scottish commission for
the regulation of care

Inspection report

Pentland Hill Nursing Home
Care Home Service

23/27, Gylemuir Road
Edinburgh
EH11 2RG

Inspected by: **(Care Commission Officer)**	Anne Dolan
Type of inspection:	Announced
Inspection completed on:	18 February 2009

Improving care in Scotland

Pentland Hill

Service name
Pentland Hill Nursing Home

Service address
23/27, Gylemuir Road
Edinburgh
EH11 2RG

Type of care service
Care Home

Provider name
BUPA Care Homes

Service number
CS2003010660

Date of inspection
13/01/2009 and 14/01/2009 and 18/02/2009

Type of inspection
Announced

Period since last inspection
14 months

Care Commission Office
Stuart House
Eskmills
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Office phone number: 01316534100

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

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 – Grade- 4 Good
Quality of Environment - Grade – 4 Good
Quality of Staffing - Grade – 4 Good
Quality of Management and Leadership – Grade- 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) for the most up-to-date grades for this service.

Basis of Report

This report was written following an announced inspection. The inspection was carried out on 13 January 2009 and 14 January 2009. The outcome and further discussion about the inspection took place on Wednesday 18 February 2009 within the Home.

Before the Inspection

The Annual Return

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

The Self-Evaluation Form

The service submitted a self-evaluation form as requested by the Care Commission.

Views of service users

The Lead Officer sent posters to the Home to advise residents and relatives of the impending inspection. Contact details for the Lead Officer were also left if residents or relatives wished to discuss anything in private or if relatives were unable to visit the Home during the inspection.

The Officers sent out 40 Service User questionnaires prior to the inspection six were returned prior to the inspection.
These were collated and are reported upon within the 'Views of Service Users' section in this report.

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.

MEDIUM

This assessment resulted in this service receiving a medium RSA score and so a medium 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 on 06 and 26 November 2007.

This report was written following an announced inspection on 13 January 2009 from 09:30am until 19:00pm by Anne Dolan and Lesley Scriven Care Commission Officers and on 14 January 2009 from 05:50am until 17:00pm by

Anne Dolan, Lesley Scriven and Helen Pilkington Care Commission Officers. Interim feedback was given to the Manager and Clinical Services Manager on day one and two of the inspection. Full feedback was given to the Regional Manager and Acting Manager on 18 February 2009.

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 two days of the inspection.

- The Manager
- The Clinical Services Manager
- Two Unit Managers
- One acting Unit Manager
- Five Staff Nurses
- 13 Care Staff
- Two Activities Co-ordinators
- Two Domestics
- Maintenance Manager
- Two Laundry Assistants

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

- Restraint policy
- Visitors policy
- Documents pertinent to Protection of People
- Service action plan
- Staff training files
- Minutes of staff meetings
- Resident care files
- Service user files
- Quality assurance polices
- Personal Best documentation
- Satisfaction surveys
- Managers yearly report

The Officers also observed interactions between staff and residents. One of the Officers spoke with three night staff from one of the units on day two of the inspection and attended a staff hand-over report.

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

Action taken on requirements in last Inspection Report

There were no requirements arising from the previous inspection therefore an action plan was not applicable.

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

Comment 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.

It was discussed during the inspection with the Manager and Clinical Services Manager how other staff groups and service users could be involved in completion of future self assessment forms.

Views of Service Users

The Officers spoke individually with eleven service users on the days of the visit.

Conversations with six 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.
Observation of interaction with these service users and one of the activities co-ordinators was also noted to be appropriate.

Service users responded comfortably and appeared to enjoy the activities.

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 and that the quality of food had improved lately.

Two of the service users had particular issues which were fully discussed with the Manager and Clinical Services Manager on the second day of the inspection.

40 service user questionnaires were sent to the service. Six questionnaires were completed and returned prior to the inspection.
The responses in the questionnaires were collated and are reported upon below:

One of the questionnaires was completed by a family member on behave of a service user. They indicated that don't know responses were due to them not have experience of the question being asked to base an opinion on.

Section 1 – Quality of care and support.

Q1
Four service users stated they had a key worker. one stated they did not and one stated they did not know

Q2
Of the four service users who knew they had a key worker all either strongly agreed or agreed that the key worker made sure the service users knew of all choices and options available to them.

Q3
Four service users either strongly agreed or agreed that they were encouraged to make choices about all aspects of life in the Home. One stated this was not applicable to them and one gave no response.

Q4
Four service users either strongly agreed or agreed that staff did not place unnecessary constraints on them such as getting up or going to bed. One stated that staff did and one stated this was not applicable.

One comment was made that this service user went out with friends and that staff escorted them to hospital appointments.

