

Elderslie Care Home Care Home Service

20 Fulbar Road
Paisley
PA2 9AP

Telephone: 01418 892 040

Type of inspection:
Unannounced

Completed on:
29 June 2023

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361010

About the service

Elderslie Care Home is registered with the Care Inspectorate to provide a service to 120 older people. The provider is Advinia Care Homes Ltd.

Elderslie is a large purpose built care home situated on the outskirts of Paisley. The home is set out over two floors and there are four separate units. Each unit has dining and lounge areas and other smaller rooms for residents to use. The ground floor has access to well-developed garden areas.

Whilst the service has capacity for up to 120 single bedrooms with en suite shower facilities, managers have undertaken a process of consolidation to support improvements. There were 59 people using the service at the time of the inspection with a current operating capacity of 60 single rooms across two units. The service has plans to increase its capacity in the future and reopen the remaining two units.

About the inspection

On 21 March 2023 an Improvement Notice was served to Elderslie Care Home, 20 Fulbar Road, Paisley, PA2 9AP in terms of section 62 of the Public Services Reform (Scotland) Act 2010. The Improvement Notice specified the nature of improvements to be made, and the period within which they were to be made.

During an inspection on 29 May 23 we concluded there had been significant improvement in the service and a letter of compliance in respect of the Improvement Notice was issued on 30 May 2023. Please refer to the Care Inspectorate website (www.careinspectorate.com) for further information on previous inspection reports and enforcement information relating to the service

Between 23, 28 and 29 June 2023 we undertook an unannounced follow up inspection to review progress on additional requirements which were not part of the improvement notice. The inspection was carried out by three inspectors.

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 people using the service and observed three groups of residents
- spoke with 12 family members
- spoke with 10 staff and management
- observed practice and daily life, reviewed documents and spoke with three visiting professionals

Key messages

- We observed visible leadership with a new and effective management team.
- The health and social care partnership continued to support improvement.
- The consolidation of staff and residents had delivered positive benefits.
- Staffing was well planned and managed.
- The requirement for agency staff had been reduced.
- Staff had completed adult support and protection training.
- Family communication had been recommenced and remained under review.
- Activities and meaningful engagement required further evaluation.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
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?

3 - Adequate

On 21 March 2023 an Improvement Notice was served to Elderslie Care Home. The Improvement Notice specified the nature of improvements to be made, and the period within which they were to be made. Please refer to the Care Inspectorate website (www.careinspectorate.com) for further information on previous inspection reports and enforcement information relating to the service.

1.2. People get the most out of life

One outstanding requirement was aligned to this section 'People get the most out of life.' We evaluated this requirement as being met. In order to ensure practice is reviewed, and the impact on people evaluated, we have included activities as an ongoing area for improvement. See action for improvement 1. Please see requirement 1 in the section titled 'What the service has done to meet any requirements made at or since the last inspection'.

1.3. People's health and wellbeing benefits from their care and support

An area in the improvement notice aligned to 1.3. People's health and wellbeing benefits from their care and support was previously considered to be met.

1.5. People's health and wellbeing benefits from safe infection prevention and control practices and procedures

One outstanding requirement was aligned to this section 'People's health and wellbeing benefits from safe infection prevention and control practices and procedures. We evaluated this requirement as being met. Please see requirement two in the section titled 'What the service has done to meet any requirements made at or since the last inspection'.

Improvements evidenced supported our decision to re-evaluate key question 1 'How well do we support people's wellbeing' to adequate.

Areas for improvement

1. Taking into account the abilities and preferences of everyone experiencing care, the service should:

- a) ensure personalised programmes of activities are in place for individuals,
- b) develop a delivery framework and communicate planned activities,
- c) regularly evaluate the level of available resources and the impact of meaningful engagement.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day' (HSCS 1.25).

