scottish commission for
the regulation of care

Inspection report

Pentland Hill Nursing Home
Care Home Service Adults

23/27 Gylemuir Road
Edinburgh
EH12 7UB
0131 334 2383

Inspected by: **(Care Commission officer)**	Rose Bradley
Type of inspection:	Announced
Inspection completed on:	10 November 2009

Contents

Service provided by:
BUPA Care Homes (CFHCare) Limited No. 2741070

Service provider number:
SP2003002226

Care service number:
CS2003010660

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

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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:

We gave the service these grades

Quality of Care and Support	2	**Weak**
Quality of Environment	2	**Weak**
Quality of Staffing	2	**Weak**
Quality of Management and Leadership	2	**Weak**

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 service provides a comfortable environment and all residents have single bedrooms with en-suite facilities. There are ample public rooms for sitting, dining and recreational activities and events.
We saw that staff welcomed visitors and were polite.

The provider was eager to enter discussion with us about how to improve the quality of the service.

What the service could do better

In order for the service to develop there must be a managerial oversight of the service provision.
There needs to be robust management assessment of staff competency in the duties they are to perform in order that staff practice improves.
The service needs to deliver a more person centred approach to ensure that all residents receive a service which meets their individual needs.

What the service has done since the last inspection

Since the last inspection the service has tried to improve the quality of the service through employing four new unit managers and a home manager, developing care plan documentation and continuing to implementing the quality assurance programme.
Consultation with residents and relatives had continued and some relatives and residents were members of committees including the catering committee.

Conclusion

We found that the quality of this service was weak in several areas that we inspected against.
We found that changes within the management team and the lack of effective assessment of staff competency had affected the quality of the service.
The service does not deliver a person centred approach to all residents.
The provider is eager to cooperate with us in improving all apects of the quality of service.

Who did this inspection

Lead Care Commission Officer
Rose Bradley

Other Care Commission Officers
Carol Moss and Janet Smith

Lay Assessor

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:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

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

Pentland Hill Care Home (referred to in the report as "the service) is owned and Managed by BUPA (referred to in the report as "the provider") and was registered with the Care Commission on 1 April 2002 to provide a care service to a maximum of 120 older people. There were 119 residents at the time of inspection.

The service is situated within a popular residential area of South West Edinburgh near to local amenities and public transport links. The building has gardens to the front and rear of the building.

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

All rooms are for single use and all have en-suite facilities. Each unit has two communal lounges and a dining area within one of the 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 service 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 resident required more specialised care in relation to progressive mental health or advanced disease process.

At the time of inspection the most recently appointed manager (referred to in the report as the "home manager") had tendered their notice. The week following the inspection a new manager who was already employed by Bupa was appointed.

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

Quality of Care and Support	**2 - Weak**
Quality of Environment	**2 - Weak**
Quality of Staffing	**2 - Weak**
Quality of Management and Leadership	**2 - Weak**

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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What activities did we undertake during the inspection
We wrote the report after an announced inspection that took place at the service. The inspection was carried out by Care Commission Officers Rose Bradley, Carol Moss and Janet Smith on the following dates:
- 14 October 2009 between the hours of 10am and 4pm (Rose Bradley inspected)
- 19 October 10am and 4pm (Rose Bradley and Carol Moss inspected)
- 20 October 2009 between the hours of 10am and 4pm (Rose Bradley and Janet Smith inspected)
- 22 October 2009 between the hours of 9.30 and 6pm (Rose Bradley and Janet Smith inspected)

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

- The service's most recent self assessment
- A sample of ten clients' files
- Staff training records
- Minutes of staff meetings, residents and relatives meetings
- Complaint, accident and incident records
- Maintenance records
- Service Information Pack
- Staff rota
- Activity folder
- Discussion with various people including:
 * the regional manager
 * the deputy manager
 * the support manager
 * the housekeeper
 * one laundry worker
 * two domestics
 * two activity coordinators
 * three unit managers
 * two registered nurses
 * six carers
 * twelve residents individually
 * ten relatives individually
 * dementia care coordinator

- Observation of staff practice
- Observation of staff interaction with residents, visitors and fellow workers in all four units
- Consideration of audits and consultation methods
- Consideration of residents' and visitors' comments
- Attendance at one head of department meeting
- Observation of at least one meal in each unit (total of five meals)
- Time spent with residents during the inspection
- Consideration of the content of twenty seven resident questionnaires which were completed and returned directly to us.
- Consideration of the content of five relative questionnaires which were completed and returned directly to us.
- Consideration of the National Care Standards, Care Homes for Older People.