Q5
Three service users either strongly agreed or agreed that they were given help to communicate where required. This included assistance with aids and equipment. Three stated this was not applicable.

Q6
Four service users either strongly agreed or agreed that they were not discriminated against in any way. Two did not know.

Q7
Four service users either strongly agreed or agreed that they were able to live life in keeping with their cultural and religious beliefs. Two stated this was not applicable.

Q8
Five service users either strongly agreed or agreed that there were frequent social events, entertainment and activities organised that they could join in. One disagreed.

Q9
Four service users either strongly agreed or agreed that staff supported them to stay in touch with family and friends. One disagreed and one stated this was not applicable to them.

Q10
Five service users either strongly agreed or agreed that the meals provided were nutritious. One disagreed.

Q11
Five service users either strongly agreed or agreed that they enjoyed their food with help where required. One disagreed they enjoyed their food.

Q12
Five service users either strongly agreed or agreed that there were always snacks and hot and cold drinks available for them. One disagreed.

Q13
Four service users strongly agreed or agreed that staff kept information about them confidential and did not share information unless they agreed for this to happen. Two did not know.

Q14
Four service users either strongly agreed or agreed that they were encouraged to discuss concerns or views about the care home with their key worker or management of the Home. One stated this was not applicable and one gave no response.

Q15
Two service users were aware of the Homes' complaint procedure two was not and two did not know.

Q16
Four service users were aware that they could make a complaint about the Home to the Care Commission two were not aware.

Q17
Three service users knew they had a personal plan containing information about their care and support needs. Three did not know if they had this.

Q18
Of the three who knew they had a personal plan as Q17 one strongly agreed their likes and dislikes were detailed in the plan, one agreed and two did not know.

Q19
Five service users either strongly agreed or agreed that staff knew their likes, dislikes and preferences. One did not know.

Q20
Five service users either agreed that the service provided food they liked taking account of any special dietary needs. One disagreed.

Q21
Five agreed the service ensures they access specialist services such as GP or other healthcare service, one stated this was not applicable.

Q22
All six either strongly agreed or agreed that they were confident staff would meet their healthcare needs if needed.

Q23
All six service users either strongly agreed or agreed that staff knew what medication they were taking and made sure records were accurate. One indicated they self medicated and two gave no response.

Q24
Two service users knew they had a written agreement about occupancy rights in the Home. Three stated they did not know and one stated this was not applicable to them.

Q25
Three service users either strongly agreed or agreed that staff would be sensitive and supportive during difficult times including when someone dies. One disagreed and two did not know.

Section 2 – Quality of Environment

Q26
Five service users strongly agreed that they were safe and secure in the Home. One stated they disagreed.

Q27
Four service users agreed the environment was free from bullying, harassment and discrimination or any other form of abuse. Two disagreed.

A comment was made that sometimes residents “fight with each other” and that staff “had difficulty with this”.

Q28
Four service users agreed they could move easily around the Home. One disagreed and one stated this was not applicable.

Q29
One service users strongly agreed the Home was free from smells and was clean. Two agreed and two disagreed. One gave no response.

Q30
All six service users either strongly agreed or agreed they could have their own personal belongings and items of furniture in their room.

Q31
All six service users U agreed that their personal property and clothing were clearly marked and properly cared for and not used by others.

Q32
Four service users stated they had the choice of a single room. Two stated they did not.

The negative responses could not be quantified and it is unclear why these service users responded as such as all bedrooms in the Home are for single use.

Section 3 – Quality of staffing

Q33
Four service users agreed they were confident staff had the knowledge and skills to care for them two did not know.

Q34
Two service users agreed that there were enough trained staff on duty at any point in time to care for them, one disagreed, two strongly disagreed and one did not know.

Q35
One service user strongly agreed and two agreed that their privacy was respected by staff and other residents one disagreed and two did not know.

Q36
All six service users either strongly agreed or agreed that staff treated them politely at all times and respected their individuality.

Section 4 – Quality of Management and leadership

Q37
Two service users agreed that the service had involved them in developing the service such as asking for ideas and feedback. Two disagreed, one did not know and one stated it was not applicable to them.

Q38
One service user agreed and two disagreed that they were able to feed back their views about quality of the service. Two did not know and one stated this was not applicable to them.

Section 5 – Overall comments

Q39

All issues were discussed with the Manager on day one of the inspection.

One service user stated that they strongly agreed that overall they were happy with the quality of care received in the Home. Four agreed and one disagreed.

A number of comments were given at the end of the questionnaire these included:

“staffing levels are not adequate…….the Care Commission should raise their standards”

“staff work very hard they are very attentive”

“the place is very clean”

“I feel for the staff…….very hard work with very little staff”

“the staff are DIAMONDS”

“the carers do a good job”

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

Views of Carers

The Officers spoke with six relatives during the inspection.

