



# Inspection report

# Pinewood Nursing Home Care Home Service Adults

Leny Road Callander FK17 8AP 01877 330111

**Inspected by:** Olive M. Mills

(Care Commission officer)

Type of inspection: Announced

**Inspection completed on:** 6 October 2009

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### Service provided by:

Callander Care Ltd

#### Service provider number:

SP2003002726

#### Care service number:

CS2003011600

## Contact details for the Care Commission officer who inspected this service:

Olive M. Mills Telephone 01786 406363 Email enquiries@carecommission.com

## Easy read summary of this inspection report

We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:



excellent

very good

good

adequate

weak

unsatisfactory

## We gave the service these grades

Quality of Care and Support (1) 4 Good

Quality of Environment ( 3 Adequate

Quality of Staffing ( Weak

Quality of Management and Leadership (=) 3 Adequate

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

## What the service does well

The staff are very helpful and caring in their approach to all who come into contact with the service.

We found the home to be clean and fresh. The staff are aware of any maintenance issues that require to be addressed and act quickly to rectify these.

The Lay Assessor commented "Overall the comments I received from both residents and relatives were positive".

#### What the service could do better

The service should continue to encourage the residents and others to provide a view on the quality of the service provided.

The service must ensure that there are sufficient numbers of adequately trained and experienced staff on duty at all times.

## What the service has done since the last inspection

The service has developed its methods in obtaining the views from those who are involved in the service. This has helped the service to understand the views of residents and others on the quality of the service provided.

The staff had developed the use of its communication tools to support some residents to communicate better with staff.

## Conclusion

Overall, the service continues to improve in areas which are covered in the body of this report.

The self assessment form completed by the Manager supported the inspection process. The service recognises areas for further development.

## Who did this inspection

**Lead Care Commission Officer** Olive M. Mills

Other Care Commission Officers N/A

**Lay Assessor**Ms Teresa McNally

Please read all of this report so that you can understand the full findings of this inspection.

## **About the Care Commission**

We were set up in April 2002 to regulate and improve care services in Scotland.

#### Regulation involves:

- · registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: www.carecommission.com. Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## **About the National Care Standards**

The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Blackwells Bookshop 53-62 South Bridge Edinburgh EH1 1YS

Telephone: 0131 662 8283

Email: Edinburgh@blackwells.co.uk

## What is inspection?

Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- · have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

#### Recommendations, requirements and complaints

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

- 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.
- 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.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld where we agree there is a problem to be resolved
- not upheld where we don't find a problem
- partially upheld where we agree with some elements of the complaint but not all of them.

## How we decided what to inspect

#### Why we have different levels of inspection

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

#### How we decide the level of inspection

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- · the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

## What is grading?

We grade each service under Quality Themes which for most services are:

- Quality of Care and support: how the service meets the needs of each individual in its care
- Quality of environment: the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?):
- Quality of staffing: the quality of the care staff, including their qualifications and training
- Quality of management and leadership: how the service is managed and how it develops to meet the needs of the people it cares for
- Quality of information: this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:



We do not give one overall grade.

#### How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

## About the service we inspected

Pinewood Care Home is located near Callander town centre. The service is registered for a maximum of twenty-five older people. During the inspection process there were twenty-one people living in the home.

Pinewood Care Home is part of Callander Care Ltd. The company has three other care homes in Scotland.

The accommodation is a stone-built Victorian villa on two levels. There is a passenger lift for residents to use. There are single and double rooms, some of the single rooms have en-suite bathrooms. One double room is currently being used as a double room.

The residents have access to a garden which is well maintained.

We registered the service in October 2008.

The Aims and Objectives of the service are as stated by the service provider:

"To ensure that all residents receive very high and consistent standard of care, you will be respected and your dignity maintained at all times. We will respect your privacy, confidentiality, religion and culture. We will ensure that you receive the best of medical attention at all times. You, your relatives and carer will be involved in making choices about your care and you will be given clear explanations about your care and treatment. You will be entitled to think and act without reference to another person including a willingness to incur a degree of calculated risk".

The people who use this service prefer to be known as 'residents', therefore, the term resident will be used throughout this report.

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

Quality of Care and Support 4 - Good
Quality of Environment 3 - Adequate
Quality of Staffing 2 - Weak
Quality of Management and Leadership 3 - Adequate

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

You can use the "Care services" area of our website (www.carecommission.com) to find the most up-to-date grades for this service.