A meeting was held with the provider on 5 November 2009 to discuss the inspection findings.

Further feedback on the inspection outcomes was given to the regional manager and home manager on 10 November 2009.

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

Has the service had to take any actions as a result of or since our last inspection?

1. The provider must ensure that staff have appropriate training and skills to support people in the care setting. This should include ways of interacting and engaging with people who have communication difficulties, cognitive impairment and memory problems.
This is in order to comply with SSI/114 Regulation 13 Staffing - a requirement to ensure staff are suitably qualified and skilled for the work they are to perform. This also takes into account National Care Standards Care Homes for Older People Standard 5 Management and Staffing.

Action taken on the Requirement
We examined staff training records and found that while seventeen staff had received training in dementia the majority of care staff had not received the training. While a trainer in dementia awareness was in post and themed supervisions were being carried out completion dates for training had not been set. This requirement had not been fully met.
We have made a requirement about staff training under Theme 3, Statement 3.3

The requirement is:
Not Met

2. The Provider must ensure that service users are protected from injury. In order to do so, the Provider must ensure staff have the skills, knowledge and training to carry out care and that they are competent to carry out that care. Training should include:
- training in the assessment and care of continence;
- care of people with dementia, memory loss, cognitive impairment and communication difficulties;
- care of people at night;
- approaches to dementia care to minimise distress.
This is in order to comply with SSI/2002/114 Regulation 13 - a requirement to ensure there are suitable qualified staff who have received training in the work they are to perform and that they are competent to provide such care. This also takes into account National Care Standards Care Homes for Older People Standard 5 Management and Staffing.

Action taken on the Requirement
We examined staff training files which showed that all staff had not received training in continence management. However continence champions had been appointed to each unit to support staff.
Seventeen staff had received training in dementia awareness and there was one trainer within the home. As previously stated the majority of staff had not received dementia training.

The training record did not detail what training staff had received in relation to care of people at night.
This requirement had not been fully met.
We have made a requirement about staff training under Theme 3, Statement 3.3

The requirement is:
Not Met

3. The Provider is required to provide clear guidance and training for staff on actual and potential abuse. Training should include a clear guide for all staff, including the Manager, on how to report suspected abuse and how to respond to the abused and the abuser, following local interagency adult protection guidelines.
This is in order to comply with SSI/114 Regulation 13 Staffing- a regulation which ensures staff receives training for the work they are to perform. This also takes into account National Care Standards Care Homes for Older People Standard 5 Management and Staffing and Lothian interagency guidance on the Protection of Vulnerable Adults.

Action taken on the Requirement
All staff had received training in Adult Protection procedures. This gave clear guidance to staff on how to report suspected abuse and how to respond to the abused and abuser and follow local interagency guidelines. The training was supported by question and answer booklets which staff completed to evidence their understanding. Staff who spoke with us could describe the procedures that would be followed should protection issues arise. We saw that managers reported all potential adult protection issues to the appropriate agency.

The requirement is:
Met

4. The Provider must ensure that staff are trained in manual handling practices by a suitably qualified person who is able to demonstrate theory in the practice setting and can measure competency. Staff should be competent in all equipment used for manual handling in the home before they are asked to use this to meet people's care needs during the day and at night. Competency should be regularly checked in practice.
This is in order to comply with SSI/114 Regulation 13- a regulation to ensure suitably qualified and competent people are working in the care service. This also takes into account National Care Standards Care Homes for Older People. Standard 5 Management and Staffing.

Action taken on the Requirement
Training records showed all staff had received manual handling training, by designated assessors.
The completion of the training was supported by a certificate signed and dated by the

moving and handling assessor.
The course covered the safe use of hoist and equipment, legislation and responsibility.
Staff competency was also assessed through the use of question and answer booklets which supported the original training. This demonstrated staff theoretical knowledge.
However we could find no recorded method of the ongoing checking of competence in practice.
While we observed some good moving and handling techniques, we also observed that in some instances staff did not apply brakes to hoists and wheelchair while carrying out transfers.
All aspects of this requirment have not been met.
We have made a requirment under Theme 3, Statement 3.3 about staff training and competency.

The requirement is:
Not Met

5. The provider must ensure staff are suitably trained and skilled for the roles they are expected to fulfil within the home.
This is in order to comply with SSI/114 Regulation 13 Staffing- a requirement to ensure staff are suitably qualified and skilled for the work they are to perform. This also takes into account National Care Standards Care Homes for Older People Standard 5 Management and Staffing.

