

Annandale Bed and Bath Service Limited Support Service

56 High Street
Lockerbie
DG11 2AA

Telephone: 01576203934

Type of inspection:
Unannounced

Completed on:
31 May 2023

Service provided by:
Annandale Bed and Bath Service
Limited

Service provider number:
SP2011011546

Service no:
CS2011286110

About the service

Annandale Bed and Bath Service Limited is registered to provide a care at home service to individuals in their own homes over the age of 16 years and over.

The service has an office base in the centre of Lockerbie.

The service were supporting 19 service users within Lockerbie and Lochmaben at the time of the inspection.

About the inspection

This was an unannounced inspection which took place from 30 May till 31 May 2023. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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:

- consulted in person with four people supported by the service, four relatives and one external health professional.
- consulted in person with four staff
- received completed feedback surveys from four relatives
- reviewed documents relating to care and support
- carried out observations of care practices during the morning visits.

Key messages

- People were confident about the service provided by Annandale Bed and Bath. There were positive relationships which helped people feel well supported and safe.
- Personal plans could develop to be more in keeping with best practice and support more individualised person-centred care planning.

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?	5 - Very Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We made an evaluation of very good for this key question. This applies to performance which demonstrates major strengths in supporting positive outcomes for people.

People should expect to experience care and support with compassion because there are warm, encouraging and positive relationships. This came across strongly from the observations and feedback from people. It is helped by having a small consistent group of staff who know people well. Although individual outcomes may not be well documented staff knew what was important to people. The details of care, for example, step by step and additional aspects of care such as catheter care could be documented with more detail to get a more "person-centred" approach to personal care planning. **(See area for improvement 1.)**

People's wishes were well known and there was lots of informal communication. People felt confident in expressing their views. Feedback was recorded at six monthly reviews. Some more detailed recording linked to the personal plan records would strengthen the evidence of responding to expressed wishes, for example, declining the use of bed rail bumpers.

People knew which staff were coming in terms of the team but the specific individual was communicated verbally. This seemed to be sufficient for the people consulted. They described good communication over changes to specified visit times and phone calls were made if the visit was delayed for any reason. Staff were aware of reporting any concerns and people were confident in how they were treated by staff.

Newsletters were used to keep people informed and opportunities to feedback or make suggestions were there but not always used, for example, survey. There was consideration as to who may have legal powers by documenting this on a spreadsheet. This could be made clearer in personal plans. Overall, any areas for improvement would have little impact on the experience of care and compassion as this was described confidently by those consulted.

People should expect to be supported to get the most out of life. There were opportunities for involvement in signing documents and giving feedback, relatives were heavily involved in linking in and sharing care. There was a partnership in care with other external agencies such as district nurses. We heard examples of people's independence improving through support provided. Staff were knowledgeable about who to link with to support various conditions better. For example, in gaining appropriate continence products.

Service agreements were clearly set out in the personal plans and people knew what the arrangement and schedules were. There were strong links with social work to discuss any changes or where there were issues in meeting outcomes. Carers engaged with people in a fun way with appropriate banter which helped to brighten people's day. This helped to improve people's confidence and build relationships. Measures were in place to report any adult protection concerns and this helped to keep people safer.

People should expect their health to benefit from the care and support provided. Staff knew people well and could respond to changes in their condition. This was seen by use of the libra blood glucose monitoring when a service user said they felt unwell. There was regular contact with health professionals such as district nurses. This could be built on further in use of anticipatory care planning so people's wishes for future care are better recorded. Although personal plans had recorded long-term medical conditions this could link better into support plans so staff have clear instructions on how to monitor for subtle changes.

People had encouragement from staff to monitor their own conditions and use technology when needed, for example, libra/care call.

Only five service user had support for medication. Whenever possible service users or their families retained control over this. Staff used robust systems to manage medication and checked how this was going regularly so minor errors were picked up quickly and rectified.