## How we inspected this service

#### What level of inspection did we make this service

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

#### What activities did we undertake during the inspection

We wrote this report following an announced inspection which took place over three days; 11 August 2009 from 9.30 am to 12.00 pm, 13 August 2009 from 9.00 to 4.00 pm, 18 August from 2.00 pm to 5.00 pm. One additional visit took place on 6 October from 4.00 pm to 5.30 pm, where the Care Commission Officer provided feedback on the inspection to the Manager and the two Directors of the company.

The Inspection was carried out by Care Commission Officer, Olive Mills accompanied by Lay Assessor Teresa McNally.

As requested by us, the care service sent us an annual return. The service also sent us a self assessment form.

We issued 24 questionnaires to friends, relatives or carers of people who use the service. Fifteen completed questionnaires were returned before the inspection.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents, including:

Evidence from the service's most recent self assessment

Four care plans

Four staff files

Activity plans

Recruitment and Selection Policy

Induction & Training Policy

Training plan for staff

Various risk assessments

Health and safety records

Accident and incidents records

Admission Pack

Communication Policy

Complaints recording system

**Complaints Policy** 

Participation and Strategy policy

**Quality Assurance Guidelines** 

Minutes of meetings

Newsletter

Questionnaires that had been completed and returned to the care service from residents, their relatives and staff members.

Discussion with various people, including

- The Manager
- 8 care staff
- 20 residents

We also observed how staff work with the residents, observed activities provided and carried out an examination of the environment.

#### **Inspection Focus Areas (IFAs)**

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2009/10 we will focus on:

- Meaningful activity for all adult services
- · How care services assess the health of people with learning disabilities
- Involving parents for children's services
- Medication for looked after children for residential accommodation for children
- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website www.carecommission.com.

#### Fire safety issues

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: www.infoscotland.com/firelaw

#### **Actions Taken on Recommendations Outstanding**

1. The service should continue to involve service users and carers in participating and assessing the quality of care and support, the environment, staffing, Management and Leadership within the home.

This has been implemented and will continue to be developed by the Manager.

2. The Manager should put into place appropriate communication tools to meet the needs of all service users.

This has been implemented and will continue to be developed by the service.

- 3. The provider must submit an action plan to the Care Commission to detail their policy on the use of shared rooms which should include:
- The current practice when using double rooms
- Will the use of double rooms be phased out?

The first part of this recommendation has been acted upon by the Manager.

The second part of the recommendation should be agreed with the Directors. An action plan should be resubmitted to the Care Commission to update us on future developments.

#### The annual return

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- · decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care Act (Scotland) 2001, Section 25(1). These forms must be returned to us between 6 January and 28 February 2009.

#### **Annual Return Received**

Yes - Electronic

#### **Comments on Self Assessment**

We received a fully complete self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

#### Taking the views of people using the care service into account

Residents expressed satisfaction with most aspects of the service, including staff friendliness, food and accommodation.

Views are recorded under the heading 'Statements'.

Taking carers' views into account Comments made were generally in agreement with the views of the residents. Where comments were made, these were brought to attention of the Manager and these comments will be found in the body of this report.				

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

Grade awarded for this theme: 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**

A participation policy is in place and the staff team have attended training on this topic. From the information provided to the staff by the Manager and the training attended by staff, we consider this has raised their awareness of the importance of co-ordinating and involving residents, carers and other people in the service.

Staff told us they are encouraged by management to provide their view on improving the service, for example, individual residents care and support needs. We examined minutes of staff meetings and what staff told us confirmed their input into the quality of the service provided.

Staff said they had frequent conversations with residents to help them understand their view on improving the care and support offered, such as, they were aware that a resident liked her hair done in particular way and the resident confirmed this by telling us "I like my hair done in a certain way and the hairdresser, Christen, does it the way I like it".

We know by talking to some residents and their relatives, residents have the choice of having a copy of their personal care plan if they wished. This is recorded in residents care plans.

One relative informed the Lay Assessor:

"We are involved in reviews, however, I would communicate with staff if there were any issues we had before a meeting took place".

A communication tool was available for staff to use when communicating with residents, for example, a familiar picture of an object was used to assist a resident to make a choice, such as, what they would like to eat.

Some residents in the service commended to us:

"We choose our meals from a list and if something is not on the list, you can ask for something different, of course within reason".

"I like to take all my meals downstairs with the other residents".

We spoke with eight relatives and friends and all commented they were encouraged by the staff to be involved in the service. All the carers we spoke to said they were kept informed on their relative's care and were generally happy with the service provided.