Relatives were generally happy with the care and support given to their respective relative.

Relatives commented positively on the recent refurbishment in each of the units.

Relatives commented positively on the staff group within each of the units. One of the relatives stated they and their whole family felt that staff "did not get enough praise for the work they did".

One relative informed the Officers they were unhappy with communication

within the unit their relative was staying in however appreciated that at times there may be no new information on their relative.

40 relative questionnaires were sent to the service prior to the inspection and three were returned to the Officer prior to the inspection. These were collated and are reported upon below:

Section 1 Quality of care and support

Q1
All stated their relative had a key worker

Q2
One stated they strongly agreed and two agreed that the key worker informs their relative of choices and options available for their care

Q3
One stated they strongly agreed two agreed that their relative is encouraged to make choices about all aspects of their life in the home

Q4
All stated they either strongly agreed or agreed that staff do not place unnecessary restrictions on their relative such as when they go to bed, get up or when they go out.

Q5
Two agreed that their relative gets help to communicate when required this includes help accessing and using services, aid and equipment. One stated this was not applicable.

Q6
All stated they either strongly agreed or agreed that their relative was not discriminated against in any way.

Q7
All stated strongly agreed that their relative is able to live their life in keeping with their cultural and religious beliefs or faith.

Q8
Two agreed and one disagreed that there are frequent social events, entertainment and activities for their relative to join in.

Q9
One agreed and two disagreed that staff support their relative to stay in touch with friends, relatives and their own community

Q10
Two stated they strongly agreed and one agreed that meals provided are nutritious.

Q11
All stated they either strongly agreed or agreed that their relative is able to eat and enjoy their food, getting help from staff when required

Q12
Two stated they strongly agreed and one agreed that there is always snacks and hot and cold drinks available.

Q13
Two strongly agreed and one agreed that staff keep information about their relative confidential and only share information if they have permission from their relative or if the law requires them to do this.

Q14
One agreed that their relative was encouraged to discuss concerns or views about their care with their key worker, with other residents or with management of the home two stated this was not applicable.

Q15
Two knew of the complaints procedure
One did not know

Q16
All three stated they knew they could make a complaint about the service to the Care Commission.

Q17
All three stated they knew their relative had a personal plan which contains information about their care and support needs.

Q18
All either strongly agreed or agreed that likes and dislikes of their relative is in the personal plan.

Q19
All either strongly agreed or agreed that staff know their relatives likes and dislikes and do what they can to meet these.

Q20
All agreed that the service provides the type of food their relative likes taking into account special dietary needs.

Q21
One relative agreed and one disagreed that the service makes sure that their relative can access specialist services outwith the home for example GP. One stated this was not applicable to their relative.

Q22
One strongly agreed one agreed and one did not know if they are confident staff will meet their relatives healthcare needs including arranging to see health professionals if needed.

Q23
All three either strongly agreed or agreed that staff know the medication their relative needs and make sure there are accurate records.

Q24
One strongly agreed and one agreed that their relative has a copy of their written agreement about occupancy in the home. One did not know.

Q25
Two strongly agreed and one agreed that they are confident staff will be sensitive and supportive during difficult times including when someone dies.

Section 2 Quality of Environment

Q26
Two strongly agreed and one agreed that they are confident their relative is safe and secure in the home

Q27
Two strongly agreed and one agreed that the environment is free from bullying, harassment and discrimination and any other form of abuse

Q28
Two strongly agreed and one agreed that their relative can move around easily throughout the home.

Q29
One strongly agreed and two agreed that the home is clean, hygienic and free from smells.

Q30
One strongly agreed and two agreed that their relative can have their own personal belongings and items of furniture in their room if they want to

Q31
All three agreed that their relatives' personal property and clothing are clearly marked and properly cared for and not used by others.

Q32
All three stated that their relative has the choice of a single room.

Section 3 Quality of staffing

Q33
Two strongly agreed and one agreed that they are confident staff had the knowledge and skills to care for their relative.

Q34
Two agreed and one disagreed that there was enough trained and skilled staff on duty at any point in time to care for their relative.

Q35
One strongly agreed and two agreed that their relatives' privacy was respected by staff and other residents

Q36
Two strongly agreed and one agreed that staff treated their relative politely at all times and respected their individuality

Section 4 Management and leadership
Q37
Two agreed and one disagreed that the service has involved them in developing the service for example asking for ideas and feedback

Q38
One strongly agreed one agreed and one disagreed that their relative was able to feed back their views about the service and the management of the service takes these seriously.

Section 5 Overall comments

Q39
Two relatives strongly agreed and one agreed that they were happy with the overall quality of care their relative receives in the home.

