Inspection report

Fairknowe
Care Home Service

Fairknowe House
3 Cargill Road
Maybole    KA19 8AF

Inspected by:  Lynn Milligan
(Care Commission Officer)

Type of inspection:  Unannounced

Inspection completed on:  6 November 2008
<table>
<thead>
<tr>
<th>Service Number</th>
<th>Service name</th>
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<tr>
<td>CS2006124775</td>
<td>Fairknowe</td>
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**Service address**

Fairknowe House  
3 Cargill Road  
Maybole  KA19 8AF

<table>
<thead>
<tr>
<th>Provider Number</th>
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<tr>
<td>SP2003002327</td>
<td>Mead Medical Holdings Limited</td>
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**Inspected By**

Lynn Milligan  
Care Commission Officer

**Inspection Type**

Unannounced

**Inspection Completed**

6 November 2008

**Period since last inspection**

5 months

**Local Office Address**

Suite 3, Sovereign House  
Academy Road, Irvine  
KA12 8RL
Introduction
Fairknowe is situated in a residential area in the town of Maybole, Ayrshire. The service was registered with the Care Commission on the 3 July 2006.

Fairknowe was registered to provide care and support to a maximum of 43 older people. The service comprises of a number of purpose built extensions around an older adapted building with lift and disabled access.

The company state their aims to be, among others: “To provide a highly professional and experienced staff to look after the residents in a caring and sympathetic way, so that their privacy and dignity are respected and active independence encouraged where possible. To regard all residents as individuals with the right to make decisions regarding their care and choices where possible and to be fully involved in drawing up their own Care Plan.”

Based on the findings of this inspection the service has been awarded the following grades:
- Quality of Care and Support - 3 - Adequate
- Quality of Environment - 3 - Adequate
- Quality of Staffing - 3 - Adequate
- Quality of Management and Leadership - 3 - Adequate

This inspection report and grades represent the Care Commission’s assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission’s website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

Before the Inspection
This report was written following an unannounced inspection, which took place over two days, on the 6 November 2008 between 10.35 and 17.45hrs and on the 17 December 2008 between 10.00 and 16.45hrs.

This report should be read in conjunction with the report for the announced inspection completed on 2 June 2008.

The Annual Return
The provider previously submitted a completed Annual Return as requested by the Care Commission.

The Self-Assessment Form
The provider previously submitted a paper self-assessment form as requested by the Care Commission after an extension to the submission date was agreed. The self-assessment gave some information for each of the Quality Themes, in which the service identified their strengths and any areas for future development. It included extremely limited information on how service users participated in the process.

Views of service users
As this was an unannounced inspection, no Care Commission service user/relatives
questionnaires were sent out in advance of the day of inspection. See below for comments received on the day of inspection.

Regulation Support Assessment
The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a high RSA score and so a high intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

This service will receive a number of inspections over the year 08/09. This inspection was based upon requirements and recommendations made at the last inspection on 2 June 2008.

During the inspection process

Staff at inspection
The inspection was completed by L Milligan and M McGill, Care Commission Officers and the inspection focused on the provider’s actions to address the outstanding recommendations and requirements. During the inspection, the Care Commission Officers spoke with six service users, two relatives, the manager, six staff, the activity organiser and two ancillary staff.

Evidence
During the inspection, the officers sampled evidence gathered from a number of sources including:
- Comments from service users and relative
- Time was spent observing the care of the service users
- Discussions with various staff members
- The officers completed a tour of the environment and reviewed the equipment used in the service
- The service had available a range of policy/procedure statements, records and other documentation, including the following:
  - Bedrail risk assessment
  - Off duty
  - Staff training records and annual training plan
  - Personal plans
  - Cleaning schedules
  - Risk assessments
  - Personnel files
  - Maintenance records
  - Minutes from service users, relative, Social Fund and staff meetings
  - Quality assurance and audit tools
  - Care Commission registration certificate
  - Staffing schedule
  - Insurance certificate
During the inspection process, all of the above information was taken into account and detailed in this report.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09
The Care Commission Officers took all of the above into account and reported on how this service was performing in the Quality Themes:
- Quality of Care and support
- Quality of Environment
- Quality of Staffing
- Quality of Management and Leadership

Within the above Quality Themes, relevant National Care Standards for Care Homes for Older People and the Inspection Focus Area of Notifications were included.

