

# Upper Springland Annaty Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
23 November 2023

**Service provided by:**  
Capability Scotland

**Service provider number:**  
SP2003000203

**Service no:**  
CS2003009777

## About the service

Upper Springland Annaty provides a care home service for adults with a physical and/or a learning disability. It is part of a larger campus which provides residential, short break and day opportunities for adults with physical and learning disabilities. On-site resources such as a gym and rebound (trampoline) therapy are accessible for people who use the Annaty service.

The aims and objectives of the service are:

"Capability Scotland's Upper Springland service in Perth aims to enable people with a range of disabilities to lead their lives to the full by accessing specialist facilities and services whilst using community facilities where appropriate."

## About the inspection

This was an unannounced inspection which took place on 22 and 23 November 2023, between the hours of 09:00 and 16:30 each day. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this 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:

- Spoke with three people using the service.
- Telephoned four family members/representatives of people using the service.
- Spoke with four staff and management.
- Observed practice and daily life.
- Reviewed care plans and management/audit documents.
- People told us that they valued the service and were routinely involved with planning and reviewing care. The manager and staff members were approachable and knew people's care needs; however, there was some concern about staff recruitment difficulties and the high use of agency staff.

## Key messages

- Staff members' approach to care and support was very good.
- The service was experiencing staff recruitment problems and had to use agency staff on a regular basis. This could impact on people's daily activities at times.
- The service was actively recruiting staff to ensure more stability in the core staff team and reduce the need for agency staff.
- People and their families/carers were well informed and involved in planning and reviewing care and support needs.
- People's healthcare needs were regularly assessed and reviewed.
- The service had comprehensive quality assurance and audit systems in place.

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff members' approach to care and support was very good. Experienced staff knew people well as individuals, showed compassion, and treated them with dignity and respect. Less experienced and agency staff were encouraged to adopt the same approach and were supported in understanding people's individual care and support needs.

Staff enjoyed working in the service and were motivated towards improving the quality of people's daily lives.

People were well supported by a team of core experienced staff. These staff had an in-depth knowledge of people's care and support needs, which was appreciated by people and their families and carers.

The service was, however, experiencing staff recruitment problems and had to use agency staff on a regular basis. This impacted on people's daily lives in that people sometimes received less one-to-one support, and opportunities to take part in activities and outings could be restricted at times. This was due to agency staff needing more direction and support in delivering care. Staffing is discussed further under Key Question 3: "How good is our staff team?".

Nevertheless, people still received a high standard of personal care and support. Individual and group activities were generally integrated into daily lives. There were clear activities programmes, which accounted for personal interests and aspirations. People had been supported in obtaining employment and attending college courses. Holidays, sailing trips, and racetrack driving experiences had been organised. The service was also exploring other activities, such as skiing.

Families and carers said they were well involved with planning and reviewing care. They told us that people's needs were being met and care was of a high standard, although was being impacted on by reduced numbers of regular staff.

Staff were seen to communicate well with people and knew their individual needs. They took time with people to support them with activities and when providing personal care and support. This helped ensure that people's daily lives were meaningful and met their needs and expectations. A variety of communication methods were used to help ensure that people's views and preferences were obtained - these included Makaton, choice boards and talking mats. Funds had been obtained to develop a sensory garden and to allow further development of interesting and aspirational activities.

The service actively sought to celebrate success for individual and group achievements. Steps could be taken to display this more clearly within the service setting; although, personal achievements were evident within people's ongoing reviews of care and support.

Some areas of the building were tired and dated in design. This had some impact on people's ability to enjoy the setting that they lived in. Nevertheless, there was evidence of ongoing renovation in bedroom and bathroom areas, and decoration of public areas. Expected improvements to the building need to be assessed within the context that the service will be moving to new premises in a few years time.

It was positive to see that people and their families were involved in planning and designing the new premises.

Staff received training in adult support and protection and knew how to recognise and report concerns related to people's health and welfare.

Where people needed health support this was referred promptly and communicated to families and carers. People's health and wellbeing needs were clearly identified in assessments, care plans and reviews of care. The input of health professionals, such as GPs, psychiatrists, mental health nurses, dentists, dietitians, district nurses, speech and language therapists, and wheelchair specialists were seen in care plans. People were also supported to attend health screening appointments.