Action taken on the Requirement
Training records showed that all staff received training in moving and handling, infection control, adult protection and use of bed rails.
Seventeen staff had received training in dementia awareness. Some staff had received training in wound management and Parkinson disease.
However, the majority of staff had not received training in dementia awareness, nutrition or continence management.
Themed supervisions which addressed specified issues such as adult protection and whistleblowing were being carried out.
While some progress had been made in providing staff training this requirment had not been fully met.
We have made a requirement under Theme 3, Statement 3.3 about staff training and competency.

The requirement is:
Not Met

6. The provider must ensure that all personal plans are updated to ensure that they provide clear guidance for staff to enable the appropriate and up to date care to be given to service users.
This is in order to comply with SSI/114 Regulation 4(1)(a) welfare- a requirement to

ensure the health and welfare of service users. This also takes into account National Care Standards Care Homes for Older People Standard 6.3 Support Arrangements and Standard 14 Keeping well-healthcare.

Action taken on the Requirement
We examined a sample of ten care plans and found these were regularly updated and audited by managers. However the care plans contained conflicting information, such as the regularity of weights, guidance from specialist was not always transferred into care plans and pain management was not consistently addressed.
All aspects of this requirment had not been met.
We have made a requirement under Theme 1, Statement 1.3 about care plans.

The requirement is:
Not Met

7. The provider must ensure that service users who have a continence or behaviour need identified are assessed in accordance with current best practice, that a plan of care is devised to meet the needs identified and that where required they get advice from a specialist. The Provider must ensure staff are trained in order to provide this care.
This is in order to comply with SSI/114 Regulation 4 (1) (a) and (b) Welfare of Users - a requirement that providers make provision for the health and welfare of service users and that they provide services in such a manner which respects the privacy and dignity of service users and also comply with SSI/114 Regulation 13 Staffing- a requirement to ensure staff are appropriately skilled to carry out the care. This also takes into account National Care Standards Care Homes for Older people Standard 5.3, 5.4, 5.7 Management and Staffing, Standard 6 Support arrangements Standard 14.4, 14.8, 14.9 Keeping Well- healthcare.

Action taken on the Requirement
Examination of care plans showed that all continence care plans did not detail the type of continence aid which would be used or the specialised advice that had been sought. While behavioural care plans were in place, these did not always give details of the triggers which could indicate behavioural difficulties. Care plans did not always take account of the effect pain could have on behaviour. Behaviour assessments were not always completed. Advice from specialist agencies was not always transferred into the care plans.
All aspects of this requirement had not been met.
We have made a requirement under Theme 1, Statement 1.3 about care plans.

The requirement is:
Not Met

8. The Provider must ensure that service users' nutritional needs are met, nutritional assessments carried out must be implemented by staff.

This is in order to comply with SSI/114 Regulation 4(1)(a) welfare a regulation to ensure the health and welfare of service users. Taking into account National Care Standards Care Homes for Older People Standard 13 Eating well and Standard 14.6 Keeping well-healthcare

Action taken on the Requirement
We saw that all residents had a nutritional assessment and care plan. However some care plans contained conflicting information, for example stating weights should be taken weekly but records show these were carried out monthly.
We saw that residents who were napping were not always wakened for mid morning drinks. This is addressed in more detail in Theme 1 Statement 1.3.
All aspects of this requirement had not been met.
We have made a requirement under Theme 1, Statement 1.3 about care plans.

The requirement is:
Not Met

9. The Provider must ensure that there is equipment to meet people's oral hygiene needs and that oral hygiene is carried out as appropriate to service users' assessed needs. In order to do so each service user should have an oral assessment which is reviewed in accordance with their needs.
This is in order to comply with SSI/114 Regulation 4(1) (a) health and welfare- a requirement to meet the health and welfare of service users and Regulation 12(b) - a requirement to ensure the provision of equipment for the use of service users to meet their health and personal care needs.

Action taken on the Requirement
Examination of residents' files showed that all residents had an oral assessment and resulting care plan. Oral equipment was in place in all bedrooms which were inspected. The content of some care plans directed staff to assist residents with oral hygiene after each meal but we did not observe this to routinely happen.
Oral hygiene care plans did not always take account of some residents' resistance to staff assistance when carrying out person care and did not guide staff in the best approach to take. It was difficult to understand how the care plan would be implemented.
We observed that some residents' dentures were dirty and tongues coated.
While some aspects of this requirement had been met some aspects were still outstanding.
We have made a requirement under Theme 1, Statement 1.3 about care plans.

