

Allanbank Care Home Service

Bankend Road
Dumfries
DG1 4AN

Telephone: 01387 249935

Type of inspection: Unannounced
Inspection completed on: 13 June 2017

Service provided by:
Embrace (Allanbank) Limited

Service provider number:
SP2007009437

Care service number:
CS2004057340

About the service

The service has been operating since 2004 and registered with the Care Inspectorate since the Care Inspectorate was formed in 2011.

Allanbank is a care home registered to provide care and support for up to 67 people at any one time. The care home provides different levels of care and support to residents.

The service is registered to deliver care in three unit areas as follows:

Carlavin/Kelton Units - 12 beds of which Carlavin is for adults over the age of 18 with mental health conditions and/or neurological disorders and Kelton is for people with nursing needs.

Craigs Unit - 24 places for older adults with physical/sensory condition and/or memory impairment/dementia requiring nursing care: further subdivided into Kissock Unit - eight residents, Glensone Unit - eight residents, Roan Unit - eight residents.

Glenkiln Unit - thirty-one places for older adults and older people with physical/sensory conditions and or memory impairment/dementia who do not require nursing care: further sub-divided into Drumburn Unit - eight residents, Dalquhairn Unit - eight residents, Meikle Unit - eight residents and Kier Unit housing seven people on a private basis.

At the time of this inspection 47 people were living in the care home Miekle Unit was empty as the management of the service decides its future purpose.

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 Craigs and Glenkiln Units. The service has all single en-suite bedrooms which look out onto garden areas. Each unit has its own lounge/dining area and access to garden space.

The service claims that:

"every individual irrespective of their physical, social or psychological condition have the right to be treated with dignity and respect and to be supported to maintain choice and control over their own lives".

What people told us

We spoke with 12 residents and 10 visiting relatives and friends. In addition, we received Care Inspectorate questionnaires from three residents and four staff members. Response to the service provided by Allanbank was mixed and people told us that the care home has improved and there was a good level of satisfaction from residents and families about the quality care and support. People made the following comments:

"Happy with the home"

"The staff are really good to me"

"Staff are mostly good"

"The food is alright. We had turkey yesterday. there is a choice"

"I am happy with my room"

"We are made to feel welcome when we visit"

"management side lacking-keeps changing"
 "Not enough staff, when I say something, I'm told there is enough"
 "Things are OK"

Self assessment

The service had not been asked to complete a self assessment in advance of this inspection. We looked at the services "improvement plan" and quality assurance paperwork. These demonstrated the services priorities for development and how they were monitoring the quality of provision. The development plan also demonstrated how the service had made efforts to address issues identified from the last full inspection.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

What the service does well

The service was working to improve and develop a more positive culture change across the home. This was reflected in an effort to improve participation which focussed on working together and building on strengths. For example, the acting manager was asking for feedback and during inspection, relatives and residents were involved in the recruitment process for appointment of a new manager.

The service had addressed previous outstanding requirements. We found that adequate staffing levels were maintained, the manager was conducting dependency assessments and the service was meeting their minimum staffing schedule. This ensured adequate cover by ensuring care staff were on duty to meet the needs of residents.

The atmosphere in the care home was settled. People confirmed that reviews took place 6 monthly and we found improved care planning. The service was working well with district health staff to ensure peoples health needs were being met.

The services medication systems were subject to regular auditing and presented as being accurate and accountable. The service was picking up on any errors and ensuring that people received medication as prescribed.

The services activity coordinators were working to deliver a balance of group, internal and external events. This enhanced mental and physical stimulation. For example, the service was developing the courtyard gardens and having unit "competitions" and there was a "walking group." Some residents with cognitive impairment were supported to make their views known.

The service had made substantial improvement to the premises. For example, there was very good signage directing people to units, gardens and other areas of the home. These were colour co-ordinated to aide people with cognitive impairment to orientate and manoeuvre around the building with ease.

We found the care home to be well maintained and clean. Staff demonstrated good infection control practices and there was a good range of equipment for supporting people such as hoists.