In addition, account was taken of the Scottish Statutory Instrument 2002 No.114 The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at: http://www.carecommission.com/

Fire Safety Issues
The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements since last Inspection
The provider had twenty five requirements to be addressed, these were made during the completion of previous Care Commission regulatory roles. Of these, six were requirements, which were unmet and repeated from past inspections, seven were made between inspections and twelve were made at the June 2008 inspection.

The outcome for these requirements is noted below.

The provider had six requirements, which were unmet from previous inspections and these were repeated. The following notes the requirement, the actions taken by the provider and the outcome of whether the requirement had been met, partially met or not met.

1. The provider must ensure that the programme for risk assessment and ongoing maintenance of bed rails is fully implemented and all associated paperwork properly completed. This is in order to comply with SSI 2002/114 regulation 4(1)(a) – a requirement that providers shall make proper provision for the health and welfare of service users.

   Timescale for implementation: 1 week from publication of this report.

   Action: The manager had completed a bed rail review and each service users had a risk assessment in place. A significant number of bed rails have been removed in favour of bed wedges. More equipment has been ordered and care staff undertake the cleaning.
Outcome: This requirement has been met and ongoing compliance will be reviewed at subsequent inspections.

2. The provider must devise an action plan with timescales for a full and robust audit of care plans to ensure that the content of all care plans is improved and all identified needs are fully and properly documented. This is in order to comply with SSI 2002/114 regulation 4(1)(a) – a requirement that providers shall make proper provision for the health and welfare of service users. Timescale for implementation: 1 month from receipt of letter of notification.
Action: The manager has completed the care plan review utilising an efficient audit format. The manager intends to complete a rolling program for the care plan audit.
Outcome: This requirement has been met and ongoing compliance will be reviewed at subsequent inspections.

3. The provider must ensure that where deficiencies in care plans are identified, staff responsible should be provided with training, and care planning be the subject of regular supervision where required.
This is in order to comply with SSI 2002/114 regulation 4(1)(a) – a requirement that providers shall make proper provision for the health and welfare of service users. This is also in order to comply with SSI 2002/114 regulation 13(c) – a requirement to ensure that persons employed in the provision of the care service receive & (i) training appropriate to the work they are to perform. Timescale for implementation: 2 months from the publication of this report.
Action: The audit completed by the manager highlights any areas of deficiency and the care plans were returned to the registered nurse with an action plan to address within a specified timescale.
Outcome: This requirement has been met and ongoing compliance will be reviewed at subsequent inspections.

4. The provider must ensure that there are sufficient staff to meet the needs of service users at all times. The provider must consider the content of the current staffing schedule in terms of number, times and skill mix taking into account the findings of this and previous reports and submit revised proposals for the staffing schedule to the Care Commission.
This is in order to comply with SSI 2002/114 regulation 13(a) – a requirement that providers shall ensure that at all times the number of staff will be appropriate in such numbers for the health and welfare of the service users.
Timescale for implementation: 1 month from the publication of this report.
Action: The provider had recruited and employed a number of new staff and taken action to minimise lower staff levels for unexpected absences.
Outcome: This requirement has been met and ongoing compliance will be reviewed at subsequent inspections.

