

# Inspection report

## Pentland Hill Nursing Home Care Home Service

23/27 Gylemuir Road  
Edinburgh EH12 7UB

<b>Inspected by:</b> <b>(Care Commission Officer)</b>	Anne Dolan
<b>Type of inspection:</b>	Unannounced
<b>Inspection completed on:</b>	18 March 2009

**Service Number**

CS2003010660

**Service name**

Pentland Hill Nursing Home

**Service address**

23/27 Gylemuir Road  
Edinburgh EH12 7UB

**Provider Number**

SP2003002226

**Provider Name**

BUPA Care Homes (CFHCare) Limited No.  
2741070

**Inspected By**

Anne Dolan  
Care Commission Officer

**Inspection Type**

Unannounced

**Inspection Completed**

18 March 2009

**Period since last inspection**

4 weeks

**Local Office Address**

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## **Introduction**

Pentland Hill Care Home is owned and Managed by BUPA and has been registered with the Care Commission since 1 April 2002 to provide residential accommodation, care and nursing support for up to 120 older people including those with a diagnosis of dementia.

Pentland Hill Care Home is situated within a popular residential area of South West Edinburgh near to local amenities and public transport links. The Home has garden grounds surrounding the perimeter and front of the building.

The accommodation is on two floors accessed by a lift and stairs and is divided into four units accommodating up to 30 people within each unit.

All rooms are for single use and all have ensuite facilities.

Each unit has two communal lounges and a dining area within one of those lounges.

Each unit has their own aims and objectives displayed at the entrance to the unit.

The service overall states that they aim to "provide our customers with the highest quality care service. We will use our health and care knowledge, specialist skills and values to deliver an individual service to our customers".

The service employs a team of carers and nurses with varying degrees of skill, expertise and qualifications. The services aims to offer a home which would not entail moving, however, it was recognised that there are some aspects of care that might require residents to move, for example, if a residents required more specialised care in relation to progressive mental health or advanced disease process.

Based on the findings of this inspection the service has been awarded the following grades:

Quality of Care and Support - 4 - Good

Quality of Environment - 4 - Good

Quality of Staffing - 4 - Good

Quality of Management and Leadership - 4 - Good

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](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

This report was written following an unannounced inspection. The inspection was carried out on 18 March 2009 by Anne Dolan and Lesley Scriven Care Commission Officers.

This report should be read in conjunction with the inspection report completed on 18/02 09.

### **Before the Inspection**

#### **The Annual Return**

The service submitted a completed Annual Return as requested by the Care Commission. Annual returns (ARs) are used to ensure that the Care Commission has up to date and accurate information about care services. The information provided will also be used in

Regulation Support Assessment (RSA) process to determine how services will be inspected.

An AR must be submitted every year by all registered services. Care services are obliged by law to provide us with the information we have requested in the AR (The Regulation of Care Act (Scotland) 2001, Section 25 (1). The provider had from 1 January 2008 to 29 February 2008 in which to return the AR to the Care Commission.

#### The Self-Evaluation Form

The service submitted a self-assessment form as requested by the Care Commission. This contained information on what the provider of the service thought they did well and what could be improved.

#### Views of service users

No questionnaires were sent prior to this inspection as this was unannounced. Questionnaires had been sent out to the service prior to the last inspection.

#### Regulation Support Assessment

This service was inspected 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.

#### HIGH

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 may receive a number of inspections over the year 08/09. This inspection was based upon requirements and recommendations made at the last inspection completed on 18 February 2009.

This report was written following an unannounced inspection on 18 March 2009 from 09:30am until 17:00pm by Anne Dolan and Lesley Scriven Care Commission Officers both will be referred to as the Officers in this report.

#### During the inspection process

During inspection evidence was gathered from a number of sources including: discussion with service users and relatives

#### Staff at inspection

The Officers spoke with the following during the inspection.

- The Clinical Services Manager
- One Unit Manager
- One acting Unit Manager
- Three Staff Nurses
- Eight Care Staff
- One Activities Co-ordinators
- Two Domestics

- One Laundry Assistant
- Two Student Nurses

#### Evidence

A review of a range of policies, procedures, records and other documentation, including the following:

- Documents pertinent to Protection of People
- Training content on the issue of Protection of People
- Staff training files
- Minutes of staff meetings
- Service user files
- Quality assurance policies

The Officers also observed interactions between staff and service users. The Officers also spoke briefly with five staff who were attending Protection of People training and with the presenter of that training.