The previous recommendation regarding staff training was met and staff had completed training regarding adult protection, confidentiality and dementia. In addition, a schedule of meetings and staff supervision had been introduced. This enhanced communication and support for staff. There have continued to be staff changes and we observed a more confident staff team with some good staff engagement and practice.

The quality of the overall service was monitored by a wide range of checks and audits. We saw how the checks carried out by the management team informed standards. For example, there had been improvement to the environment and medication system.

We found improved communication systems in place which included team meetings, training and supervision and a daily handover between shifts for senior staff. The management team was working towards creating a more positive culture for people living and working in the care home. They were trying to use different methods of engagement such as newsletters and social media.

What the service could do better

Keyworkers were knowledgeable about residents and knew their behaviours and preferences. The service had two activity co-ordinators, but at this inspection, there was again a vacancy. One activity co-ordinator was working hard to deliver a good planned programme of activity. We found some good information of events people had attended and the service should continue to involve people. For example, a walking group, church services, food group and improved links with the community. The service is making progress and we advised that the service should continue to develop activities which relate to residents preferences and interests and take account of best practice guidance such as:

Standards of Care for Dementia in Scotland (The Scottish Government - 2011) available at www.scotland.gov.uk.
Make Every Moment Count: A guide for everyday living. Care Inspectorate 2013. www.careinspectorate.com.
Living well Through Activity in Care Homes', College of Occupational Therapists (2013). We have repeated a previous recommendation to monitor progress. (See recommendation 1)

The service has continued to experience staff changes and relatives again expressed concerns about staffing levels. Whilst the service is maintaining minimum staffing numbers, the changes in staffing have made it difficult to build meaningful relationships and provide continuity of care. Staff also told us that they could be deployed for cover to other units and this impacted on how much time they could spend with their residents. For example, although the service has a keyworker system in place, there have been changes in keyworkers and some newer care staff were not familiar with the responsibilities of this role. We have repeated a previous recommendation that the service continue to demonstrate development of the keyworker role for staff, care management, life story work and meaningful activities. This would improve communication and have improved outcomes for each resident. (See recommendation 2)

As areas of improvement, we advised the management team to continue to improve the environment for people with cognitive impairment. We advised that the management team consider how units are managed to reduce risk when staff are busy or redeployed. We also reminded the service of their responsibility in maintaining confidentiality as we found paperwork unattended.

We noted that the service had worked hard to implement their training plan and particularly, Scottish Government 2011, Promoting Excellence Dementia training at a skilled level. The service needs to continue to develop and implement training and improve communication with all staff. In addition, we have recommended that the service extend Promoting Excellence to an enhanced level for managers and nurses. (See Recommendation 3)

The service has key workers allocated to and their role is still developing. The service has improved its activity programme and should continue to enable people to engage in meaningful activities by linking life story work and keyworker roles. This would promote people's rights to influencing their care delivery in a customer focussed and confidential manner. We have repeated a previous recommendation to monitor progress. (See recommendation 4)

We observed staff demonstrating value based practice. Staff confirmed that they were aware of Scottish Social Services Council (SSSC) Codes of Practice. We again directed the manager to current good practice such as Step into Leadership and Common Core Skills and Values published by the SSSC for on going staff development and teamwork.

The service has undergone 4 changes of managers since February 2016. At this inspection, the manager appointed at the last inspection had departed and the service was again being managed by the deputy manager in an "acting up" position and being overseen by external management. During inspection, the provider was actively recruiting for the manager's post and had invited relatives and residents to meet potential candidates. We consider that the provider's management team need to continue to promote and demonstrate positive organisational values to create an inclusive culture.

The service is working with the Care Inspectorate in reviewing the aims and use of units. As discussed during previous inspections, the provider has met a previous requirement by submitting a variation to Conditions of Registration. At this inspection, one unit remained empty.

Quality assurance processes are in place and the service collated data using the providers "RADAR" system. We found that there were robust processes in place to monitor aspects such as health and safety. However, the service should introduce and implement a development plan which includes evaluation of issues such as participation. This enables people to monitor progress and evaluate action taken. (See recommendation 5).