5. All matters related to health and welfare must be robustly risk assessed and properly recorded and subject to review as required with the service user and agreed representative.
This is in order to comply with SSI 2002/114 regulation 5(2)(c) - a requirement that providers must prepare a written plan which sets out how the service user's health and welfare needs are to be met which must be revised as required. Timescale - Within one month of receipt of this letter.
Action: The manager had initiated a system to assess and record risk assessments. In addition, regular monthly audits of any accident/incidents, care plans and medication were ongoing.
Outcome: This requirement has been met and ongoing compliance will be reviewed at subsequent inspections.
6. The service must ensure that assessed needs are met to ensure the safety and well being of service users. This is in order to comply with SSI 2002/114 regulation 4(1)(a) - a requirement to ensure that providers make proper provision for the health and welfare of service users. Timescale - On receipt of this letter.
Action: The sampled personal plans contained evidence of recent updates to ensure the service user’s current assessed needs were being met and recorded.
Outcome: This requirement has been met and ongoing compliance will be reviewed at subsequent inspections.

The provider then had seven requirements made between inspections. The following notes the requirement, the actions taken by the provider and the outcome of whether the requirement had been met, partially met or not met.

Information about complaints that have been upheld or partially upheld can be found on the Care Commission website.

1. The provider will obtain and record each relatives/families wishes regarding when and how they wish to be contacted regarding the care or any other issues pertinent to their loved one and ensure that these wishes are adhered to by the service. This is in order to comply with SSI 2002/114 Regulation 4(1)(a) – a requirement as to the welfare of users.
Timescale for implementation: within one month of receipt of this letter.
Action: The service had obtained and recorded this information in the personal plans sampled by the officers.
Outcome: This requirement has been met and ongoing compliance will be reviewed at subsequent inspections.

2. The provider will ensure that all staff members have skills, knowledge and training to ensure that any changes in a service user’s condition are promptly reported to the nurse in charge, who should complete a full assessment, contacting the GP as appropriate. In addition, comprehensive records of all actions taken must be maintained while ensuring compliance with the Nursing & Midwifery Council and Scottish Social Services Council guidance. This is in order to comply with SSI 2002/114 Regulation 4(1)(a) – a requirement in relation to the welfare of users.
Timescale for implementation: within one month of receipt of this letter.
Action: The provider had taken some action to address this requirement in highlighting to the staff the expected steps they should take. However, the recording in the personal plans is still to fully meet the NMC guidelines.
Outcome: This requirement has been partially met. (See requirement 1)

3. The provider must ensure that a robust system is put in place to ensure that service users’ podiatry needs are identified, addressed and that communication with the podiatry department is enhance to ensure needs are met appropriately. This is in order to comply with SSI 2002/114 Regulation 4(1)(A) – a requirement in relation to the welfare of users.
Timescale for implementation: within one month of receipt of this letter.
Action: The provider had completed a review and enhanced communication with the podiatry department.
Outcome: This requirement has been met and ongoing compliance will be reviewed at subsequent inspections.

4. The provider will ensure all staff members receive accredited or recognised training in relation to foot care and nail cutting to meet the needs of those service users whose foot care and condition do not meet the criteria used by the podiatry department. The service will
implement systems to monitor that service user's foot care needs are being met. This is in
order to comply with SSI 2002/114 Regulation 4(1)(a) – a requirement in relation to the
welfare of users.
Timescale for implementation: within one month of receipt of this letter.
Action: Specific care staff had been trained to complete nail cutting for those service users
assessed as suitable.
Outcome: This requirement has been met and ongoing compliance will be reviewed at
subsequent inspections.

5. The provider will ensure service users are fully assessed regarding their continence
needs, comprehensive records kept, appropriate plans put in place, which are regularly
reviewed for efficacy. Staff caring for the service users should be kept updated on continence
needs and issues to ensure the service user’s needs are met. This is in order to comply with
SSI 2002/114 Regulation 4(1)(a) – a requirement in relation to the welfare of users.
Timescale for implementation: within one month of receipt of this letter.
Action: The standard of record keeping was notable improved and information was provided
for staff.
Outcome: This requirement has been met and ongoing compliance will be reviewed at
subsequent inspections.