During our time in the service, we observed good communication by the catering staff when talking to the residents. They asked the residents their views on meal choices and if they enjoyed their dinner. The residents seemed familiar with the catering staff and spoke fondly of the staff.

Over all, we found there was good evidence to confirm that residents, carers and others are included in assessing and improving the quality of the care and support for the residents to a good standard.

#### **Areas for Improvement**

The service should continue to keep up its good work and involve residents, carers and others in assessing the Quality of Care and Support.

#### **Grade awarded for this statement**

4 - Good

#### **Number of Requirements**

n

#### **Number of Recommendations**

1

#### Recommendations

1.

The service should further develop its Participation Policy and the range of methods used to involve residents and their carers.

National Care Standards Care Homes for Older People Standard 11.1

#### 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**

Meaningful activity is a focus area for this year's inspection. We examined this focus area more closely during the inspection.

We viewed a program of activities displayed for residents and carers to view throughout the home.

The resident's interests and views are taken into account when planning the programme of activities, for example, the staff were clearly aware that some of the residents prefer to rise early in the morning and some like to go to bed late, so activities are sometimes planned around this.

During some of the activities provided, such as, flower arranging, we observed staff supporting residents to be independent and take part in the activity.

The Activity Co-ordinator and staff knew the resident's needs very well. We examined some care plans and recorded in the care plan was information on individual resident's interests.

We observed good interaction between staff and residents during activities and other tasks during the day. Staff were seen to be respectful in their approach when managing the resident's needs.

During lunch times we noted that residents were encouraged by staff to join in conversations and to eat their meals. Some residents told us "the staff are kind and are always cheerful and nice, especially when you hear about other places"

We looked at some life story books for some of the residents. The residents kindly shared their life story book with us. From our conversations with the residents and relatives this supported some of the residents to recall their past events and gave staff the opportunity for greater conversations with the residents.

Further comments made by the residents were:

"We are always getting cups of tea. Sometimes I prefer fruit juice instead and I get this. The staff are always getting you to drink, something."

"We have residents meetings here and yes I go. It can be fun".

"I like to be independent, I'm always busy, that's the way I like it".

"We did flower arrangement this morning. Look, I like to put a flower in my hair, for fun".

In talking to a resident she had asked the Manager if she could change her bedroom from upstairs to downstairs as she felt this would help her to be more independent. Her request had been granted by the Manager. The resident told us she likes her new bedroom.

We found good evidence the service had links with the local community. The residents sometimes go out of the home for an activity, for example, to garden centres. The residents also told us they do not pay for taking part in activities within the service.

Overall, we found good evidence to tell us that residents can make individual choices and are supported by staff to a good level.

#### **Areas for Improvement**

We recommend the service involve residents further in the timing of activities provided and to provide additional information to existing and potential residents on the provision of activities provided in the service.

We are aware staff attend training; however, we recommend the Manager provide all staff undertaking activities with residents, either solely or as part of their role, are suitably trained to undertake this role.

#### Grade awarded for this statement

4 - Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

3

#### Meaningful Activity-Inspection Focus Area (IFA) outcome

The requirements and/or recommendations below reflect our view of the service's performance in providing meaningful activity for people who use the service so that they are able to make the most of their life in the service as required by National Care Standards.

#### Recommendation

 People who use care services should choose the activities available and the timing of these activities.

#### Recommendation

2.

We are aware that staff attend training in the role they undertake. However, we recommend the Manager should ensure that staff providing activities either solely or as part of their role, are suitably trained to undertake this role. National Care Standards Care Homes for Older People. Standard 5. 1

#### Recommendation

3.

The service should provide accurate, up-to-date information to existing and potential service users about the service being provided. This should include how the service will promote and maintain independence, health and welfare and quality of life. This is in accordance with National Care Standard 1 - Informing and deciding.

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

Grade awarded for this theme: 3 - Adequate

#### Statement 1

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

#### **Service Strengths**

We have related evidence to support the strengths in this statement as detailed under Quality Theme 1, Statement 1, Service Strengths.

We examined minutes of residents meetings and these recorded that residents were asked by the Manager to help choose their wall paper, colour of paint, curtains and furniture for the home. It was confirmed in talking to relatives and carers that they were involved in the process.

Here are some comments made to us by the residents:

"I helped to choose the wallpaper and curtains in my bedroom".

"My bedroom isn't very big, but I've got my own photos and personal things, which helps"

"its' very homely here"

In looking at care plans, we could see that some relatives and residents were involved in the residents risk assessment in regard to the suitability of the environment.

