

Allanbank Care Home Care Home Service

Bankend Road
Dumfries
DG1 4AN

Telephone: 01387 216 600

Type of inspection:
Unannounced

Completed on:
9 December 2021

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378605

About the service

Allanbank is a care home registered to provide care and support for up to 67 people at any one time. The service consists of nine separate units and provides different levels of care and support to residents. This includes 55 beds for older adults as well as 12 beds for adults over the age of 18 with mental health conditions and/or neurological disorders.

At the time of this inspection, 65 people were living in the care home.

Situated near the town centre of Dumfries, the care home is purpose-built, sitting in its own grounds, over two floors with disabled access, linked by a passenger lift. Unit accommodation is designed around two courtyard gardens with connecting unit corridors between two of the Units. The service has all single bedrooms with en-suite toilets. Each unit has its own lounge/dining area and communal bathing facilities and access to well maintained garden areas.

A new manager started at the start of November 2021 and was in the process of getting to know the service as well as the needs of those living there.

The service states its aim is to:

"Provide residential care at the highest standard possible in a homely atmosphere where service users feel at home and well cared for. We will ensure that service users' needs and values are respected in matters of religion, culture and race or ethnic origin, sexuality, and sexual orientation, political affiliation, marital status, parenthood and disabilities of impairments."

This was a follow up inspection to assess the progress the service had made with three requirements and four areas for improvement identified at the previous inspection.

What people told us

We did not speak to any one using the service or their families during this inspection.

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 care and support during the COVID-19 pandemic?	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

We completed an inspection of the service on 27 October 2021 and made two requirements and four areas for improvement in relation to this key question. We completed a further visit to the home on 9 December 2021 to follow up on progress made in relation to these requirements. These related to care planning, reviews and monitoring charts including food fluid and positional charts.

We have reported on our findings under the following sections:

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

'What the service has done to meet any areas for improvement we made at or since the last inspection.'

The service has not met the two requirements and three areas for improvements made under this key question that were due by the 8 December 2021.

Requirements

1. By 1 March 2022, extended from 8 December 2021, the service provider must ensure people experiencing care:

- (a) have in place a personal plan which set out how their health and care needs will be met.
- (b) Ensure that all personal plans are regularly reviewed at least once every 6 months.

This is in order to comply with Regulation 4(1)(a) and 5(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210). And to ensure care and support is consistent with the Health and Social Care Standards which state:

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

'My care and support meets my needs and is right for me.' (HSCS 1.19)

2. By 1 March 2022, extended from 8 December 2021, the service provider must ensure people experiencing care are having their care and support needs appropriately monitored.

This must include, but is not limited to:

- (a) putting in place a system for clear ongoing daily recording documentation when this is required
- (b) providing clear guidance on peoples care needs to be monitored
- (c) measuring the efficacy of all required interventions through a review process.

This is in order to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure care and support is consistent with the Health and Social Care Standards which state:

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

Areas for improvement

1. The provider should ensure that there is a clear and understood protocol in place to make arrangements for relatives to attend care reviews.

This is to ensure care and support is consistent with Health and Social Care Standard 2.11: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

2. The provider should ensure that residents care and support are responded to in a consistent manner.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

3. The provider should ensure that where residents require significant footcare, then this should be reflected within the care plan.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

We visited the home on the 9 December 2021 to follow up on progress made in relation to the one requirement made at the first inspection on the 27 October 2021. This was in relation to an effective quality assurance system to ensure that mattresses and furniture remained fit for purpose and any damaged furnishings removed.

We have reported on our findings under the following section:

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

The service had not met the requirement made under this key question, that was due by 8 December 2021.

Requirements

1. By the 1 March 2022, extended from 8 December 2021, the provider must put in place an effective quality assurance system to ensure all mattresses and furniture remain fit for purpose. Any damaged furnishings including armchairs must be removed to ensure the environment remains safe and reduce the risk of infection for those living there.

This is in order to comply with Regulation 4(1)(a) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure care and support is consistent with the Health and Social Care Standards which state:

"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 requirements we made at or since the last inspection

Requirements

Requirement 1

By 8 December 2021, the service provider must ensure people experiencing care:

- (a) have in place a personal plan which set out how their health and care needs will be met.
- (b) Ensure that all personal plans are regularly reviewed at least once every 6 months.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and

'My care and support meets my needs and is right for me.' (HSCS 1.19) and in order to comply with Regulation 4(1)(a) and 5(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

This requirement was made on 27 October 2021.