Medication and enteral feeding needs were catered for, with appropriate training and assessment provided for staff before undertaking such tasks. Enteral feeds are used where people are unable to consume food orally. This helped ensure safe practice was maintained.

There was clear communication of prevention and management of people's stress and distress reactions. Staff dealt effectively with these reactions because they knew people well. This meant that people experienced less distress in their daily lives and could enjoy more activities and relaxation.

## How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff routinely evaluated people's care and support needs. They accounted for people's preferences when delivering care and making improvements to the service.

The manager was aware of the importance of quality assurance and effective leadership. Comprehensive quality assurance and governance systems were in place, which covered a wide range of care-related activities, maintenance requirements, and management processes. The manager, however, frequently had to deal with pressures related to staffing. This led to some distraction from time that could be spent on quality assurance and audit work.

It was positive to see that new team leaders had been appointed. This meant that three team leaders would be available to support the manager in supervising the staff team and carrying out quality assurance work. Robust implementation of staff supervision and quality assurance measures is important in ensuring that high standards of care practice are maintained with positive outcomes for people.

A comprehensive improvement plan was in place, which followed the Care Inspectorate's Quality Improvement Framework for care homes for adults. This was in PowerPoint format, which allowed presentation of text and photographs. The service also had a Facebook page, which celebrated work and activities undertaken - this included photographs and videos.

The service intends to move to new, purpose-built, premises in a few years time; however, it was recognised that short-to-medium term improvements would need to be maintained, especially around the ageing environment.

Feedback was encouraged from anyone involved with the service. This included involving people with the design of the proposed new premises. Comments received were very positive, despite some concerns expressed about the number of regular staff employed. Any concerns raised had been dealt with effectively and steps taken to improve standards related to these.

## How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were well supported by a team of core experienced staff. These staff had an in-depth knowledge of people's care and support needs, which was appreciated by people and their families and carers.

The service was, however, experiencing staff recruitment problems and had to use agency staff on a regular basis. Agency staff were supported by experienced staff when delivering care and support and were encouraged to become familiar with people's specific needs. Nevertheless, there was an impact on people's daily lives in that people sometimes received less one-to-one support and opportunities to take part in activities could be restricted at times.

The service was actively recruiting staff and used agency staff to cover shortages. Where possible, the same agency staff were used so that care was provided by staff that people knew well. It was positive to hear that new staff (including team leader posts) had recently been appointed - some were due to start in the next few weeks. We recognised current national challenges with recruitment and retention of staff and hope that efforts to obtain more regular staff prove successful.

Staff received regular online and face-to-face training. Staff praised the quality of the training provided. New and agency staff had to complete core and specialist training before being allowed to carry out care tasks without direct observation. This helped ensure that people received safe standards of care.

Regular staff support and supervision was provided through the manager and team leaders. Supervision and support sessions were recorded clearly and were seen to be of a high standard. Ongoing staff training and support is important in ensuring that people continue to receive a high standard of care.

## 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

To support people to keep safe and well the provider should ensure that people's accommodation and equipment is well maintained. The provider should develop further their infection prevention and control checks and audit tools.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

**This area for improvement was made on 13 January 2022.**

#### Action taken since then

This area for improvement had been met.

An action plan had been submitted to the Care Inspectorate and appropriate action taken. The premises were clean and tidy with evidence of ongoing maintenance and improvement. There was regular input from the "TORT" service regarding maintenance of wheelchairs and mobility aids; suitable personal protective equipment (PPE) stations were in place; and a quarterly walkaround audit was carried out with the on-site facilities manager.

#### Previous area for improvement 2

To support people stay safe, well and get the most out of life the provider should ensure that important planning for unexpected events is done and is up to date. This should include, but not limited to, reviewing and updating contingency planning for Covid-19 and the service risk assessment document for Covid-19.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

**This area for improvement was made on 13 January 2022.**

#### Action taken since then

This area for improvement had been met.

An action plan had been submitted to the Care Inspectorate and appropriate action taken. Although Covid-19 specific contingency plans were no longer required, the service had taken appropriate action.

Dependency assessments had been undertaken and people's needs were assessed on an ongoing basis. Many people receive one-to-one support for several hours each day. Staff shortages were covered by relief and agency staff and the service was actively recruiting for permanent staff. Please see main section of report for further details regarding staffing.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - 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
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good



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