The requirement is:
Not Met

10. The Provider must ensure that service users are protected from injury. In order to do so, the Provider must ensure that an appropriate plan of care for each service user is in

place which considers:
- all their care needs including a night care plan
- an individual's anxiety
- an individual's dementia care
- and provides clear instruction for staff on how those care needs should be met. This should include a clear guide which has been agreed with the person receiving the care, their family and with specialist advice about how aggression should be managed.
This is in order to comply with SSI/2002/114 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users. This also takes into account National Care Standards Care Homes for Older People Standard 6 Support arrangements and Standard 14 Keeping well-Healthcare.

Action taken on the Requirement
Care plans for night care, anxiety, behaviour and dementia related issues such as memory had been devised. However we saw that specialist advice regarding behaviour and pain management was not always transferred into care documentation. It was not always clear from the documentation if the plans and risk assessments were signed by the resident or their representative.
While some aspects of this requirement had been met some aspects were still outstanding.
We have made a requirement under Theme 1, Statement 1.3 about care plans.

The requirement is:
Not met

11. The provider must ensure that all service users who require specific care plans in relation to bathing and showering have these put in place. The plans should provide clear written guidance for staff and include details of any specialist moving and handling equipment to be used as part of the bathing routine.
The documents must be reviewed with service users at least once in every six month period, or more frequently according to changing need or if requested by the user or their representative. At the outcome of each review, plans should be updated and revised to reflect changing needs. All revisions must be shared with users and/or their representatives.
This is in order to comply with Scottish Statutory Instrument 2002 No. 114, The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002, Regulation 4(1(a)), 'Welfare of Users' and Regulation 5(2), 'Personal Plans'.
It also takes into account National Care Standards, Care Homes for Older People - Standard 6, 'Support Arrangements'

Action taken on Requirement
We found that care plans were in place to direct staff in carrying out residents' personal care including the equipment that had to be used.

The requirement is:

Met

12. The provider must ensure that service users are assisted with bathing and or showering and personal hygiene in accordance with their individually assessed needs and essential lifestyle planning, specialist care planning and risk management documentation.
This is in order to comply with Scottish Statutory Instrument 2002 No. 114, The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002, Regulation 4(1(a)), 'Welfare of Users' and Regulation 5(2), 'Personal Plans'.
It also takes into account National Care Standards, Care Homes for Older People - Standard 6, 'Support Arrangements'.

Action taken on Requirement
During the inspection we found that all residents had a care plan which contained all of the above.

The requirement is:
Met

13. The provider must supply a specialist hoist sling, with a head support, that is suitable for bathing purposes. The sling must meet the individually assessed needs of the service user identified by this complaint investigation, and as discussed with the nursing staff deployed on the home's Carnethy unit and the overall manager of the nursing home.
This is in order to comply with Scottish Statutory Instrument 2002 No. 114, The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002, Regulation 12(b), 'Facilities in Care Homes'.
It also takes into account National Care Standards, Care Homes for Older People - Standard 6, 'Support Arrangements'

Action taken on Requirement
The regional manager said that the specialist hoist had been purchased.

The requirement is:
Met

Actions Taken on Recommendations Outstanding
The service should review service user care files to evidence how identified needs are being addressed. This includes issues of emotional and physical wellbeing.
National Care Standards Care Homes for Older People Standard 5.1, 5.4 Management and staffing arrangements; Standard 6 Support arrangements; Standard 7.1 Moving in; Standard 8.1 Making choices; Standard 14.9 Keeping well-healthcare; Standard 17.3 Daily life.

Action taken on Recommendation

We found that audits of care plans had been carried out by the deputy manager, unit managers and service manager.
The audits checked things like - percentage of documentation completed, if risk assessments were in place, the quality and the content of care plans. Action plans identifying necessary action by key workers had been devised.
While some aspects of this recommendation had been met, the content of care plans is discussed in more detail in Theme 1 Statement 1.3 where we have made a requirement about care plans.

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

The service provider identified what they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account
We considered the content of twenty seven questionnaires which residents completed and returned to us before the inspection.
We considered the comments of thirteen residents whom we spoke with individually during the inspection.
Overall residents who spoke with us and the content of questionnaires showed residents were satisfied with the service.

The content of twenty seven questionnaires showed the following:
- Eleven residents were not aware of the service's complaints procedure
- Two did not feel they received assistance to communicate
- Three did not feel there were frequent social events

- Fourteen were unclear if there was a written agreement about occupancy rights
- Five did not agree that they were encouraged to discuss their views of the service with their key worker or management
- Three did not feel snacks or drinks were always available
- Seven did not agree or did not know how the service sought their views
- Five did not know if staff kept information about them confidential
- Two did not feel their clothes were clearly marked and cared for
- Four did not agree or did not know if there were enough trained staff available
- Four did not know or agree that the service would make sure they could access specialist services
- Three did not feel staff helped them stay in touch with friends
- Three did not feel their privacy was always respected by all staff
- Two did not feel or know if they were always treated respectfully by staff.