How good is our leadership?**3 - Adequate**

On 21 March 2023 an Improvement Notice was served to Elderslie Care Home. The Improvement Notice specified the nature of improvements to be made, and the period within which they were to be made. Two areas in the improvement notice aligned to 2.2 'Quality assurance and improvement is led well' were previously evaluated and considered to be met.

2.2. Quality assurance and improvement is led well

Two further outstanding requirements were also aligned to this section 'Quality assurance and improvement is led well.' We evaluated these requirements as being met. Please see requirements 3 and 4 in the section titled 'What the service has done to meet any requirements made at or since the last inspection'.

Improvements evidenced supported our decision to re-evaluate key question 2 'How good is our leadership' to adequate.

How good is our staff team?**3 - Adequate****3.3. Staffing arrangements are right and staff work well together**

One outstanding requirement was aligned to this section 'Staffing arrangements are right and staff work well together.' We evaluated this requirement as being met. Please see requirement 5 in the section titled 'What the service has done to meet any requirements made at or since the last inspection'.

Improvements evidenced supported our decision to re-evaluate key question 3 'How good is our staff team' to adequate.

How good is our setting?**4 - Good****4.1. People experience high quality facilities**

One outstanding requirement was aligned to this section 'People experience high quality facilities.' We evaluated this requirement as being met. Please see requirement six in the section titled 'What the service has done to meet any requirements made at or since the last inspection'.

Improvements evidenced supported our decision to re-evaluate key question 4 'How good is our setting' to good.

How well is our care and support planned?**3 - Adequate**

Areas in the improvement notice aligned to 1.3 People's health and wellbeing benefits from their care and support and 5.1. Assessment and personal planning reflects people's outcomes and wishes were previously considered to be met.

Improvements evidenced supported our decision to re-evaluate key question 5 'How well is our care and support planned' to adequate.

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

Requirements

Requirement 1

By 2 June 2023, the provider must ensure that a personalised programme of activities is in place for each resident living in the home, taking into account the abilities and preferences of everyone experiencing care.

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) 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 can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day' (HSCS 1.25).

This requirement was made on 3 March 2023.

Action taken on previous requirement

People were beginning to be recognised as contributors to their care with some options about where and how they spent some of their time. The service had implemented meeting with residents and families to help plan and evaluate engagement. These were to become regular events to ensure people were more involved in decisions which affected them.

Nursing staff and the activity lead had completed assessments to capture peoples interests and what mattered to them. This was helping to inform care plans with the beginnings of a stronger sense of identity about individuals with varied desires around personalised care and social routines. The impact of people's health conditions was shared with staff who were able to take this information into account when supporting people.

The goal around meaningful engagement was for a 'whole day, whole home' approach. This meant the service had reduced the number of dedicated activity staff from three to one. We saw evidence of the management, staff and residents all involved in a range of indoor and outdoor activities. Families told us activities was an area where they wanted to see further progress.

Staff allocation and a workplan for engagement may help support the whole day, whole home approach. The quality of people's experience had the potential to improve as staff in new consolidated teams accessed information to help them learn more about what was important to people. Staff had easier access to care plans with electronic hand-held devices which ensured improving records of the care provided and captured social interactions.

Some of the key information about activities and resources were best known to the lead activities coordinator. They should be encouraged to develop a delivery framework that supports evaluation with increased evidence of engagement and impact. Records were maintained about the time and level of engagement delivered to people. We encouraged the lead coordinator to ensure those people unable to join in group activities were identified and offered alternative support.

Opportunities for meaningful activity and engagement could be better communicated and planned in advance. For example, an up to date monthly overview, a weekly programme shared with staff, residents and families, in suitable formats visible in throughout all units. Plans for the newsletter were progressing with the first edition in planning.

Sixty percent of the care staff had completed meaningful engagement training. Activity plans for the day were now discussed at the daily staff huddle. Given the changes in format with the whole home approach and the reduction in dedicated activity staff, we asked that meaningful engagement is kept under review.

We considered this requirement to be met and will include an ongoing area for improvement to monitor progress.