Comments included:

"I am very satisfied" "Staff make me feel welcome"

"Very impressive catering service and excellent support from staff"

"Personal hygiene could be more varied and more often"

"My relative gets their shower at 7am from night staff….during the day would be better"

"My relative has been able to make Pentland Hill their home"

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

Quality Assessment Framework Themes and Statements

Theme - Quality of Care and Support

Overall CCO Theme Grade – 4 Good

Quality Statement 1.1 **We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.**

Strengths:
Based on the findings of this inspection the service has been awarded the following grade: 4 Good

There was a participation strategy recently in place.

There was evidence to show that those service users who were able were involved in the development of their plans of care and other documentation.

There was a pre-admission assessment which evidenced that service users where able were involved in the collation of this. This guided staff to have an interim picture of support and care needs prior to admission.

New documentation had been introduced in 2008 this had been fully integrated throughout all units of the Home. This documentation included sections whereby service users had input into stating their choices and preferences regarding care and support.
These are reviewed on a monthly basis and more frequent where needed. There was evidence that where service users were able they were involved in assessing and agreeing their support and care needs.

Through formal and informal means there were a number of opportunities for each service user, their representative or next of kin to comment and impact on the support and care delivered.

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 Improvement:

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 at the early stages.

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.

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.

It was advised that progress on the three issues outlined above would be followed up at the next inspection.

The Officers identified that views of relatives sometimes took precedence over views and preferences of service users. This was also noted for service users who had capacity. This was discussed with the Manager and Clinical Services Manager who agreed that this had been identified through the most recent audit of documentation. The Officers were advised this would be taken forward by the service. It was advised that progress on this would be followed up at the next inspection.

The Regional Manager informed the Officers at feedback that progress was being made on a key worker contract whereby service users and staff would be in partnership regarding daily choices and maintenance of personal items. This was being rolled out throughout the organisation and was in the early stages. It was advised progress of this would be followed up at the next inspection.

CCO Grading	**4 Good**
Number of Requirements	**0**
Number of Recommendations	**0**

Theme - Quality of Care and Support

Overall CCO Theme Grade – 4 Good

Quality Statement 1.2 **We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.**

Strengths:

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

Please also see strengths in quality statement 1.1

The documentation in use had an essential lifestyle plan (ELP) which outlined individual choices, daily routine, likes and dislikes for each service user. Where able service users had agreed this part of the documentation.

Staff were familiar with service user's lifestyle preferences. It was observed in two of the units that service users had free access outwith the Home to undertake shopping or having coffee with relatives.

There was an activities programme in place in each of the units of the Home. The Home had recently appointed a third activities co-ordinator. This activities co-ordinator had appropriate activities, social events, approach and manner for those service users with cognitive impairment.

Service users had been involved in the recent review of the menus. Service users confirmed this.
A recent internal service user satisfaction survey also confirmed this.

The Regional Manager informed the Officers at feedback that life stories were being developed professionally in pilot areas throughout the organisation. If this was successful there were plans to disseminate this throughout the organisation.

Areas for Improvement:

Please also see areas for improvement in quality statement 1.1

Discussion arose regarding service user life stories with the activities co-ordinators. The Manager and Clinical Services Manager had also identified this as an area of development for the Home.
It was ascertained that no training had been given on this issue to this group of staff. One of the activities co-ordinators was signposted to appropriate information and websites on this issue. However training and awareness on

this issue was needed. (See Recommendation 1)

The Manager and Clinical Services Manager had also 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. 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	**1**

Theme - Quality of Care and Support

Overall CCO Theme Grade - 4 Good

Quality Statement 1.5 **We respond to service user' care and support needs using person centred values.**

Strengths:

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

Please also see strengths in quality statement 1.1

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

Relatives spoken with informed the Officer they felt confident that their relatives' health and welfare needs were being met and reviewed regularly.

Observation of staff and service user interaction was noted to be appropriate. One of the units that had been described as being noisy and chaotic at a previous inspection was observed to be calm and organised.

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.

Best Practice Guidelines and the organisations policies and procedures were readily available in each of the units of the home. Policies and procedures developed by the organisation were noted to be regularly reviewed and updated as per current practice. These included medicines management, wound management, management of falls and nutrition.

There were a number of risk assessments undertaken for each service user in each unit of the Home. These included nutritional assessment, manual

handling assessment, fall risk assessment, pressure ulcer development assessment and continence assessment.
Completion of these risk assessment resulted in development of care plans to minimise risks and interventions where needed. Service users where able had input into collation of these care plans.