Inspection Focus Areas and associated National Care Standards for 2008/09

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

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 your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

#### **Action taken on requirements since last inspection**

The last inspection report was not finalised at the time of this inspection. The timescale for submission of an action plan had not lapsed. However the Officers reviewed the requirements made at the last inspection. These are discussed below:

1. The Provider must ensure that all grades of staff in the Home undergo Protection of Vulnerable People training. This training must include awareness of examples that may be construed as a protection issue. This training must also include the procedure staff must undertake to report such a case.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (Scottish Statutory Instrument 2002/114) Regulation 4- Welfare of users, in particular regulations 4(1)(a); Regulation 13 –Staffing, in particular regulation 13(c)(i), and taking into account the National Care Standards for Care Homes for Older People, Standard 5.2; 5.4 Management and staffing arrangements, Standard 9.7 Feeling safe and secure

Timescale: by 31 May 2009.

This was partially implemented on the day of the inspection although the timescale for this was still current.

A training plan on this issue was in place. A programme of content of the training was also in place. These were seen by the Officers. The content of the training was comprehensive and included responsibilities of the whole staff group. On the day of the inspection a number of staff were undertaking this training. Staff informed the Officers that the training was very good. The training also gave an opportunity to discuss issues of protection of people in a variety of ways. Staff were expected to complete a small project or case study and present this at a later date. The training was being evaluated by those who attended. Feedback to date was very positive.

Review of this issue will be followed up at the next inspection.

2. The Provider must ensure that all staff employed in the service are aware of their responsibility to report matters of concern regarding protection of adults as per legislation.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (Scottish Statutory Instrument 2002/114) Regulation 4- Welfare of users, in particular regulations 4(1)(a) and 4(2); Regulation 5 –Personal plans, in particular regulation 5(2)(c), and taking into account the National Care Standards for Care Homes for Older People, Standard 5.2; 5.4 Management and staffing arrangements, Standard 9.7 Feeling safe and secure.

Timescale: By 30 April 2009.

This was noted to be implemented within the timescale given. Staff informed the Officers that they were more aware of their responsibilities regarding this issue. There had been awareness undertaken in the interim until all staff had undergone the Protection of People training. Progress on this issue will be followed up at the next inspection.

3. The Provider must ensure that infection control and prevention procedures in relation to the laundering of linen and clothes is reviewed and updated in accordance to current good practice guidelines. This must include Personal Protective Equipment (PPE) is in place at all times in the laundry.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (Scottish Statutory Instrument 2002/114) Regulation 4- Welfare of users, in particular regulations 4(1)(a) and 4(1)(d); and taking into account the National Care Standards for Care Homes for Older People, Standard 4.2 Your environment; Standard 5.2; 5.4 Management and staffing arrangements.

Timescale: With immediate effect upon receipt of this report.

This was noted to be implemented within the timescale given. The Officers spoke with laundry staff and observed good practice on this issue.

4. The Provider must review co-ordination and management of mealtimes especially lunchtime in one of the units as identified to the Regional Manager. This is to ensure that appropriate monitoring and supervision is given to those service users who require this.

This is in order to comply with The Regulation of Care (Requirements as to Care Services)

(Scotland) Regulations 2002 (Scottish Statutory Instrument 2002/114) Regulation 4- Welfare of users, in particular regulations 4(1)(a); and taking into account the National Care Standards for Care Homes for Older People; Standard 5.2; 5.4 Management and staffing arrangements, Standard 13.6; 13.9; 13.10 Eating well.

Timescale: By 30 April 2009.

This was partially implemented on the day of the inspection although the timescale given had not lapsed. There had been a review of the mealtimes in this unit. Observation of lunchtime in the unit showed more co-ordination of the meals, improved supervision of service users whilst they were eating their meal, no service user had to wait on their meal and there was a relaxed atmosphere during lunchtime.

The Officers were advised that improvements were ongoing on this issue. Progress on this would be followed up at the next inspection.