Met - outwith timescales

Requirement 2

By 28 April 2023, the provider must ensure that people experience care in an environment that is safe, clean and minimises the risk of infection. To do this the provider must:

- a) Ensure that processes such as enhanced cleaning schedules and robust quality assurance checks of the care home are in place and appropriate remedial actions taken when necessary.
- b) Ensure that all staff working in the care home adhere to correct infection prevention and control procedures and practices in line with the National Infection Prevention and Control Manual (NIPCM).

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and 10 (2)(b) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment.' (HSCS 5.22)

This requirement was made on 3 March 2023.

Action taken on previous requirement

Enhanced cleaning schedules and walkarounds offered increased confidence around Infection Prevention and Control (IPC) supported by improving quality assurance and audit activity.

The environment was visibility clean and odour free. Furniture and fittings were satisfactory with records and cleaning schedules maintained. Residents and families we spoke to told us their rooms were spotless and offered no concerns.

Resident of the day audits ensured good practice around deep cleaning as an integral part of caring for the environment. Staff confirmed adjustments to resourcing which supported all levels of cleaning activity.

We observed improved practice around IPC procedures. These were strengthened with regular staff observation and competency checks. Minor IPC breaches were acknowledged by management and identified for further action.

Staff followed local reporting procedures, contacting local health protection teams and implementing the correct levels of environmental cleaning. We observed staff were generally more confident about the range of cleaning products available to them.

We considered this requirement to be met.

Met - outwith timescales

Requirement 3

When people's needs cannot be met by the care provider they must ensure the health, wellbeing and safety needs of people are met. The care provider must ensure the discharge process is carried out in a manner that is respectful, compassionate, and responsive to the needs of people. To do this the provider must at a minimum:

- a) Ensure they fully explain to individuals, their families/carers the reasons why they cannot meet their needs and document this information.
- b) Ensure they involve other professionals/agencies to discuss the immediate and ongoing needs of individuals.
- c) In conjunction with individuals, their families/carers and other professionals identify appropriate alternative care and support services to which they will be discharged.
- d) Ensure discharge paperwork is completed and all staff are aware of and adhere to the care provider's Admission, Transfer and Discharge policy.

To be completed by: 28 April 2023

This is in order to comply with: Health and Social Care Standard 4.12: I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 24 March 2023.

Action taken on previous requirement

The service had not discharged anyone from the home or terminated an occupancy agreement.

Management advised us of activity and discussion to review options and actions required in respect of support for an individual. The team were concerned that their needs may not be met in this setting. We concluded the service was striving to deliver safe support whilst being honest about the challenges and limitations in providing a service.

There was a clear policy and protocol in place and we were confident in the ability of the current management team to follow this protocol.

We concluded this requirement had been met.

Met - outwith timescales

Requirement 4

By 2 June 2023 the provider must protect vulnerable people by adhering to the reporting guidelines of the Care Inspectorate as well as its own policy on Adult Support and Protection.

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) and The Social Care and Social Work Improvement Scotland (Applications and Registration) Regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This requirement was made on 3 March 2023.

Action taken on previous requirement

This requirement highlighted the need for the service to be compliant with Adult Support and Protection (ASP) practice including the reporting of such incidents to the regulator.

We observed management were well versed in ASP policy and processes. This was evidenced by appropriate ASP referrals to the HSCP as well as the necessary notifications to the care inspectorate. We asked the service to update all ASP notifications when these were concluded.

Management discussed the area of ASP at the daily clinical huddle. This ensured it was visible for all senior staff with opportunity for a professional discussion around any concerns raised by staff, residents, families or others.

Overall staff we spoke to had an improved understanding of ASP, with some reporting increased confidence in this area. ASP training had been completed and management were keen to explore other opportunities for staff development.

Recent ASP notifications demonstrated some good outcomes for people such as increased external agency support. We concluded people were safer due to staff's understanding of their responsibilities in relation to ASP within the organisation.