We examined questionnaires which were issued by the service and completed by the residents, relatives and others. We found the outcome from the questionnaires showed; all who completed the questionnaires felt the home was clean, tidy and fresh.

In speaking to one resident we were told some of the residents were developing their gardening skills and were supported by some residents and relatives to be part of this.

During the inspection process we saw a relative replacing bird seed on a bird table for a resident who was unable to do this. The resident told us the bird table had been placed there to allow her to see the birds coming and going.

Another resident told us "I really like sitting outside, when the weathers good, and I like to go on all outings. I like the bus run. The staff help me to be involved".

Overall, from the evidence we found we consider the resident's and carers are involved in assessing and improving the quality of the environment within the service to a good level.

#### **Areas for Improvement**

We recommend the service should continue to strive to seek comments from residents and their families and carers in assessing and improving the quality of the environment as stated under Quality Theme 1, Statement 1, Recommendations.

#### **Grade awarded for this statement**

4 - Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

1

#### Recommendations

1.

The service should further develop its Participation Policy and the range of methods used to involve residents and their carers.

National Care Standards Care Homes for Older People Standard 11.1

#### Statement 4

The accommodation we provide ensures that the privacy of service users is respected.

#### **Service Strengths**

The service has single and double rooms with one room currently used as a double room. The Manager informed us they hope to reduce the use of double rooms in the near future.

We found documented within individual residents care plans the sharing of a double room had been agreed by the resident or appropriate person who represents them.

We are aware that residents can lock their bedroom doors if they want to have the use of safe facilities or can use a locked drawer in their bedroom for keeping valuables. We confirmed this was the practice in talking to the residents.

The garden was kept neat and tidy. One of the residents told us she had taken a walk down into the village and does this most days. She said she enjoyed this.

The home has an open door policy for residents and carers to use should they wish to.

We saw a range of risk assessments within individual care plans, one on preventing falls for the resident. The audits carried out by the management team helped to identify if a residents needs had changed and if so, this was recorded in their care plan.

Some of the residents informed us they receive their own mail which was unopened by the service. We observed this in practice during the inspection process.

Overall, the accommodation provided in the home supported the resident's privacy to an adequate level.

#### **Areas for Improvement**

The service continues to operate with two residents sharing a bedroom. Neither of these residents are related.

#### Grade awarded for this statement

3 - Adequate

#### **Number of Requirements**

0

#### **Number of Recommendations**

1

Recommendations				
1.	The Manager should submit an up-to-date action plan to tell us how the proprieto vill use double rooms in the future. National Care standards Care Home for Older People Your Environment Standard 4			

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

Grade awarded for this theme: 2 - Weak

#### Statement 1

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

#### **Service Strengths**

We have related evidence to support the strengths in this statement as detailed under Quality Theme 1, Statement 1 and Quality Theme 2, Statement 1, Service Strengths.

The participation policy reflects that residents and carers are encouraged to be involved in the service. The management is actively promoting involvement and this is an ongoing process.

The questionnaire issued by the service for carers, residents and others clearly encourages anyone involved in the service to provide a view on the quality of staffing in the service.

Since the last inspection, there has been more staff training due to the results from the questionnaires, for example, updating staff first aid certificate, more of the staff have attended food hygiene training.

We are aware that some of the residents have met new staff over a cup of tea and a biscuit as they do not want to be involved in the formal interviewing of new staff. However the Manager is keen to explore this further with the residents.

Overall, we found the residents and carers are involved in assessing and improving the quality of staffing in the service to a good level.

#### **Areas for Improvement**

We recommend the service continue to consult with residents and their carers about being involved in recruitment of staff. (Please see recommendation 1 as stated under Quality Theme 1, Statement 1 and Quality Theme 2, Statement 1)

The Manager should consider placing photographs of all the staff in a prominent position for residents and all who visit the service which should help them to identify staff.

#### **Grade awarded for this statement**

4 - Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

1

#### Recommendations

1.

The service should further develop its Participation Policy and the range of methods used to involve residents and their carers.

National Care Standards Care Homes for Older People Standard 11.1

#### Statement 2

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

#### **Service Strengths**

Safer recruitment is a focus area for this year's inspection. A sample of information available was examined by us.

We looked at a range of policies and procedures with regard to the recruitment, induction and selection of staff. We spoke with staff on their experience of recruitment and induction. Staff felt the induction process was a positive experience for them.

We found the induction programme had been developed by the Manager over the last year and she stated she will continue to develop this through feedback from new staff who had undertaken the programme. This is carried out over a 5 day period. We found this to be very well recorded by management team.

