

Abercorn House Care Home Care Home Service

184 - 192 Low Waters Road
Hamilton
ML3 7QH

Telephone: 01698 423342

Type of inspection:

Unannounced

Completed on:

12 March 2019

Service provided by:

Sanctuary Care (Combined) Limited

Service provider number:

SP2007009177

Service no:

CS2007157972

About the service we inspected

Abercorn House is a purpose-built care home, in the town of Hamilton. It has fifty-eight single rooms, thirty-eight of which have en-suite toilet facilities. Residents have access to shared bathrooms and shower facilities. There is a Lounge/dining area on each floor as well as a smoke room and family/garden room on the ground floor. A lift is available between floors.

The service is registered to provide care and support to a maximum of fifty-eight older people, which includes five for respite/short break and a maximum of ten places for people under the age of sixty-five years. At the time of this inspection, there were fifty-five people residing in the home.

The company states: "we offer care that is of the highest standard and is tailored to meet individuals with specific wishes and choices. These choices will be respected and honoured at all times".

How we inspected the service

This unannounced follow-up inspection took place on 12 March 2019. During this inspection, we reviewed the progress of the requirements and areas for improvement made following the inspection findings from 28 August 2018.

Taking the views of people using the service into account

We spoke with three residents during the inspection and views were taken into account. This follow-up inspection mainly focused on the progress made in meeting the requirements and areas for improvement made at the previous inspection, therefore no Care Standards Questionnaires were issued prior to this inspection.

Taking carers' views into account

We spoke with one carer during the inspection and their views were taken into account. This follow-up inspection mainly focused on the progress made in meeting the requirements and areas for improvement made at the previous inspection, therefore, no Care Standards Questionnaires were issued prior to this inspection.

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

Previous requirements

Requirement 1

The provider must ensure that the social and recreational needs of service users are met. This must include:

- If a person continually refuses an activity then an alternative should be offered;
- A clear record of the level of active participation should be recorded;
- How the service user can be supported to be as active as possible must be contained within the personal plan;

- There must be a record of what social activities and recreational diversion can be used when a service user is agitated;

This is in order to comply with; SSI2011/210 Regulation 4(1) (a) Welfare of users.

Timescales: within three months of receipt of this report.

This requirement was made on 18 September 2017.

Action taken on previous requirement

From our observations and records, we found that there had been a good range of recreational, social, creative and physical activities provided every day and covered both indoors and outdoors events. We could see that the service continued to consult with people within the service, to ensure that meaningful activities were promoted that reflected their personal preferences. The manager also discussed future planned activities and related training for staff.

Met - outwith timescales

Requirement 2

The provider must complete the move of all residents support plans to the new format, to ensure all residents have their needs and wishes recorded in the same format of support plan. This should include the recording of information about the person and their life, which is necessary to provide person centred support.

This is in order to comply with;

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210) Regulations 5(1).

Timescale: 12 weeks

This requirement was made on 10 December 2018.

Action taken on previous requirement

We looked at a sample of care plans and found them to be recorded well in general. We found some care plans more outcome focussed than others, but were confident management would support staff in improving this area.

Met - within 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

In order to improve the service's performance, under the national health and social care standards 1.1. which states, that people experience compassion, dignity and respect. The service should develop staff expertise in implementing the health and national care standards. For example, where individual choice and rights impinge on the rights and choices of others.

This area for improvement was made on 28 August 2018.

Action taken since then

We saw evidence of two-way discussions and learning with staff around the new social care standards. This had also been discussed at staff team meetings and flash meetings.

This recommendation is met

Previous area for improvement 2

In order to improve performance under the national health and social care standards (3.3) which states that staffing levels and mix meet people's needs with staff working well together. The service should examine its current level of staffing in relation to the needs of the residents and make adjustments where it identifies it needs to.

This area for improvement was made on 28 August 2018.

Action taken since then

We found that staffing levels had increased and staff we spoke with told of us of the benefits of this. The service used a dependency tool which had been adapted to take into account any stress and distressed reactions of residents, which helped make sure there were enough staff to support their needs.

This recommendation is met.

Previous area for improvement 3

In order to improve performance under the national health and social care standards (3.3) the service should examine the skills and aptitudes of staff in relation to the needs of residents and identify training and support which could be developed.

This area for improvement was made on 28 August 2018.

Action taken since then

We saw a good range of staff training which was planned for future months. Staff could identify and request any additional training through regular supervision sessions. We saw where specific clinical training for care staff had been provided, to help meet one resident's specific needs. Training statistics were high showing that almost all staff had complied with mandatory training or had it planned.

This recommendation is met.

Previous area for improvement 4

In order to improve performance under the National Health and Social Care Standards (3.3) the service should examine the quality of staff training, to ensure that it leads to improvement in practice.

This area for improvement was made on 28 August 2018.

Action taken since then

The manager told us how the provider was very receptive to feedback and had amended some training as a result. However, we discussed how the service could benefit from developing reflective accounts from staff following training.

This recommendation is not met

Previous area for improvement 5

In order to maintain improvement under National Health and Social Care Standards (4.2) which states 'the setting promotes and enables people's independence. 'The service should continue to develop alternatives, to storing items in resident's bedrooms and toilets.

This area for improvement was made on 28 August 2018.

Action taken since then

We found nothing inappropriately stored within toilets and bedrooms which impinged on space. Continence products were discretely stored within residents' bedrooms.

This recommendation is met

Previous area for improvement 6

In order to improve performance under National Health and Social Care Standards (4) the service should continue to seek ways to improve the setting and afford residents access to outside space and have alternatives to spending their time in their bedroom or lounge.

This area for improvement was made on 28 August 2018.

Action taken since then

The service had worked hard on helping enable residents to access outdoor spaces and alternative areas to spend time within the home. The manager told us how the provider would be reviewing space and plans to develop in the future.

This recommendation is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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