5. The Provider must ensure that all notifiable events as per legislation are reported to the Care Commission as per timescales as outlined in the legislation.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (Scottish Statutory Instrument 2002/114) Regulation 4- Welfare of users, in particular regulations 4(1)(a); regulation 21 in particular 21(2)(d) and taking into account the National Care Standards for Care Homes for Older People, Standard 5.4 Management and staffing arrangements; Standard 9.7; Feeling safe and secure.

Timescale: With immediate effect upon receipt of this report.

There was a significant improvement noted with this issue. This was noted to be implemented within the timescale given.

There were eight recommendations made at the last inspection these are reported upon in the appropriate quality statements in the main body of this report.

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

### **Comments on Self Assessment**

A fully completed self assessment documentation was submitted by the service. This was completed to a good standard and gave relevant information for each of the Quality Themes and Statements. The service identified its strengths and some areas for future development and gave good evidence of service user involvement and how they planned to implement change. The Clinical Services Manager and Charge Nurses were also involved in completing the documentation.

Staff had been advised of the impending self assessment form for inspection year 2009-2010 and a variety of grades of staff would be involved in completion of this form.

### **View of Service Users**

The Officers spoke with 10 service users on the day of the inspection.

Conversations with two of the service users were very brief due to varying degrees of

cognitive impairment. However observation during the inspection of interaction between staff and these service users was noted to be appropriate.

Those service users who were able to have conversations with the Officers informed the Officers that in the main they were happy with the service provided most commented that the improvement in the quality of food at the last inspection had been maintained. Two service users informed the Officers that the food “left a lot to be desired”. One of those service users talked in depth about positive and negative aspects of the menu and praised the gingerbread that chef made.

One service user commented that they enjoyed the view from their bedroom and that they had the opportunity to bring in personal items including photographs of their family.

40 service user questionnaires were sent to the service prior to the last inspection and six were returned. These were collated and reported upon in the last inspection report completed on 18 February 2009.

Any other responses from service users are incorporated into the main body of this report.

### **View of Carers**

The Officers spoke with four relatives. One other relative did not wish to speak to the Officers.

Relatives gave a mixture of views mainly on lack of stimulation which was in one of the units. Comments made included “they sit in the same chairs every day doing nothing”. “care given is good”

Views of relatives have been sought on previous inspections and there were a number of thank you cards and letters expressing relative’s views on the service delivery.

40 relative questionnaires were sent to the service prior to the last inspection and three were returned. These were collated and are reported upon in the last inspection completed on 18 February 2009.



## **Quality Theme 1: Quality of Care and Support**

### **Overall CCO Theme Grading: 4 - Good**

**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**

Based on the findings of this inspection the service has been awarded the following grade:  
Quality statement 1.1 - 4 - Good

Please refer to the strengths in quality statement 1.1 in the last inspection report completed on 18/02/2009.

The service continued to function at a good level.

There had been a number of health and social reviews involving the multidisciplinary team and full involving service users. These were well documented.

Comments and suggestion cards were available at the main administration block and in each of the four units.

Service user meetings were held regularly. Issues raised were noted to be taken seriously and acted upon.

There was a complaint procedure in place with appropriate direction to the Care Commission details.

#### **Areas for Development**

At the last inspection the Manager and Clinical Services Manager had identified that further work was needed to ensure that views and participation from those service users with cognitive impairment were established to evidence their involvement. This was reviewed and remained in the early stages of development. This will be further reviewed at the next inspection.

At the last inspection the Manager and Clinical Services Manager had identified that training was needed for the staff group on the issue of independent advocacy to enable service users with cognitive impairment assistance and additional support to participate or give feedback or those other service users who wished this service to access this service. This had not progressed. It was advised this would be reviewed at the next inspection.

At the last inspection the Manager and Clinical Services Manager had identified that further development of participation of service users and relatives was needed regarding daily life and to evidence further involvement in the documentation. This had been progressed however further work was needed. This will be reviewed at the next inspection.

The Officers identified at the last inspection views of relatives sometimes took precedence over views and preferences of service users. This was also noted for service users who had capacity. The Officers were advised at the last inspection this would be taken forward by the service. This was a topic noted in the Protection of People training currently being undertaken by the whole staff group. It was anticipated that knowledge gained from this

training and through staff meetings would improve this aspect of communication, choice and participation for service users. This will be reviewed at the next inspection.