6. The provider will ensure that at all times there are sufficient registered nurses on duty to
meet the needs of service users and to support the operation of the service. This is in order
to comply with SSI 2002/114 Regulation 4(1)(a) and 13(c) – a requirement in relation to the
welfare of users and staffing.
Timescale for implementation: on of receipt of this letter.
Action: The service was meeting the minimum staffing levels and staff skill mix as detailed on
the staffing schedule. In addition, the carer’s roles and responsibilities were being enhanced.
Outcome: This requirement has been met and ongoing compliance will be reviewed at
subsequent inspections.

7. The provider will ensure that at all times there are sufficient registered nurses and care
staff on duty to meet the needs of service users and to support the operation of the service.
This is in order to comply with SSI 2002/114 Regulation 4(1)(a) and 13(c) – a requirement in
relation to the welfare of users and staffing.
Timescale for implementation: on receipt of this letter.
Action: The service was meeting the minimum staffing levels and staff skill mix as detailed on
the staffing schedule. In addition, the carer’s roles and responsibilities were being enhanced.
Outcome: This requirement has been met and ongoing compliance will be reviewed at
subsequent inspections.

The provider also had twelve requirements made during the June 2008 inspection. The
actions taken by the provider will be recorded, under the specific Quality Theme, within the
main report. This covers requirements numbered seven to eighteen in the previous report of
June 2008.

Comments on Self Assessment
A completed paper self-assessment document was submitted by the service. This was
completed to an adequate standard and gave some information for each of the Quality
Themes and Statements. The service identified their strengths and some areas for future
development but gave extremely limited evidence of service user involvement or how they
planned to implement changes.

**View of Service Users**
The service users who spoke with the officers were contented, some spoke positively about the varies activities and events.

**View of Carers**
Two relatives were available to speak to the officers. One commented on being 'happy' with the service and felt they were kept informed. The other felt their relative was well cared for and had no concerns.
Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 3 - Adequate

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

The service had addressed requirement number seven made within the previous report regarding concerns raised in the Care Commission questionnaires and to provide feedback to the service users and relatives. The manager compiled a written response to each of the points noted within the care commission questionnaires. This report was seen within the home and receipt by post was confirmed by a relative.

The service had addressed requirement number eight made within the previous report regarding enhancing levels of communication and sharing the outcome of the service's quality assurance tools. This was achieved by the introduction of the Newsletter and a suggestion book in the main foyer.

The service had addressed recommendation number one made within the previous report regarding enhancing staff knowledge of the company's policies and procedures. This was achieved by implementing a policy of the month, which was displayed in the staff room, to be read and signed when completed by staff, details were also provided at staff meetings and when completing the induction of new staff.

The service had addressed requirement number nine made within the previous report regarding completion of six monthly reviews with the service users and or/relatives. The officer found evidence of six monthly reviews being completed, these were audited by the manager and included within the manager's weekly report to the company.

The service had addressed requirement number ten made within the previous report regarding obtaining feedback for the service users and/or relatives. The systems put in place by the manager were new and needed time to develop.

Based on the findings on this inspection the service has been awarded the following grades:
Quality Statement 1.1, 3 - Adequate

Areas for Development

The service should sustain the new systems implemented and build upon their actions to continue to improve standards.

The service should ensure the key workers identified for each service user are actively involved in their care.

CCO Grading
Number of Requirements
1

Number of Recommendations
0

Statement 3: We ensure that service user’s health and wellbeing needs are met.

Service Strengths

The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

The provider had taken action to improve the staffing levels and the skill mix within the service.

The officer noted a significant improvement in the standard of the personal plans and record keeping. The managers care plan audit was ensuring standards were maintained.

The service had addressed recommendation number two made within the previous report regarding provision of appropriate seating. The manager confirmed that the seating had been reviewed an additional specialist chairs were to be purchased.

Based on the findings on this inspection the service has been awarded the following grades: Quality Statement 1.3, 3 - Adequate

Areas for Development

No areas for development were identified during this inspection. The service should continue to enhance their current improvement program.