Staff used a diary system to report health changes or concerns. This included how people were eating or drinking and staff were aware of the need to support a healthy balanced diet as far as possible. Overall, people could be confident their health would benefit from the very good support provided.

Areas for improvement

1. So people can be confident their wishes and preferences for care are recorded in more detail. The provider should review the structure and format of personal plans with a view to getting them closer to best practice. This should include:

- time for staff to learn about personal planning
- greater involvement of service user/representative in the personal plan
- consider how formats can be adapted if necessary for people with communication support needs.

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

How good is our leadership?

4 - Good

We made an evaluation of good for this quality indicator, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experience.

People should expect quality assurance and improvement is led well. The small size of the service and staff team meant people's experiences were monitored well and any issues could be dealt with quickly and resolved. People felt confident they could raise issues and had good open communication between care staff and the office.

Although there were some quality assurance systems, these were not fully developed and the quality assurance policy had not been localised so it was appropriate to use easily. This meant not all staff had the opportunity to get involved in quality assurance systems and activities. **(See area for improvement 1.)**

Some best practice documents were available but this could be widened and used more effectively to check if practice matches, for example, use of national documents such as catheter passport and anticipatory care planning.

Staff were well supported using regular supervision which reinforced the standards and Scottish Social Services Council codes of practice for care workers.

There had been no complaints or concerns recorded which gives a positive indicator of satisfaction with the service.

Managers and leaders were motivated and keen to improve the service further, this was seen by attendance at national events and active participation in local forums. A staffing recruitment plan was in progress to try to build the service more sustainably. Previous recommendations had been acted upon and capacity for further improvement was good.

Areas for improvement

1.
So people can be confident the service monitors quality and checks practice, the service provider should implement a localised quality assurance policy with clear systems for staff to follow. This should include more defined audit and self-evaluation which informs the improvement plan.

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

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

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 service manager should ensure that all information in personal plans remain up-to-date and relevant clearly detailing how service users needs will be met.

This should include discussions held and actions agreed within six monthly reviews. Anticipatory care plans should be discussed and agreed and all relevant paperwork should be signed and dated by all relevant individuals where indicated.

This area for improvement was made on 14 February 2020.

Action taken since then

Personal plans were up to date and contained basic information as to how to meet people's needs. These were reviewed every six months, although review records could be linked better with the content of personal plans. Although some people had anticipatory care plans others didn't and the use of these had become confused. A new personal planning system was due to be introduced and allows opportunity for personal planning to be reviewed and developed further to be closer to best practice.

This area for improvement is partly met and has been re-worded in keeping with the findings of this inspection. See area for improvement 1 under 'How well do we support people's wellbeing?' of this report.

Previous area for improvement 2

The service manager should ensure that staff follow best practice when administering and recording of all prescribed medications.

This area for improvement was made on 14 February 2020.

Action taken since then

Medication administration records were used effectively.

This area for improvement is met.

Previous area for improvement 3

In order to ensure that staff are trained and competent and skilled and are able to reflect on their own practice the service manager should ensure that any staff issues and risk assessments including feedback from service users and relatives is recorded and regularly reviewed as part of the supervision process. The service manager should consider using supervision and team meetings for staff discussion and evaluation of training attended and learning points.

This area for improvement was made on 14 February 2020.

Action taken since then

Supervision records were used regularly and appropriately to support staff.

This area for improvement is met.

Previous area for improvement 4

In order to ensure that service users are supported by people who have been safely recruited the service manager should ensure that she follows selection and recruitment best practice at all times.

This area for improvement was made on 14 February 2020.

Action taken since then

Although recruitment checks were in place a more robust use of risk assessment following information received from protection of vulnerable groups (PVG) and storage of such information should be reviewed. The service had undertaken minimal recruitment. However, this could be audited and checked against best practice as part of quality assurance.

This area for improvement is partly met and a further area for improvement is set out in section 'How good is our leadership?' of this report. See area for improvement 1.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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