Action taken on previous requirement

From the sample of care plans looked at we continued to find that not all information contained in these was up to date and reflective of the persons current care needs. This could have a negative impact on people receiving the correct care and support they need.

We noted that a number of reviews had taken place since the last inspection. However, there was no plan in place showing when the service planned to undertake reviews for the majority of people requiring this, most of whom had not been reviewed for over six months.

We have extended the timescale of this requirement to 1 March 2022.

Not met

Requirement 2

By 8 December 2021, the service provider must ensure people experiencing care are having their care and support needs appropriately monitored.

This must include, but is not limited to:

- (a) putting in place a system for clear ongoing daily recording documentation when this is required
- (b) providing clear guidance on peoples care needs to be monitored
- (c) measuring the efficacy of all required interventions through a review process.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and in order to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 27 October 2021.

Action taken on previous requirement

We looked at a sample of food and fluid charts currently in use. We continued to identify issues in relation to the completion and overview of the information contained in these charts.

We found significant gaps of days in food intake being monitored and were therefore unable to evidence on what information staff were basing medical decisions on in terms of, for example, administering certain medication.

We also identified issues where a persons food intake was being monitored due to weight loss. There was no evidence to show that where a person refused food that alternatives were being offered or substantial snacks provided between meals as highlighted in documentation. This meant the service could not demonstrate that it was effectively meeting the identified support needs for the individual concerned.

There was no evidence to show that these charts were being effectively monitored and any issues identified addressed to ensure good outcomes for the individuals concerned.

We have extended the timescale of this requirement to 1 March 2022.

Not met

Requirement 3

By the 8 December the provider must put in place an effective quality assurance system to ensure all mattresses and furniture remain fit for purpose. Any damaged furnishings including armchairs must be removed to ensure the environment remains safe and reduce the risk of infection for those living there.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22) and in order to comply with Regulation 4(1)(a) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 27 October 2021.

Action taken on previous requirement

The service had introduced a new process for auditing mattresses and cushions to ensure they were clean and fit for purpose. This process had yet to complete a full cycle so we were unable to say how effective it would be in order to address this requirement.

We did find that the quality of information recorded was variable and not all forms completed highlighted the actions that had been taken if issues with a mattress or cushion had been identified. This meant we were unsure if effective arrangements were in place to reduce the risk of infection for people in the service.

We have extended the timescale of this requirement to 1 March 2022.

Not met

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 provider should ensure that there is a clear and understood protocol in place to make arrangements for relatives to attend care reviews.

This is to ensure care and support is consistent with Health and Social Care Standard 2.11: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

This area for improvement was made on 1 September 2021.

Action taken since then

The new manager was in the process of developing a protocol for the service to ensure that families and power of attorneys were given sufficient notice to attend care reviews. We will follow up how effective this has been at the next inspection.

Previous area for improvement 2

The provider should ensure that residents care and support are responded to in a consistent manner.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 1 September 2021.

Action taken since then

Due to a couple of confirmed Covid-19 cases amongst staff in the service we were unable to observe staff practice during this inspection. We will therefore follow up this area for improvement at the next inspection.

Previous area for improvement 3

The provider should ensure that where residents require significant footcare, then this should be reflected within the care plan.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

This area for improvement was made on 1 September 2021.

Action taken since then

From the care plans looked at we found that these did not contain information in relation to footcare. This is of particular importance particularly for those service users with type 1 Diabetes.

This area for improvement is not met.

Previous area for improvement 4

The provider should ensure that lines of communication between the care home and relatives are improved.

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: My care and support is consistent and stable because people work together well.

This area for improvement was made on 1 September 2021.

Action taken since then

The service has been working to improve lines of communication with families. This included updating the services telephone number, the new manager providing direct contact details to families and sending electronic updates.

Funding has also been approved to upgrade the services telephone system so that families could make direct contact with the unit their relative was living in. The system would also allow families to leave a message so that staff could contact them when free. The service were waiting for confirmation for a date for this to be installed.

This area for improvement is met.

Complaints

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate

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