CCO Grading

3 - Adequate

Number of Requirements
0

Number of Recommendations
0

Statement 5: We respond to service users’ care and support needs using person centered values.

Service Strengths
The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

The service were addressing requirement number eleven made within the previous report regarding person centred values, activities and improving the quality of life for the service user by improving consultation. This had been achieved by commencing a rolling program for all staff to repeat the service's induction program based on a person centred approach. The Activity Organiser provided evidence of an improved program of events and activities which were displayed in the main foyer, their were improvements to the care plans and completion of audits and the promoting of respect.

Based on the findings on this inspection the service has been awarded the following grades:
Quality Statement 1.5, 3 - Adequate

Areas for Development

The service should continue to build upon these actions and consider ways to enhance levels of consultation.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0
Quality Theme 2: Quality of Environment

Overall CCO Theme Grading: 3 - Adequate

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service Strengths

The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

The service had addressed recommendation number three made within the previous report regarding involvement within the Social Fund Committee. The manager had written in November 08 to service users and relatives asking if they wanted to join the Social Fund Committee.

The November 08 Social Fund Committee minutes noted increased events and activities for the coming months including further fundraising.

The handy man had completed the redecoration of the downstairs corridors and hung more pictures. Carpets had been replaced and additional furniture was to be purchased for the main foyer.

Based on the findings on this inspection the service has been awarded the following grades: Quality Statement 2.1, 3 - Adequate

Areas for Development

The service should continue to build upon this action and consider ways to enhance levels of consultation.

The redecoration of the upper floor corridors was to be completed.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 2: We make sure that the environment is safe and service users are protected

Service Strengths
The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

The service were addressing requirement number twelve made within the previous report regarding bathing facilities and equipment. A new bath hoist had been fitted in the bathroom upstairs and all bath hoists were regularly service and operational when seen by the officers.

The service were addressing recommendation number four made within the previous report regarding minimising risks to service users. The implementation of a buildings risk assessment had identified any areas of concerns along with actions to be taken. The improvements to the standard of record keeping and assessments for each service user also identified potential risks.

The service were addressing requirement number thirteen made within the previous report regarding the standards of cleanliness. The service audit cleanliness standards and address any deficiencies noted. One the second day of inspection no odours were noted within the service. The service and all equipment seen were found to be clean and well maintained.

Based on the findings on this inspection the service has been awarded the following grades: Quality Statement 2.2, 3 - adequate

**Areas for Development**

No areas for development were identified during this inspection. The service should continue to enhance their current improvement program.

**CCO Grading**

3 - Adequate

**Number of Requirements**

0

**Number of Recommendations**

0

**Statement 3: The environment allows service users to have as positive a quality of life as possible.**

**Service Strengths**

The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

The service had addressed recommendation number five made within the previous report regarding privacy and dignity. This had been achieved by a review of the office space to provide privacy when staff were on the phone discussing issues for the service users. The manager is now located on the ground floor and is readily accessible.
The officers noted a calm, caring approach within the service where staff were less pressured than previously observed when undertaking their care and support roles.

The service were addressing requirement number fourteen made within the previous report regarding enhancing the activities. The Activity Organiser was now providing activities throughout the service and offering a wider variety. The service was actively requesting involvement within the Social Fund Committee to promote consultation.

The service had addressed recommendation number six made within the previous report regarding access to the call system. In the rooms visited by the officers, the call button was available for service users to use. On the days of inspection, the call system buzzers sounded but were quickly answered, whereas previously buzzers sounded for long periods.

Based on the findings on this inspection the service has been awarded the following grades:
Quality Statement 2.3, 3 - adequate

**Areas for Development**

The service should continue to build upon their actions and consider ways to enhance levels of consultation.

The service should continue to enhance their current improvement program.

**CCO Grading**

3 - Adequate

**Number of Requirements**

0

**Number of Recommendations**

0
Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 3 - Adequate

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

The findings in this section are based on Quality Statement 3.1.