Direct comments from residents included:
"Why do managers keep changing?"
"Staff are very slow to answer bells"
"Food is terrible, limited alternatives"
"There are no activities at night or at weekend"
"We are told they (staff) will address things but nothing has improved"
"The main meal is always cold and very small portions"
"Staff are very nice, very polite"
"Staff are very good"

Taking carers' views into account
We considered the content of five questionnaires which relatives completed and returned to us before the inspection. We also spoke with twelve relatives individually during the inspection.

The content of questionnaires and relatives comments during the inspection showed that all but one relative was satisfied with the overall service.

Questionnaire comments showed the following:
- one relative disagreed that the service was clean, that the type of food offered suited their family member or that there were enough trained and skilled staff on duty.
- One relative commented on the lack of stimulation and activities
- One relative disagreed that there were frequent social events, was not aware of the complaints procedure or if there was a written agreement about occupancy rights.
- One relative disagreed that the service was clean or that the service asked their opinion about how the service could improve, or that their relative was kept safe. They did not know if there was a written agreement about occupancy rights or if staff kept information confidential.

Direct comments included:
"I am happy with the service"
"Staff are very attentive and I am delighted with care"

"Staff are very patient"
"I am very happy with the care. The only complaint is the quality of the food."
"There is no home manager. I don't know what has happened"
"I have raised concerns on several occasions but nothing is ever done. It's OK for a while then it's as bad as ever. Why can't they (staff) keep to agreements?"
"The room is fairly clean - it could be better"
"I do not see managers"
"The quality of the beef is very poor"
"Things have got better in the last two or three months."
"Issues I have raised have been acted on."
"There is no transport and X (family member) needs to get out more"
"One bath a week is not enough"

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 2 - Weak

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

We saw there were methods in place to ensure that residents and relatives participate in assessing and improving the quality of care and support provided by the service.

We saw that through formal and informal means there were a number of opportunities for residents and their representative to comment and impact on the support and care delivered.

A participation strategy had been developed.

We sampled ten residents' files and saw that residents who were able were involved in the development of their plans of care. Plans of care included sections whereby residents or their representative could state their choices and preferences regarding care and support. Plans were reviewed on a monthly basis and more frequently where needed.

Comments and suggestion cards were available at the main administration block and in each of the four units. There was a complaint procedure containing the Care Commission contact details.

Residents and relatives meetings were held regularly and some relatives were members of committees such as the catering group which consulted on menus available to residents. There was also a service newsletter. Satisfaction surveys had been carried out and the findings shared with residents and relatives.

Areas for Improvement

The participation strategy was still in the early stages of development and needed to be further developed to enable residents with cognitive impairment to participate fully in the consultation process. Staff needed to be trained in implementing the participation strategy.

While sampling the minutes of residents and relatives meetings it was noted that action plans were not always devised following each meeting and matters arising from previous meetings were not always considered. From details of attendees it was not always clear who were staff and who were residents/relatives. In order to demonstrate full

consultation the method of recording and chairing meetings should be reviewed.

At the most recent relatives meetings it had been agreed that separate relative meetings would be held in each unit in addition to joint meetings. We will monitor progress at future inspections.

While the outcomes of the satisfaction survey had been shared there had been no update to residents about progress on work undertaken to meet the action plan. We will make a recommendation that the participation strategy be developed. (see recommendation 1)

Grade awarded for this statement
3 - Adequate

Number of Requirements
0

Number of Recommendations
1

Recommendations

1.
It is recommended that the provider continues to develop the participation strategy to ensure that methods are in place to enable all residents and relatives to assess the quality of the service including, quality of care, quality of environment, quality of staffing and quality of management. All staff should receive training in the provider's participation strategy.
This is in order to meet the National Care Standards, Care Homes for Older People, Standard 11 - Expressing your views.

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

We found there were adequate systems to enable residents to make individual choices and ensure that they could be supported to reach their potential.

Residents were seen to move freely around the building, use the garden and meet with visitors. We saw that residents were given choice at meal times and given the time to make their decision.

Residents said that special days such as birthdays were celebrated. Contacts with the local community had been developed.

There were three activity coordinators who coordinated organised activities and they had attended training related to the delivery of activities.

We spoke with two coordinators who spoke enthusiastically about the importance of involving all residents in meaningful activities.

