

# Alastrean House Care Home Service

Tarland  
Aboyne  
AB34 4TA

Telephone: 01339 881235

**Type of inspection:**

Unannounced

**Completed on:**

26 September 2018

**Service provided by:**

Balhousesie Care Limited

**Service provider number:**

SP2010011109

**Service no:**

CS2005087489

## About the service

Owned and managed by Balhousie Care Ltd, Alastrean House was registered to provide a care service to a maximum of 51 older people.

Alastrean House is a traditionally built home set in its own grounds in rural Aberdeenshire. All the bedrooms are single rooms with en-suite facilities. There is a variety of communal sitting and dining rooms. Alastrean House's aims and objectives document states that '.....we aim to deliver exceptional customer satisfaction through our commitment to good quality care in a responsive and understanding atmosphere', and '.....provide effective two-way communication throughout the service'.

The service employs a team of nursing, care, domestic and catering staff with varying degrees of skills, expertise and qualifications.

This service has been registered since 2005.

## What people told us

We spoke with eight residents, who stay at Alastrean House. We also spent time observing staff practice in the home and how the staff interacted with residents. We received variable feedback regarding the food and choices of activities that were available. They said staff in general were "wonderful" but they were always busy. One resident said that some staff were "not as caring as they used to be".

We spoke with three relatives or friends during our inspection. Most spoke highly of the quality of care. However, concerns were raised about the lack of staff especially at the weekends.

The views of the residents and their families have greatly informed the findings of this inspection and are included throughout this report.

## 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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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

We found that due to recent increase in new residents and new staff being employed the outcomes for the residents regarding their daily care and support had been affected. Practice had become inconsistent and task led depending time of day and staff on duty. There were number of areas that required and improved on, we graded the service as being adequate.

Residents should experience care and support that is right for them and residents experience warmth, kindness and compassion. We spent a significant amount of time observing staff practice in the home and how the staff interacted with residents. We found that the culture and ethos within the home had changed. Staff displayed a lack of passion at times. There were many occasions where staff had missed opportunities to engage appropriately with the residents. Most of the interactions we saw were task-focused and were impersonal. There was a focus on meeting the resident's basic needs which at times was compounded by a shortfall in staff on duty. Staff required support, improved induction and mentoring this will assist staff reflect on their practice and to ensure that that culture and practice improves.

Residents should be able to maintain and develop their interests, activities and what matters to them in the ways that they like. Where activities or events were taking place these were limited. Although some residents undertook a range of activities that would improve and enhance their quality of life, such as reading the newspapers, this practice was not consistent. The culture within the home needs to improve to become more outcome focused for the residents. Many residents spent long periods of the day with nothing to do. A few residents said they found the evenings long and said 'there was nothing to do'.

Staff had an understanding of safeguarding and the Adult Support and Protection (ASP) procedures. Appropriate steps were in place to report any incidents or concerns promptly to the ASP team.

Residents should have suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning. We saw meals look appetising and we saw residents being offered a cooked breakfast. However, feedback on the quality and choice of meals offered varied. We found that staff displayed a poor attitude towards the residents dining experience. Staff were unaware of the main meal they were assisting residents with. Juice that had been 'thickened' was referred to as 'gloop'. There was little residents' involvement in the menu planning. These actions do not promote a relaxed, enjoyable dining experience.

It is important that residents' needs are met by the right number of staff. We found that there was not enough staff on duty to ensure the residents' needs were met and their quality of life enhanced. Staff were not visible within communal areas, this resulted in residents who required assistance having to wait for long periods. The call system was also left unanswered for long periods of time. There had also been an increase in the number of falls. These falls were not being managed in line with best practice. The manager was formally reviewing the staffing levels. However this assessment did not take into account the environment factors of a large old building, which is spread over three wings.

### Requirements

1. In order to ensure there are the right number of staff, the provider must ensure that the home is appropriately staffed, at all times, to ensure the safety of the residents and that the residents' quality of life improves by 15 October 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS 3.15) which states 'My needs are met by the right number of people', and in order to comply with Regulation

4(1)(a) - Welfare of Users and Regulation 15(a) - Staffing of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. In order to ensure there is a culture of sustained improvement, the provider must ensure that the quality assurance processes are effective in identifying, preventing and managing falls. The processes should be responsive to improving the outcomes for service's users and actively drive good practice and standards forward by 31 December 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS 4.19) which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes', and in order 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.

## Areas for improvement

1. The provider must undertake a review the staffing roles within the service to ensure there are enough competent staff to monitor, assess and promote good practice and a positive culture. This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15)

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**3 - Adequate**

Resident's personal plans should be right for them. It should set out how their needs will be met, as well as their wishes and choices. We found that many elements of residents' personal plans contained a lot of details that were specific to each resident. Some documentation was becoming more focused on outcomes for people. Although the standard of some documentation was good, there were many areas that did not always clearly show the changing care and support needs. There had been limited evaluation of the care and support provided. This resulted in changes in the residents' welfare and wellbeing not being documented. Specifically in relation to anticipatory care and ensuring that the residents and families wishes regarding end of life are respected. There was potential for care practices to be inconsistent, specifically in supporting residents who became upset or

anxious. Where a resident's independence, control and choice are restricted the appropriate legal measures should be considered, specifically the principles of the Adults with Incapacity Act.

Residents should be involved in developing and reviewing their personal plan and it is important that residents' views are sought and their choices respected, especially if they have reduced capacity to fully make their own decisions. We found that the care review process could be used more effectively to identifying the residents' thoughts, views or wishes. There could be more opportunities for residents created, especially those residents with complex communication needs, to meaningfully take part in their care review.

### Areas for improvement

1. The provider must ensure that all residents' personal plans are reviewed in order to ensure that they contain all of the required up to date information about each resident's care and support needs. Particular attention should be taken to ensure that all care plans are outcome focused. Personal plans should detail the action taken by staff to prevent risk as well as the actions taken to assist and support residents who display stress or distress reactions or at their end of life.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, 'my personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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