything that troubles me, I feel confident in speaking to the staff."

"Staff work hard but on occasions there is not enough of them."

"People strongly agreed that staff treated them kindly, with dignity and respect and fairly."

Areas for improvement

1. Where staff are working in more than one department within the home, the provider should ensure staff have the necessary training, skill and knowledge for each role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am confident 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).

2. The provider should complete an assessment of staffing levels required to work within all departments of the service. This is to ensure that there is the right number of staff and skill mix of staff to ensure people experience responsive 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 needs are met by the right number of people' (HSCS 3.15).

How good is our setting?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The home was welcoming, clean, tidy and well maintained. People had access to comfortable communal areas within the home. This included a large lounge, dining room and small snug. Corridors were spacious with natural light. Seats were positioned within the foyer and corridors which offered places for people to rest.

The furnishings and décor within the home were overall a good standard. The provider had identified areas that required upgrading and /or decorated due to wear and tear.

The home had wayfinding signage which helped orientate people and make the home more dementia friendly.

People's bedrooms were personalised. Home furnishings and personal belongings decorated their rooms to their individual taste. Bedrooms varied in size and did not all have en-suite toilets. Shared bathroom facilities were available throughout the home. The provider should continue to develop the home and consider additional en-suite facilities within future refurbishment plans.

There was a large enclosed well-tended garden at the back of the home. Several doors opened out onto the garden and people could freely access the garden space. A selection of seating areas were available which we observed people using to enjoy the outside space.

The registered manager had completed the Kings Fund Tool which is an environmental assessment tool. Areas identified to further improve the environment should be included within the service's Home Improvement Plan.

Equipment was in place to support good outcomes for people, including mechanical aids, accessible baths and specialised chairs. The home had Wi-Fi; however, this was poor in parts of the home. We were told this was being reviewed by the provider.

The provider had very good systems in place to oversee the home environment. This included maintenance records for safety equipment and the ongoing monitoring and maintenance of the building. The documentation we reviewed was well presented and fully completed.

Arrangements were in place for external contractors to attend the home to service areas such as lifting equipment, water systems and appliances in line with recommended guidance. The maintenance person who completed the environmental and equipment checks also carried out some of the maintenance jobs identified. This maintained a safe environment and equipment and reduced risks to people living in the home.

Staff completed infection prevention and control training (IPC), and competency checks were completed in this area. We identified some areas where improvements were required, these related to cleaning products, use of cleaning schedules and reviewing the laundry space and practice. We referred the manager to the Care Home Infection Prevention and Control Manual (CH IPCM) and the Care Home IPC Resource Toolkit (see areas for improvement 1 and 2).

Areas for improvement

1. The provider should ensure people experiencing care have confidence they are protected from harm by way of safe infection prevention and control practices. Staff should understand best infection prevention and control practices and implement these in the work they do.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. The provider should review the use of the laundry space in relation to the management and processing of laundry to reduce the risk of cross-contamination. Hand washing facilities should also be available in line with best practice in infection prevention and control.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

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

The service provider should improve their oversight of the Scottish Social Services Council (SSSC) requirements and ensure staff are appropriately registered within the required timescales.

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 22 August 2022.

Action taken since then

Previous staff identified were now appropriately registered with the SSSC. The registered manager was able to evidence that oversight had improved. A system was in place to access the SSSC register to review staff members registration status. New employees had applications submitted to SSSC within appropriate timescale. Improvements were needed relating to monitoring that staff were completing the necessary annual requirements within the appropriate timescale to maintain their SSSC registration. This is to ensure staff are not removed from the register.

This area for improvement had not 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
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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