Each service user had an appointed GP (General Practitioner) who reviewed healthcare needs on a regular basis. This included medication review.
There was a formal system in place for Registered Nursing staff to refer to other healthcare professionals such as District Nurses, Physiotherapy, Occupational therapy, Dietician and Podiatrist. The documentation evidenced when a referral and a visit had taken place.

Areas for Improvement:

Please also refer to areas for improvement in quality statement 1.1 and 1.2.
The Manager and Clinical Services Manager had identified that education was needed regarding life limiting disease such as stroke, Parkinsons and Diabetes.

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.

It was noted that in two of the units GP's visited during protected mealtimes. This resulted in service users in these units having an interrupted meal. It was further noted that those service users who the GP visited declined to finish their meal after the visit. (See Recommendation 2)

CCO Grading	**4 Good**
Number of Requirements	**0**
Number of Recommendations	**1**

Theme - Quality of Environment

Overall CCO Theme Grade – 4 Good

Quality Statement 2.1 **We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.**

Strengths:

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

Please also refer to strengths in quality statement 1.1 in this report.

This aspect of participation was included in the participation strategy.

There was evidence that service users where able and relatives had been fully involved in the recent refurbishment of each unit of the Home. This had included colour boards to enable service users and relatives to see fabrics and colour schemes to choose from.

There was evidence of numerous relative meetings on the refurbishment of the Home. In one of the units of the Home all relatives had negotiated commencement of the works.

One service user and three relatives informed the Officers that they had not liked the colour scheme offered by the organisation and had their preferred option taken into account when their bedrooms were re-decorated.

The recent service user and relative satisfaction survey also evidenced that involvement in improving the environment had taken place.

One of the service users had raised an issue with Management of the Home regarding the view out of their window. It was noted that the outside environment for this service user had been changed to take account of their interests.

The dining rooms were noted to be improved and signage in each of the units had also improved. For example large signs enabled service users to be orientated to the dining room, quiet lounges and toilets. Within the units where service users had cognitive impairment toilets were easily recognisable by signage and colours appropriate to current dementia care.

Areas for Improvement:

The two units of the Home where service users with cognitive impairment mainly stayed were noted to be decorated with quite bland colours especially in the corridors. In these units it was difficult for service users to recognise their bedroom or to orientate themselves with the environment. This was fully discussed with the acting unit manager in one of the units and the Manager and Clinical Services Manager with regard to current best practice in dementia care and the environment. (See Recommendation 3)

CCO Grading	**5 Very Good**
Number of Requirements	**0**
Number of Recommendations	**1**

Theme - Quality of Environment

Overall CCO Theme Grade – 4 Good

Quality Statement 2.2 We make sure that the environment is safe and service users are protected.

Strengths:

Based on the findings of this inspection the service has been awarded the following grade: 3 Adequate

Please also refer to strengths in quality statement 1.5 in this report.

There are separate door entry systems for each of the four units of the Home. Everyone was required to sign in and out of each of the units of the Home. There was CCTV surrounding the perimeter of the Home.
There were Senior Staff employed in each of the units of the Home.

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.

There was a system of risk assessments regarding service users. These included manual handling, nutrition, pressure ulcer prevention and restraint. These risk assessments informed the development of care plans where risks were minimised.

There was a robust recruitment policy in place which included Enhanced Disclosure Scotland checks and PIN checks for those staff registered with a regulatory body such as the Nursing and Midwifery Council (NMC).

There was a fire safety plan in place. Fire equipment was being replaced systematically to comply with new legislation.

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.

The home was clean and well maintained throughout. Systems were observed to be in place for the control of infection, in line with relevant regulations and good practice guidelines.

Contractual agreements for all essential equipment were in place and there

was a system in place to which all staff were familiar regarding day to day repairs and maintenance.

Areas for Improvement:

There were issues regarding protection of people identified on day two of the inspection. These were fully discussed with the Manager and Clinical Services Manager at that time and further discussed with the Regional Manager after the inspection. It was noted between the second day of the inspection and the feedback session on 18 February 2009 these had been rigorously and appropriately investigated and acted upon by the organisation.

Through discussion with all staff grades during the two days of the inspection it was ascertained that staff were unclear of what an adult protection issue may be. Consequently this may result in issues not being reported upon appropriately. It was also ascertained that training on this issue needed to be reviewed and updated to ensure full understanding of this issue was disseminated throughout the Home. (See Requirement 1)

Not all staff were familiar with the content of the protection of adults policy in the Home despite this being part of the training offered to staff.
(See Requirement 2)

It was noted that infection control practice in the laundry did not always follow good practice. For example there were no disposable gloves available for laundry staff. The Officers were informed that these were not usually available in the laundry and that domestic dishwashing gloves were usually used.
It was also noted that good practice regarding red alginate bags was not in place.
These observations were discussed with the regional Manager and Acting Manager at feedback on 18 February 2009. (See Requirement 3)

CCO Grading	**3 Adequate**
Number of Requirements	**3**
Number of Recommendations	**0**

Theme - Quality of Environment

Overall CCO Theme Grade – 4 Good

Quality Statement 2.3 The home environment allows people to have as positive a quality of life as possible.