We saw that a weekly activity programme was displayed in each unit and offered a range of activities, including: sing along, balloon exercise, hand therapy, relaxation, target mat, carpet balls, newspaper/current affairs, music evenings and reminiscence.

We saw that activities were evaluated for effectiveness and that all residents had a map of life which detailed their past and current interest.

Coordinators told us they reminded all residents on a daily basis of what activities were available. We saw that coordinators altered the programme to suit residents' wishes.

Supplies of recreational material were easily accessible to all staff.

A falls risk assessment was in place.

Posters announcing our inspection were displayed and contained the lead Officer's details to enable any resident, relative or member of staff to contact us if they wished.

Areas for Improvement

We made a recommendation at the last inspection that the service should review how activities are delivered within one of the units of the Home. This review should include type and amount of activities offered.
While we noted that how activities were delivered in one unit had been reviewed this recommendation also applies to other units within the service and we will continue to make this recommendation. (see recommendation 1)

Following other regulatory duties, we made one requirement that the provider must ensure that people who use care services are offered a range of appropriate, purposeful, recreational and stimulating activities. The activities should support the independence of people with regard to activities of daily living and the provider must demonstrate that the activities take into account the interests, needs and beliefs of people to enable them to fulfil their aspirations and potential.
We found that while activities did take some account of residents' interests and beliefs we found that the availability of stimulating and purposeful recreations were not provided in a manner that enabled all residents to fully access these. We will carry this requirement forward. (see requirement 1)

Examination of the map of life showed it was not signed by the resident or their representative to demonstrate their involvement and agreement with the content. The date the map was written was not identified making it difficult to monitor how current the information was. The activity coordinator agreed to address this. (see recommendation 2)

The format of the activity programme notices had recently changed and no longer stated the exact times of the activities only if the activity was a morning or afternoon event. This would make it difficult for residents to plan their day or for staff to remind residents of activity times. The map of life and care plans made no mention of how a resident would be assisted to attend activities. For example where the resident had mobility difficulties and needed assistance to attend or cognitive difficulties and needed reminding of appointments or sensory impairment and needed someone to write the times of activities for them. (see recommendation 3)

Staff we spoke with in two units could not tell us what activities were available to the residents on those days. Discussion with and observation of care staff and activity coordinators showed that they did not always work together in a unified way to get the best outcome from activities for the residents. Activity objectives should be shared with the team to promote joint working. We saw that due to work load care staff did not engage in activities with residents and there were long periods outwith organised activities when residents had no stimulation. The provider was aware of the need to improve the quality and availability of activities and was recruiting an additional activity coordinator. We will monitor progress at future inspections.
The coordinators were unsure if risk assessments for outings were completed. This is discussed further in Theme 1 Statement 1.3.

Some residents and relatives told us they thought the service should have more activities and a mini bus which would allow for more regular outings.

Grade awarded for this statement
3 - Adequate

Number of Requirements
1

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

1.
The Manager should review how activities are delivered within all units of the service. This review should include the type and amount of activities offered. National Care Standards Care Homes for Older People Standard 5.4 Management and staffing arrangements; Standard 12.4 Lifestyle - social, cultural and religious belief or faith; Standard 14.7 Keeping well - healthcare; Standard 17.1, 17.2, 17.8 Daily life.

Requirement

1.
The provider must ensure that people who use care services are offered a range of appropriate, purposeful, recreational and stimulating activities on a regular basis. The activities should support the independence of people with regard to activities of daily living and the provider must demonstrate that the activities take into account the interests, needs and beliefs of people to enable them to fulfil their aspirations and potential.
This is in order to comply with SSI/114 Regulation 4 (1)(a) Welfare of users- a requirement the provider shall make provision for the health and welfare of service users.

Timescales: Within 3 months of receipt of this report.

Recommendation

2.
It is recommended that the provider ensures that the "Map of Life" used to record a resident's life story and interests is signed and dated by the resident or their representative in order to demonstrate their involvement in the development of the plan.

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

Additional Recommendation

3.

It is recommended that the activity programme details the expected times of activities in order that residents can organise their time. Care plans and the map of life should detail if residents need assistance to attend the activities or reminding of the times of activities.
This is in order to meet the National Care Standards, Care Homes for Older People, Standard 17 Daily life.

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

Service Strengths
We found that weak methods were used to ensure that residents' health and well being needs were met.

The service operated a named worker system which meant that each resident had a designated person to discuss their care with.