Progress on the keyworker project was not reviewed at this inspection. This was due to the Home not being one of the pilot areas and the Regional Manager was not present in the Home on the day of the inspection.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 2: We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential**

### **Service Strengths**

Based on the findings of this inspection the service has been awarded the following grade:  
Quality statement 1.2 - 4 - Good

Please refer to the strengths in quality statement 1.2 in the last inspection report completed on 18/02/2009.

The service continued to function at a good level.

A recommendation was made at the last inspection for training on life stories for the activities co-ordinators. This had been progressed. One of the activities co-ordinators informed the Officers that they had been given the opportunity to visit The Iris Murdoch Centre at Stirling University and this had been "wonderful". The visit had enabled the activities co-ordinator to gain further insight into daily life activities for those with a cognitive impairment and further communication skills.

### **Areas for Development**

At the last inspection the Manager and Clinical Services Manager had identified that promotion of attendance of more structured groups within the units would increase discussion on lifestyle and achieving potential although this had not been discussed with the staff group at the time of the inspection. Further work was needed on this. This had progressed slightly. Further discussion was needed with the staff group on how this could be managed. Progress on this will be followed up at the next inspection.

It was noted during mid morning tea time in one of the units that only three out of the seven service users present in one area were offered a drink. There was no explanation given for this. It was also noted that one other service user was given a cup of tea at, was unable to assist themselves but was given no help from staff at that time. When this service users was given assistance 20 minutes later their tea was cold but was not offered another.

(See Recommendation 1)

## **CCO Grading**

4 - Good

## **Number of Requirements**

0

## **Number of Recommendations**

1

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

## **Service Strengths**

Based on the findings of this inspection the service has been awarded the following grade:  
Quality statement 1.5 - 4 - Good

Please refer to the strengths in quality statement 1.5 in the last inspection report completed on 18/02/2009.

The service continued to function at a good level.

The staff group had variety of appropriate qualifications to meet the healthcare needs of service users. This included Registered Nurses on duty 24 hours.

Observation of staff and service user interaction was noted to be appropriate.

There was protected mealtimes to ensure those service users with a cognitive impairment were given sufficient time and supervision to have a meal without interruptions. A recommendation had been made at the last inspection to ensure that this policy was adhered to. There had been a review of protected mealtimes and further discussion with visiting healthcare professionals and it was noted there had been an improvement on this issue. Senior management were reviewing this on a regular basis.

One of the activities co-ordinators had received an award for their work with dementia life mapping. This had encouraged this member of staff to further develop their work in dementia care.

## **Areas for Development**

At the last inspection the Manager and Clinical Services Manager had identified that education was needed regarding life limiting disease such as stroke, Parkinsons and Diabetes. This was being progressed and further review of this will be undertaken at the next inspection.

There were plans to review the current documentation as part of the quality assurance system. This was as part of the quality assurance system within the organisation. This was yet to be progressed.

Review of service user care files showed that there was an inconsistency in the documentation. For example one service user who had been identified at the last inspection as not having their identified needs addressed showed no improvement at this inspection and some of the entries showed an intolerance of their behaviour. Another service user who had a clearly assessed need through a cultural belief which had not been addressed at the last inspection showed that their needs had been appropriately addressed and documentation reflected this. (See Recommendation 2)

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

1

## **Quality Theme 2: Quality of Environment**

### **Overall CCO Theme Grading: 4 - Good**

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

#### **Service Strengths**

Based on the findings of this inspection the service has been awarded the following grade:  
Quality statement 2.1 - 5 - Very Good

Please refer to the strengths in quality statement 2.1 in the last inspection report completed on 18/02/2009.

The service continued to function at a very good level.

This aspect of participation was included in the participation strategy.

A recommendation was made at the last inspection regarding two of the units where the corridor walls and bedroom doors were bland in colour and did not reflect good practice in dementia care. There had been discussions with staff in the two units where this had been identified. Staff in these units informed the Officers that through discussions and awareness from one of the activities co-ordinators plans to remedy this were progressing. The Officers noted that more pictures had been fixed to the corridor walls depicting appropriate themes for the generation of service users including 'Old Edinburgh Streets', Edinburgh Landmarks and old newspaper stories in frames. Bedroom doors had larger posters in colours with the individual service user name on them and there had been an improvement in personal items in small cabinets by each bedroom door.