Strengths:

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

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

There have been recent introductions in one of the units to improve quality of life these include a service user choir where one of the service users' plays the piano for the group.
There has been an improvement in the provision of activities.
In another of the units one of the quiet lounges which was underused has been changed into a cinema. This décor and pictures were noted to be keeping with the interests of the generation of service users who lived in this unit.

The activities co-ordinators had good ideas for developing this part of the service and were enthusiastic about this.
It was noted that service users responded well to the activities co-ordinators and the activities offered.

Those service users who were able were noted to have free access in and out of the Home. One service users was noted to spend significant times shopping and going out for coffee with friends.

Service users had the opportunity to bring in small pieces of furniture and personal possessions if they chose to personalise their rooms.

An improvement was noted in the dining rooms in all units of the Home. Tables were attractively set with linen tablecloths and napkins. Condiments and flowers were also noted on tables.
The organisation of breakfast and lunch in one of the units and lunch in another of the units was noted to have improved. Service users' were noted to be given time to have their meal. Those who required assistance were attended to timeously and relatives were encouraged if they chose to assist their relative at mealtimes.
Breakfast was noted to be on offer 'til mid morning to allow service users a long lie or time to get dressed.
Service users could choose to have their meals in their rooms in addition to the dining room. These service users were given an appropriately laid tray.

Areas for Improvement:

It was agreed with the Manager and Clinical Services Manager that further work regarding this quality statement was needed. This was regarding activities. Both had identified that provision of activities and development of new activities was to be progressed further.
Training for the activity co-ordinators regarding dementia care needs to be enhanced to ensure that current good practice is consistently applied.
(See Recommendation 4)

The organisation of mealtimes needs further work. For example in one of the units service users who required assistance or supervision were not always attended to timeously. Two service users emptied their soup onto the floor and staff thought they had eaten this course. Those service users who chose not to have a starter or soup were not given their main course until all other service users had finished their starter or soup. This resulted in four service users waiting 15 – 20 minutes for their meal. (See Requirement 4)

CCO Grading	**4 Good**
Number of Requirements	**1**
Number of Recommendations	**1**

Theme - Quality of Staffing

Overall CCO Theme Grading – 4 Good

Quality Statement 3.1 **We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.**

Strengths:

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

Please also refer to strengths in quality statement 1.1 and 2.1 in this report.

There was a personal best programme in place which was service user focused and was complimented by a survey programme both internal and external that asked service users and their relatives for specific views on the quality of staff employed in the service.

The Manager operated an open door policy. The Manager and Clinical Services Manager visited each of the four units on a daily basis.

There was evidence that comments by service users in the most recent satisfaction survey were being taken on board by management.
The Organisation had an independent satisfaction survey for service users and relatives where results were collated and reported upon to the Manager on the performance of the Home throughout the preceding year. The most recent results were made available to the Officers on day two of the

inspection.

There were Team and Personal best awards where service users and their representative or relatives could nominate staff for an award for good practice. There was photographic evidence that service users and their relatives attended these ceremonies.

One life awards are also in evidence for team best practice or individuals who have good ideas for improving the service.
Staff had opportunities to build on their references from service users and relatives to gain higher awards within the Organisation,

There were informal and ad hoc comments, thank you letters and cards to evidence that service users and relatives assessed the quality of staffing in the service. These were used and feedback was given to staff.

Areas for Improvement:

Discussion arose with the Manager and Clinical Services Manager on how service users and relatives could be further involved regarding this quality statement. The Regional Manager informed the Officers that there were plans to incorporate this into the recruitment system this was in early consultation basis at present.
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.

The ad hoc and informal comments were not collated in any way to enable full appreciation of assessment made within the individual units.
This issue was fully discussed with staff in the units who agreed to further discuss with colleagues and management on how best to take this forward.

CCO Grading	**5 Very Good**
Number of Requirements	**0**
Number of Recommendations	**0**

Theme - Quality of Staffing

Overall CCO Theme Grading – 4 Good

Quality Statement 3.3 **We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.**

Strengths:

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

The Inspection Focus Area (IFA) Notifications was also discussed under this quality statement and is reported upon at the end of this section.

Staff spoken with during the inspection were aware of the National Care Standards (NCS) and Scottish Social Services Council (SSSC). There was evidence that best practice and the National Care Standards were implemented through observation of practice.
Staff informed the Officers that NCS were discussed and utilised through Scottish Vocation Qualification (SVQ) training.