We looked at a total of ten residents' files. All residents had a care plan based on assessed need and contained information about residents' health and well being. Individual case tracking and discussion with staff and relatives showed us there was regular contact with a range of healthcare professionals including general practitioners, podiatrist, dietician and community psychiatric and district nurses. The dementia care coordinator held regular surgeries at the service to provide best practice guidance and advice to staff.

There were risk assessments for nutrition, manual handling, falls, continence and behaviour and we saw that there were systems to ensure that pain management was carried out.

Examination of documentation and attendance at one head of department meeting showed that residents' health needs were discussed.

The staff group had a variety of appropriate qualifications to meet residents' healthcare needs. Examination of the staff rota showed that a registered nurse was on duty at all times. New unit managers of units specialising in dementia care had mental health qualifications.

There was a catering committee consisting of residents and relatives who were consulted about meals.

Examination of documentation, discussion with staff, residents and relatives showed the service had taken into consideration the National Care Standard, Care Home for Older People, Standard 14, Keeping well - healthcare.

Areas for Improvement
During our inspection we saw that in two units when the unit mangers were not on duty there was a lack of attention to detail in maintaining residents' appearance. Some residents were seen to wear soiled clothing, hair was not combed, some ladies wore no tights and some gentlemen were not shaved.

Examination of care plan documentation showed that the quality of the content varied and in some cases contained conflicting information for example:

- We saw that continence care plans made no reference to the type of continence aids.
- Behaviour care plans needed to be expanded to include triggers to aggression and the link, when identified, to pain. Behaviour assessments had not been completed for all residents where support was identified to promote positive behaviour.
- While we saw pain management procedures implemented promptly for one resident, this was not consistent across all four units or for all residents.
- Where residents assessments identified pain, wandering or anxiety as a care need, care plans needed to be devised to incorporate this.
- Guidance from other healthcare professional needed to be consistently incorporated into care plans as did agreements reached at reviews of care.
- Conflicting information contained within care plans, for example the regularity of weights, needed to be addressed.
- We could not find residents' signatures on all documents to evidence their participation in devising all aspects of their plans.
- Risk assessments for all outings were not in place.

We will make a requirement about care plans. (see requirement 1)

While care plan audits had been carried out these did not identify the inconsistency in content. The deputy manager advised us that the initial audit was to ensure that the documentation used was correct and that future audits would focus on the quality and accuracy of content. We have made a recommendtion about quality assurance under Theme 4, Statement 4.4.

In one unit three residents told us that the main meal portions were very small and in two units we saw this was the case. We saw that because a resident did not wish a potato, lunch consisted of half of a very small fish fillet. When the resident asked for more, staff had to contact the kitchen for more food and were slow to do so. We saw residents served omelette without any accompaniment such as salad. We saw that it took a resident forty five minutes to eat a baguette and staff did not offer an alternative or consider the suitability of this as a meal.
We saw that although smoothies and fresh fruit were on the menu and these were not offered to residents and were not on the food trolley.
We saw that because a resident changed their order the kitchen had to be contacted for extra food as there was not enough food on the trolley.
We saw residents wait an excessive time between meal courses. We will make a requirement about meals. (see requirement 2)

Examination of medication and systems showed that the index pages of controlled drugs records were not used. Medication checks on controlled drug stock were inaccurate. All cupboards used to store drugs were not locked. The provider had arranged a medication audit by the supplying pharmacy.

We will make a requirement about medication. (see requirement 3)

We made a recommendation at the last inspection that the service should review how mid-morning drinks and snacks are co-ordinated to ensure that those service users who have been assessed as requiring assistance with eating and drinking are given this timeously.
During the inspection we saw that a staff member was allocated the task of distributing drinks and this task was not interrupted. We saw that residents who required assistance with drinks and snacks were given this timeously.
However while observing how mid morning snacks were managed we saw that in one unit six residents were not wakened from their naps to take their drinks. While staff could give reasons for residents not being wakened and said teas had previously been offered, residents were not offered a second time when the tea trolley was returned to the sitting area even although one resident was wakened at that point. Tea was quickly offered to the resident and accepted when we brought to staff attention that a resident was now wakened. In another unit two residents who were in the smoking room were not offered tea although staff quickly made fresh tea when this was brought to their attention. We will make a requirement about this. (see requirement 2)

The provider demonstrated awareness of these issues and was eager to work with us to improve standards.
We discussed the need for the provider to carry out an assessment of residents' needs using a recognised assessment tool in order to establish that the staffing levels can meet residents' needs. The provider had commenced the assessments by the time inspection had been discussed. (see requirement 4)