There was further improvement noted in signage throughout each of the units of the Home.

#### **Areas for Development**

The Officers were informed that further work was needed to improve the environment especially for those with a cognitive impairment to aid orientation and familiarity with surroundings.

#### **CCO Grading**

5 - Very Good

#### **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**

Based on the findings of this inspection the service has been awarded the following grade:

Quality statement 2.2 -3- Adequate

Please refer to the strengths in quality statement 2.2 in the last inspection report completed on 18/02/2009.

The service continued to function at an adequate level.

Training was offered to all staff groups on protection of people this included Adult Protection, Risk Management, communication skills, nutrition, infection control and manual handling. There were designated personnel to undertake adult protection training for the whole staff group. Please also refer to action taken on requirements section in this report for further details.

Accident and incidents were robustly recorded and audited by the Manager and Clinical Services Manager on a regular basis. The Care Commission was notified as per legislation where appropriate.

There were systems in place to record and review issues relating to restraint.

## **Areas for Development**

The Protection of People training was ongoing until all staff groups have attended. The service will continue to monitor effectiveness of Protection of People training. Effectiveness of the training will also be undertaken. Progress on this will be reviewed at the next inspection.

## **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**

Based on the findings of this inspection the service has been awarded the following grade:

Quality statement 2.3 - 4 - Good

Please refer to the strengths in quality statement 2.3 in the last inspection report completed on 18/02/2009.

The service continued to function at a good level.

A recommendation was made at the last inspection regarding development of new activities. This had progressed. The Officers spoke with one of the activities co-ordinators who advised that this had been further discussed with the management team. Plans were in the early stages however additional activities had been offered including one to one sessions with those service users with a cognitive impairment.

### **Areas for Development**

Relatives and service users in one of the units commented on the lack of activities. Views were that care staff did not have time to undertake this role due to insufficient time given and a lack of activities staff.

(See Recommendation 3)

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

1

### **Quality Theme 3: Quality of Staffing**

**Overall CCO Theme Grading: 4 - Good**

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

#### **Service Strengths**

Based on the findings of this inspection the service has been awarded the following grade:  
Quality statement 3.1 - 5 - Very Good

Please refer to the strengths in quality statement 3.1 in the last inspection report completed on 18/02/2009.

The service continued to function at a very good level.

Collation of ad hoc and informal comments was progressing. At the last inspection it was noted that comments of an individual staff member were passed on and these also informed staff awards. However these were now being taken into account to assess and improve the staff group and staff practice.

#### **Areas for Development**

There were no plans at present to involve service users or relatives in formal recruitment of staff although this could be further discussed at an organisational level. Progression of this was not discussed at this inspection and will be reviewed at the next inspection.

#### **CCO Grading**

5 - Very Good

#### **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**

Based on the findings of this inspection the service has been awarded the following grade:  
Quality statement 3.3 - 4 - Good

Please refer to the strengths in quality statement 3.1 in the last inspection report completed on 18/02/2009.

The service continued to function at a good level.

Further progress was noted on fulfilling the criteria for care staff employed in the Home to be



registered with the Scottish Social Services Council (SSSC) this included training for care staff to Scottish Vocational Qualification level II or III. This enhanced the career structure for care staff.

A recommendation was made at the last inspection regarding appraisal and formal supervision for staff. This had progressed further. Staff informed the Officers that appraisals were ongoing which included a self assessment element. Formal supervision had been undertaken with all Unit Managers and some of the Registered Nurses in the units. This will be further progressed with all care staff in each of the units soon.

### **Areas for Development**

It was advised progress on formal supervision will be followed up at the next inspection.

### **CCO Grading**

4 - Good

### **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**

Based on the findings of this inspection the service has been awarded the following grade :  
Quality statement 3.4 - 4 - Good

Please refer to the strengths in quality statement 3.4 in the last inspection report completed on 18/02/2009.

The service continued to function at a good level.

Please also refer to strengths in quality statement 2.1 in this report.