There was a career structure for care staff through promotion on completion of SVQ training.

Best practice folders were readily available on each unit. Staff were aware of how to access these.

There was a daily multidisciplinary meeting regarding service users' needs and there was evidence of staff working as a team and supporting each other. Staff felt that they worked well as a team within all of the units of the Home.

Service users informed the Officers that they felt confident in the staff group and felt they were well trained and behaved in a professional manner.

There was an organisational training plan in place and the staff training plan in place in the Home complimented the strategic plan.

Care staff said they were encouraged and supported to take further training and training records gave details of courses that had been undertaken. Training files were well organised and easily retrievable.

Staff were observed during the inspection to behave in a professional manner. Staff were enthusiastic about their role and were very willing to discuss their roles and responsibilities with the Officers.

The Manager and Clinical Services Manager were aware of some of the notifiable events that were required by the Care Commission as per legislation. Both were signposted to the relevant legislation.

Areas for Improvement:

Please also refer to areas for improvement in quality statement 2.2 in this report.

The Manager and Clinical services Manager had identified that the Home were still in the process of working towards fulfilling the criteria for care staff employed in the Home to be registered with SSSC. It was advised progress on this would be followed up at the next inspection.

The Manager and Clinical Services Manager had identified that appraisal and

formal staff supervision needed to be further progressed. At the time of the inspection this was in the process of being undertaken.
(See Recommendation 5)

Not all notifiable events had been notified to the Care Commission. However between the second day of the inspection and the feedback session on 18 February 2009 an improvement had been noted on submission of notifiable events. (See Requirement 5).

CCO Grading	**4 Good**
Number of Requirements	**1**
Number of Recommendations	**1**

Theme - Quality of Staffing

Overall CCO Theme Grading – 4 Good

Quality Statement 3.4 **We ensure that everyone working in the service has an ethos of respect towards service users and each other.**

Strengths:
Based on the findings of this inspection the service has been awarded the following grade : 4 Good

The service had a variety of policies regarding this issue in line with the National Care Standards including equality and diversity and staff behaviour. Issues or concerns raised regarding respect were noted to be dealt with appropriately.

Observations of staff interaction with service users evidenced respect for each other.
Staff were very helpful throughout the inspection and discussed issues in an open manner with the Officers.

Service users and relatives made very positive comments about the staff and of how friendly, approachable and respectful they were.
Staff spoke of and approached service users in a respectful manner.
Staff felt they worked well as a team and had opportunities to discuss developments and concerns.

Service users were given respect if they wished to stay in their rooms.

The main corridors in one of the units had pictures in keeping with the age group of the service users. For example the cinema corridor had pictures of 1930's and 1940's movie stars. There were pictures of old Edinburgh along other corridors.
Photographs of previous activities showed dignity and respect for the service

users.

The Home was in the process of replacing signs and directions in the corridors of the units especially those units who accommodated service users with a cognitive impairment.

Terminology in the documentation showed respect for service users.
One of the Officers attended a handover report and staff spoke about service users in a respectful manner.

Areas for Improvement:

It was discussed that the environment in two of the units could be improved regarding dignity and respect. This was mainly in enabling service users to identify their bedroom. All doors were white. Pictures of service users on some of the doors were not recognised by those who had a cognitive impairment therefore these service users were unsure of where their bedroom was.
(See Recommendations 3 and 6)

Some of the signposting in the units were still in small writing or small numbers so those with a cognitive impairment or poor vision were unable to read these. This was work in progress and not all areas had been updated at the time of the inspection. This will be followed up at the next inspection.

CCO Grading	**4 Good**
Number of Requirements	**0**
Number of Recommendations	**2**

Theme - Quality of Management and Leadership

Overall CCO Theme Grading – 4 Good

Quality Statement 4.1 **We ensure that service users and carers participate in assessing and improving the quality of management and leadership of the service.**

Strengths:

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

Please also refer to quality standard 1.1, 2.1 and 3.1 in this report.

The recent satisfaction survey evidenced this as did the yearly Managers report undertaken independent of the Manager of the service.

Service users had opportunities to visit the laundry if they had

concerns/queries.

Management of ancillary services was good. For example the laundry, maintenance and hotel services had good systems of work and retrievable audits to evidence good practice.

Minutes of service user and relatives meetings evidenced management issues were discussed and taken on board by Management of the Home.

There were informal and ad hoc comments, thank you letters and cards to evidence that service users and relatives assessed the quality of Management and leadership of the service.

Areas for Improvement:

Please also refer to areas for improvement in quality statements 1.1, 2.1 and 3.1 of this report.