The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

Based on the findings on this inspection the service has been awarded the following grades: Quality Statement 3.1, 3 - adequate

Areas for Development

The service should continue to build upon their actions and consider ways to enhance levels of consultation regarding staff.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 2: We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service Strengths

The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

The service were addressing requirement number fifteen made within the previous report regarding staff fitness to be employed. The officers sampled personnel files and noted a significant improvement in the information and layout of the files. The manager and senior staff were also completing supervision with the staff.

Based on the findings on this inspection the service has been awarded the following grades: Quality Statement 3.2, 3 - adequate
Areas for Development

The service should consider including an area in the supervision forms for the person being supervised to make their own comments.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 3: We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service Strengths

The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

The service were addressing requirement number sixteen made within the previous report regarding developing an annual training plan and improving the staff training files. The manager provided the annual training plan and details of the staff with, currently completing and to go forward to complete SVQ training. In house training sessions were seen being completed during this inspection and staff confirmed attendance at other training sessions.

Based on the findings on this inspection the service has been awarded the following grades:
Quality Statement 3.3 3 - adequate

Areas for Development

No areas for development were identified during this inspection. The service should continue to enhance their current improvement program.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0
Statement 4: We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service Strengths

The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

The service were taking steps to promote the ethos of respect within the staff group.

Based on the findings on this inspection the service has been awarded the following grades: Quality Statement 3.3 3 - adequate

Areas for Development

No areas for development were identified during this inspection. The service should continue to enhance their current improvement program.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0
Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 3 - Adequate

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service Strengths

The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

Based on the findings on this inspection the service has been awarded the following grades:
Quality Statement 4.1, 3 - adequate

Areas for Development

The service should continue to build upon their actions and consider ways to enhance levels of consultation.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 2: We involve our workforce in determining the direction and future objectives of the service.

Service Strengths

The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

The service were addressing requirement number seventeen made within the previous report regarding encouraging staff to contribute to service improvement. The staff confirmed they were encouraged to express their thoughts, the staff meeting minutes confirmed this via an enhanced format.

The roles and responsibilities of the key worker was being promoted within the service.

Based on the findings on this inspection the service has been awarded the following grades:
Quality Statement 4.2, 3 - adequate
Areas for Development

No areas for development were identified during this inspection. The service should continue to enhance their current improvement program.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service Strengths

The grade achieved for this statement at the last inspection was 2 - Weak. Elements of the evidence considered for this statement were revisited. The service had improved its performance for this statement therefore the grade moves up to 3 - Adequate.

The service were addressing requirement number eighteen made within the previous report regarding obtaining feedback from stakeholders. The officers found evidence of improved feedback within the manager's weekly company report and some stakeholder's feedback.

Based on the findings on this inspection the service has been awarded the following grades: Quality Statement 4.4, 3 - adequate

Areas for Development

The service should consider ways of obtaining further formal feedback from stakeholders.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0
Regulations / Principles

National Care Standards
Enforcement
There has been no enforcement action against this service since the last inspection.

Other Information
The provider had one recommendation repeated from the previous inspection. The following notes the recommendation, the service's actions to address this and whether the recommendation had been met.

1. Personal care routines should be clearly communicated to staff and implementation monitored. National Care Standards for Care Homes for Older People, Standard 6: Support Arrangements.
Action: The service were ensuring personal care routines were communicated to staff and the enhanced care planning and assessment facilitate this exchange of information. Further development of the key worker system promoted understanding of personal care routines.
Outcome: This recommendation has been met.

Requirements
1. The provider will ensure comprehensive records of all actions taken by staff must be maintained while ensuring compliance with the Nursing & Midwifery Council and Scottish Social Services Council guidance. This is in order to comply with SSI 2002/114 Regulation 4(1)(a) - a requirement in relation to the welfare of users.
Timescale for implementation: one month.

Recommendations
No recommendations were made during this inspection.

Lynn Milligan
Care Commission Officer