Interactions observed between staff and service users showed that staff were patient, respectful and as discreet as possible. One of the newly employed Registered Nurses stated they had time to sit and chat with service users and was getting to know them well. Student Nurses also reflected this. They informed the Officer that their experience had exceeded their expectations of life in a care home. They felt staff were very respectful and showed empathy towards service users.

### **Areas for Development**

Please see areas for improvement in quality statements 1.5 and 2.3 of this report.

**CCO Grading**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

0

## **Quality Theme 4: Quality of Management and Leadership**

### **Overall CCO Theme Grading: 4 - Good**

**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**

Based on the findings of this inspection the service has been awarded the following grade:  
Quality statement 4.1 - 4 - Good

Please refer to the strengths in quality statement 4.1 in the last inspection report completed on 18/02/2009.

The service continued to function at a good level.

A recommendation was made at the last inspection regarding roles and responsibilities of some of the senior staff employed in the Home. This issue had been an agenda item in a recent staff meeting. This was also to be an agenda item in a relative meeting.

#### **Areas for Development**

It was advised that progress on the issue of senior staff roles and responsibilities would be followed up at the next inspection.

At the last inspection the Manager and Clinical Services Manager had identified that further work was needed regarding relatives meetings to ensure that all pertinent information was disseminated and that as many as possible of the relatives had the opportunity to give comments, ideas and raise issues if they chose to do so. This was progressing. A relatives meeting had not happened since the last inspection 4 weeks ago. It was advised progress on this would be followed up at the next inspection.

#### **CCO Grading**

4 - Good

#### **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**

Based on the findings of this inspection the service has been awarded the following grade:  
Quality statement 4.2 - 5 - Very Good

Please refer to the strengths in quality statement 4.1 in the last inspection report completed on 18/02/2009.

The service continued to function at a very good level.

A recommendation was made at the last inspection to ensure that the Manager was fully conversant with all policies and procedures in the Home. This will be included in the induction programme and reviewed through regular formal supervision.

Student Nurses stated they had been asked their opinion on their experience in the Home. This was to inform further student placements.

### **Areas for Development**

It was discussed that the results of the satisfaction survey undertaken by the organisation would reflect current management performance and this would be used to determine the future direction and objectives for the care home.

### **CCO Grading**

5 - Very Good

### **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**

Based on the findings of this inspection the service has been awarded the following grade:  
Quality statement 4.4 - 5 - Very Good

Please refer to the strengths in quality statement 4.4 in the last inspection report completed on 18/02/2009.

The service continued to function at a very good level.

There was sufficient evidence to show that the organisation has appropriate systems and processes in place to assess quality of service in the Home.

The programme of audits undertaken on a weekly, fortnightly, monthly, three monthly, six monthly and yearly basis which involved the whole staff group continued. Audits results were readily available to the Officers throughout the inspection.

Clinical audit were undertaken which included falls, hand washing, medicines management.

### **Areas for Development**

The quality assurance and audit programme will be developed as a continuous process.

**CCO Grading**

5 - Very Good

**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**

No other issues were discussed during this inspection.

**Requirements**

There were no requirements identified from this inspection.

**Recommendations**

1. The service should review how mid-morning drinks and snacks are co-ordinated to ensure that those service users who have been assessed as requiring assistance with eating and drinking are given this timeously.

National Care Standards Care Homes for Older People Standard 5.4 Management and staffing arrangements; 6 Support arrangements; Standard 8.1 Making choices.

2. The service should review service user care files to evidence how identified needs are being addressed. This includes issues of emotional and physical wellbeing.

National Care Standards Care Homes for Older People Standard 5.1, 5.4 Management and staffing arrangements; Standard 6 Support arrangements; Standard 7.1 Moving in; Standard 8.1 Making choices; Standard 14.9 Keeping well-healthcare; Standard 17.3 Daily life.

3. The service should review how activities are delivered within one of the units of the Home. This review should include type and amount of activities offered.

National Care Standards Care Homes for Older People Standard 5.4 Management and staffing arrangements; Standard 12.4 Lifestyle - social, cultural and religious belief or faith; Standard 14.7 Keeping well - healthcare; Standard 17.1, 17.2, 17.8 Daily life.

**Anne Dolan**

**Care Commission Officer**