Not all service users knew of the systems in place to comment on Management and leadership of the service.
There was confusion around some of the roles and responsibilities of senior staff employed in the service. Service users and relatives informed the Officers they were unsure of who to approach regarding issues such as when wishing to obtain an update on physical condition or day to day issues.
(See Recommendation 7)

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. It was advised progress on this issue would be followed up at the next inspection.

CCO Grading	**4 Good**
Number of Requirements	**0**
Number of Recommendations	**1**

Theme - Quality of Management and Leadership

Overall CCO Theme Grading – 4 Good

Quality Statement 4.2 **We involve our workforce in determining the direction and future objectives of the service.**

Strengths:

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

There was evidence that staff were encouraged to speak openly about care issues at staff meetings.

There was evidence that staff practice was discussed and changes fully discussed before being implemented.

There was evidence that staff had been involved in discussing the grading system.

An annual business plan was developed in conjunction with all Heads of Department.

Achievements by staff were celebrated.

Journals were provided, newsletters, news papers were available. There was an intranet system which staff were encouraged to comment on and contribute.

There was evidence of staff development and internal promotion.

Staff confirmed that through supervision they were encouraged to identify areas for improvement, develop personally and give constructive feedback.

Areas for Improvement:

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.

The Manager had been in post for six months and was still in discussion with the staff group on the direction and further developments of the service. This was work in progress.

The Manager was not completely familiar with all policies and procedures in the home this was in relation to how the policies work in practice and ensuring that all aspects of each policy was appropriately instigated. This was work in progress. (See Recommendation 8)

CCO Grading	**5 Very Good**
Number of Requirements	**0**
Number of Recommendations	**1**

Theme - Quality of Management and Leadership

Overall CCO Theme Grading – 4 Good

Quality Statement 4.4 **We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.**

Strengths:

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

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

There was a programme of audits undertaken on a weekly, fortnightly, monthly, three monthly, six monthly and yearly basis which involved the whole staff group. These audits were readily available to the Officers throughout the inspection. Staff spoken with during the inspection were familiar with the audits and of the monitoring systems in place.

The was a very good maintenance programme and there were very good maintenance systems in place. Records were very good clear and concise. Clinical audit undertaken falls, hand washing, medicines.

There is a quality assurance team within the Organisation who co-ordinated audit activity. This included clinical audit such as infection control and medicines management.

Areas for Improvement:

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**

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

A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. **Requirements are legally enforceable at the discretion of the Care Commission.**

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.

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.

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.

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.

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.

Recommendations

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, codes of practice and recognised good practice.

1. The Service should explore and offer training and awareness on the issue of life stories in the first instance to activities co-ordinators.

National Care Standards Care homes for Older People Standard 5.4 Management and staffing arrangements; Standard 17.1; 17.3; 17.4; 17.8 Daily Life.

2. The Service needs to ensure that protected meal times as per policy and as displayed in the units of the Home are adhered to at all times.

National Care Standards Care Homes for Older People Standard 5.2; 5.4 Management and staffing arrangements; Standard 6.1 Support arrangements; Standard 8.1 Making choices.

3. The Service should consider reviewing the décor in the main corridors within the units that accommodate those service users with a cognitive impairment to ensure that good practice in dementia care is taken into account.

National Care Standards Care Homes for Older People Standard 5.4 Management and staffing arrangements.

4. The Service should ensure that training in dementia awareness and current good practice is provided for the activities co-ordinators employed in the Home.

National Care Standards Care Homes for Older People Standard 5.4; 5.9 Management and staffing arrangements.

5. The Service needs to progress formal one to one supervision for all grades of staff. This is to ensure that issues and developments inform the current appraisal system in place in the Home.

National Care Standards Care Homes for Older People Standard 5.4 Management and staffing arrangements.

6. The Service needs to review the current identification of bedrooms for individual service users to ensure current good practice in dementia care is taken into account. This is especially in the units where those with a cognitive impairment are accommodated.

National Care Standards Care Homes for Older People Standard 5.4 Management and staffing arrangements.

7. The Service needs to ensure that service users and relatives are given clear information about staff roles and responsibilities regarding communication channels.

National Care Standards Care Homes for Older People Standard 11.1 Expressing your views.

8. The Service needs to ensure that the Manager is entirely familiar with policies and procedures in the Home and of the wider organisation including implementation of these.

National Care Standards Care Homes for Older People Standard 5.2 Management and staffing arrangements.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension where requirements and recommendations have been made, will result in the Care Commission re-grading the Quality Statement within the Management and Leadership Theme as Unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

This report was written by

Anne Dolan
Care Commission Officer

Date: 02/03/2009

Further information about the Regulation of Care (Scotland) Act 2001, can be found on the Care Commission web-site, under the section 'The Law'.
www.carecommission.com