Despite attempts to seek views of people and improve participation methods, we again received concerns from people using the service about management and complaints processes. For example, one relative told us:

"We have no faith in the management, when we raise anything, there is a rehearsed speech about care plans. No empathy for staff or people using the service."

We have previously made a requirement in October 2016 and a recommendation in March 2017 regarding the services complaints processes. We consider that there is a need to adopt a more customer friendly approach at all levels. For example, there is a programme for relatives meetings. We attended the meeting scheduled on the evening of May 2017. There were no other attendees and some relatives told us they were unaware of meetings and "nothing gets done anyway." The manager and staff should proactively ensure that any issues raised are dealt with in a responsive manner. The services complaints process should be extended to close the loop where the complainant is asked if they are satisfied with the action taken. We have again repeated this recommendation. (See recommendation 6)

The service notifies the Care Inspectorate of any significant events such as incidents and accidents as required. However, the quality and content of notifications is poor and compromise accountability. We have recommended that the management team ensure that they are aware of the circumstances under which notifications should be submitted and ensure accuracy and clarity. (See recommendation 7)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 7

1. It is recommended that the provider continues to develop the activities programme to ensure it reflects the up-to-date needs and preferences of service users, and that activities staff receive training appropriate to that role.

National Care Standards, care homes for people with mental health problems and care homes for older people - standard 17.1: daily life.

2. The service should continue and demonstrate development of the keyworker role for staff, care management, life story work and meaningful activities. Personal planning should continue to be developed to reflect the holistic care and support, including meaningful engagement, communication needs and positive outcomes for each resident.

National Care Standards, care homes for older people - standard 6: support arrangements.
This recommendation was made on 18 October 2016 and in February 17.

3. The service should continue to develop their training programme to Scottish Government Promoting Excellence, 2011 to an enhanced level for managers and nurses

National Care Standards, care homes for older people - standard 6: support arrangements.

4. The service should ensure that residents have opportunities to engage in meaningful activities as part of life story work and key worker roles. In addition, staff should receive training in customer care and confidentiality and ensure they apply this learning to practice.

National Care Standards, care homes for older people - standard 6: support arrangements.

This recommendation was made on 18 October 2016.

5. The service should continue to implement and develop their quality assurance systems and participation strategy. They should increase and demonstrate the extent to which it takes into account the views of residents, relatives and staff in improving the service. The service should introduce a development plan which clearly identifies matters arising and action taken.

National Care Standards, care homes for older people - standard 11: expressing your views.

6. The provider should ensure that the complaints procedure is appropriate to the needs of service users. Any "concerns" raised by residents, relatives and staff should be treated with respect, thoroughly and fairly investigated, appropriate remedial action taken and documented as necessary. The provider and staff team should demonstrate a more customer care approach to issues raised by people using the service and the complaints process should be extended to ensure that a complaint has been fully addressed.

National Care Standard, care homes for older people - standard 5: management and staffing arrangements, standard 6: support arrangements and standard 11: expressing your views.

This recommendation was made in October 2016 and on 1 March 2017.

7. The management of the service should ensure that the quality and content of notifications submitted are accurate and clear.

National Care Standard, care homes for older people - standard 5: management and staffing arrangements.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Inspection and grading history

Date	Type	Gradings
1 Mar 2017	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
18 Oct 2016	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
23 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
4 Aug 2015	Unannounced	Care and support
		4 - Good

Date	Type	Gradings	
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
12 Mar 2015	Announced (short notice)	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
24 Nov 2014	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
21 Aug 2014	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	1 - Unsatisfactory
13 Mar 2014	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
10 Jan 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
10 Oct 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
28 Mar 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
8 Dec 2011	Unannounced	Care and support	4 - Good

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed 4 - Good Not assessed
2 Nov 2010	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate Not assessed
1 Sep 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 4 - Good
31 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
24 Apr 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
8 Dec 2008	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
4 Jul 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

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