We considered this requirement to be met.

Met - within timescales

Requirement 5

By 2 June 2023 the provider must ensure that there are appropriate staff numbers in each department and that these are deployed to fully meet the health, welfare, and safety needs of people.

This is to comply with Regulation 15(a) (staffing) 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: 'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 3 March 2023.

Action taken on previous requirement

There was a range of robust information relating to the management of staffing. This included for example accurate occupancy numbers and an up to date list of staff and their contracted hours

Dependency levels were maintained using a staffing tool and the service was also testing an inhouse option. Actual budgeted staffing information identified gaps and under usage against planned staffing. This meant the management team was forward planning.

All department rotas were planned in advance for a four-week period. Any short notice variation was discussed at the daily clinical huddle. Professional judgement and staff allocation were used along with access to overtime and agency staff to resolve any shortfalls.

We observed previously high levels of staff shortages had been reduced. This meant only 10 agency shifts had been requested with one regular agency nurse covering a high percentage of the shifts. This improvement was attributed to the consolidation of staff and the temporary closure of two units. The service plans to reopen all units and have a staffing escalation ladder in place to inform safe staffing in relation to increasing occupancy levels.

We were more confident the right number of staff with the right skills were working to meet people's needs. Management in the care home understood the benefits of maintaining dependency levels. They were committed to providing a staffing establishment to meet the needs and wishes of the people living in Elderslie.

Staffing arrangements allowed for more than basic care needs to be met. Staff we spoke to and observed were busy but, overall they felt the consolidation had been positive. Whilst they were still getting to know people, they agreed there was adequate time to provide care with compassion and engage with people.

Families we spoke to were unanimously positive about the staff. They told us staff were kind, but very busy. Several said that whilst staff came across as well trained they would like to see improvements around communication, with more regular updates. The service was aware of this and were planning to reintroduce the named nurse and key worker roles. to support improved communication.

Families we spoke to knew the management were trying to make changes but they wanted to see further progress particularly around activities and engagement. We encouraged the service to engage in self-evaluation to evidence and capture improvements.

We considered this requirement to be met.

Met - outwith timescales

Requirement 6

By 2 June 2023, the provider must ensure that people experience an environment that is safe, well looked after with tidy and well-maintained premises, furnishings, and equipment. To do this the provider must undertake a comprehensive environmental audit to identify where improvements are required and implement a detailed environmental improvement plan.

This is to comply with Regulations 4(1)(a)(d) (Welfare of Users) and Regulation 10(a)(b)(c)(d) (Fitness of Premises) 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: 'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment.' (HSCS 5.22)

This requirement was made on 3 March 2023.

Action taken on previous requirement

An extensive environmental audit had been completed and actions updated. All units had a deep clean and we observed the carpets were visibility clean with no mal odours noted.

Furnishings had been replaced within sitting rooms and were of a good standard. Some planned actions were still to be completed including the painting of corridors. We observed some skirting boards and doors did require to be painted. Management should ensure updates to the plan were accurate.

We received feedback from relatives who were overall complimentary about the cleanliness of the home. Relatives did tell us they would like to see an increase in the opportunity for meaningful activities and increased communications. They had no concerns about how the premises were maintained.

Two relatives expressed concerns in relation to residents wandering into their relatives room. They were told the regulator advised the service that they weren't allowed to have doors which locked. Further information confirmed that previously all bedroom doors were locked. This meant no residents were able to freely access their bedroom without support from staff who were the key holders.

Requests for key holding is currently supported with a risk enabled approach. We saw there were three assessments in place for residents in relation to key holding. We discussed other approaches to help manage peoples individual preferences and signposted the service to the guidance 'rights risks and limits to freedom.'

We saw people had increased options to get involved with gardening. The service was encouraged to keep access to garden areas under review. This was to ensure people could go outside independently to safe, accessible, well-kept and welcoming gardens.

We considered this requirement to be met.

Met - outwith timescales

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?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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