Staff had a clear understanding of the aims and values of the home.

The service had procedures in place for registering with the Scottish Social Services Council (SSSC). The staff informed us some of them had registered with SSSC.

#### **Areas for Improvement**

The provider must ensure that at all times they comply with their Staffing Schedule in order to make proper provision for the health and welfare of residents.

Overall, the service had a strong recruitment and induction procedure in place, however due to the service not meeting their Staffing Schedule this statement is graded as weak.

Grade awarded for this statement

2 - Weak

**Number of Requirements** 

1

**Number of Recommendations** 

0

#### Requirements

1.

The provider must ensure that there are sufficient numbers of adequately trained and experienced staff on duty at all times to implement the actions and strategies set out in each service user's personal plan.

This is in order to comply with:

The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114), Regulation 4(1) (a) - a requirement to make proper provision for the health and welfare of service users

and Regulation 13(a) - a requirement to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare of service users.

Timescale for implementation: within 24 hours of receipt of this report.

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

Grade awarded for this theme: 3 - Adequate

#### Statement 1

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

#### **Service Strengths**

We have related evidence to support the strengths in this statement as detailed under Quality Theme 1, Statement 1, Quality Theme 2, Statement 1 and Quality Theme 3, Statement 1, Service Strengths.

The service has methods and processes in place as mentioned before in this report to support the quality of management and leadership in the home.

In speaking to some residents and relatives they felt the quality of the management was good and that the Manager was approachable and listened to them. Some of the residents told us they could speak to staff if required on issues of concern. Some said the Manager or the Deputy Manager is usually around to talk to.

When speaking to some carers they were aware the service had an open door policy.

One resident said "I go to the resident meetings and can raise any matter".

Overall, we found that residents and carers participate in assessing and improving the quality of management and leadership of the service to a good level.

#### **Areas for Improvement**

We recommend the service continue to strive to seek comments from residents and their families and carers in assessing and approving the quality of the management and leadership in the service. The recommendation is recorded under Quality Theme 1, Statement 1, Recommendations.

#### Grade awarded for this statement

4 - Good

#### **Number of Requirements**

C

#### **Number of Recommendations**

1

Reco	Recommendations				
1.	The service should further develop its Participation Policy and the range of methods used to involve residents and their carers.  National Care Standards Care Homes for Older People Standard 11.1				

#### 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**

In viewing the Quality Assurance Guidelines, these were found to be well prepared and easy for the reader to understand.

The management team had methods and systems in place to Quality Assure the service. These methods had developed since the last inspection in regard to their processes and methods to involve residents, carers, staff and others to assess the quality of service. For example, audits of care plans, medication records, accidents, and health and safety audits.

Overall, the service has quality assurance systems and processes in place to assess the quality of the service. However, due to the service not following their own assessment tool this statement is graded as Adequate.

#### **Areas for Improvement**

The service identified in their self assessment to continue to develop their Quality Assurance system and processes and we agree with this area for improvement.

#### Grade awarded for this statement

3 - Adequate

#### **Number of Requirements**

0

#### **Number of Recommendations**

0

## Other Information

#### **Complaints**

The service had one complaint which was upheld since the last inspection.

You can find information about complaints that have been upheld on our website www.carecommission.com

This complaint has affected the service's grades.

#### **Enforcements**

We have taken no enforcement action against this care service since the last inspection.

#### **Additional Information**

N/A

#### **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).

## **Summary of Grades**

Quality of Care and Support - 4 - Good				
Statement 1	4 - Good			
Statement 2	4 - Good			
Quality of Environment - 3 - Adequate				
Statement 1	4 - Good			
Statement 4	3 - Adequate			
Quality of Staffing - 2 - Weak				
Statement 1	4 - Good			
atement 2 2 - Weak				
Quality of Management and Leadership - 3 - Adequate				
Statement 1	4 - Good			
Statement 4	3 - Adequate			

## **Inspection and Grading History**

Date	Туре	Gradings	
30 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 3 - Adequate 3 - Adequate
7 Jan 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 1 - Unsatisfactory 3 - Adequate

## Terms we use in our report and what they mean

**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines -** This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service -** A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using he service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- · upheld where we agree there is a problem to be resolved
- not upheld where we don't find a problem
- partially upheld where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland-** Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.



## How you can use this report

Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

# People who use care services, their relatives and carers

We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.





## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## **Reader Information**

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## Translations and alternative formats

This publication is available in other formats and other languages on request.

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ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

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