Grade awarded for this statement
2 - Weak

Number of Requirements
4

Number of Recommendations
0

Requirements

1.
The provider must ensure that the content of all personal plans provides clear guidance for staff to enable the appropriate and up to date care to be given to service users.
In order to achieve this the manager must:
a) carry out an audit of all personal plans to ensure the content accurately reflects service users' needs;
b) ensure personal plans are updated to include the outcome of the audit;

c) ensure personal plans accurately reflect all aspects of service users' needs including nutrition, communication, continence, behaviour, pain, memory, anxiety, sleep, personal hygiene including oral hygiene
and all aids which are used such as hoists and pressure relieving aids;
d) ensure guidance from healthcare professionals and agreements reached during reviews of care are accurately incorporated into personal plans;
e) ensure that the personal plans are reviewed and updated to take account of incidents and accidents
f) ensure all plans are signed by service users or their representatives to evidence their agreement to the proposed care provision;
g) ensure all staff follow the instructions contained within the personal plans;
h) ensure all staff receive training on devising and implementing personal plans.
This is in order to comply with SSI/114 Regulation 4(1)(a) welfare of users - a requirement to ensure the health and welfare of service users. This also takes into account National Care Standards Care Homes for Older People Standard 6.3 Support Arrangements and Standard 14 Keeping well-healthcare.

Timescales: Within 3 months of receipt of this report

2.

The Provider must ensure that service users' nutritional needs are met.
In order to achieve this the manager must
a) carry out and implement the findings of a nutritional assessments of all residents;
b) ensure that nutritional guidance from other healthcare professionals is implemented;
c) ensure there is adequate supplies of all food detailed on the menu to allow residents choice at all meals;
d) review the size of portions of food offered to residents to ensure these meet resident choice and need;
e) review the method of serving meals to ensure residents are not waiting long times between meal courses;
f)review how mid morning teas are served to ensure that napping residents are offered drinks and snacks.

This is in order to comply with SSI/114 Regulation 4(1)(a) welfare of users - a regulation to ensure the health and welfare of service users. Taking into account National Care Standards Care Homes for Older People Standard 13 Eating well
Timescales: within one month of receipt of this report.

3.

The provider must ensure that staff follow the service's medication policies and procedures to ensure that safe practice is followed for the storage and recording of medication used in the service.
In order to achieve this the provider must:
a) ensure all cupboards where medication is stored are securely locked;

b) ensure that the index page of the controlled drugs book is used correctly;
c) review how checks on controlled drugs are carried out and implement the findings;
d) ensure staff are aware of their responsibilities and carry out controlled drug checks correctly.

This is in order to comply with SSI/114 Regulation 4(1)(a) welfare of users - a regulation to ensure the health and welfare of service users.

Timescale: within two days of receipt of this report.

4.

The provider must ensure that there are suitable numbers of staff available at the service to meet residents' needs at all times. In order to achieve this the provider must
a) carry out a dependency needs assessment for all residents;
b) demonstrate to us that staff availability meets these needs;
c) forward a copy of the findings to us.

This is in order to comply with SSI/114 Regulation 13(a) - staffing

Timescale: within one month of receipt of this report.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 2 - Weak

Statement 1

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

Service Strengths

There were adequate examples of how the environment had been improved as a result of direct consultation with residents. We concluded this after we:
- Spoke with residents;
- Spoke with the deputy manager and staff;
- Considered the methods and outcomes identified in Theme 1, Statement 1.1;
- Observation of environment.

We saw that residents had been consulted about the menu and the garden.

Discussion with residents and staff and examination of documentation showed that the service had taken account of the National Care Standards, Care Homes for People Older People, Standard 4 - Your environment.

Areas for Improvement

As discussed in Theme 1, Statement 1.1 we have made a recommendation that the participation strategy be further developed.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

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

Service Strengths
We found there were weak systems in place to ensure the environment was safe and residents were protected.

We saw that the building was clean and comfortably furnished. Residents told us the environment was pleasant and comfortable.

We spoke with two domestics who said there were plenty of cleaning materials and equipment. Domestic staff spoke confidently about how the cleanliness of the building was maintained.

Equipment used by residents and staff had undergone Portable Appliance Testing (PAT) as legally required. There were maintenance contracts for gas appliances and equipment such as Manual Handling hoists. The service was subject to Environmental Health checks.

A keypad access system was used in all units to help building security and all visitors were asked to sign the visitor book to ensure staff knew who was in the building at any time. There was CCTV surrounding the building.

There was a selection of policies and procedures to maintain residents' safety including, infection control, management of medication, adult protection, whistle blowing and risk management.

Record keeping systems were in place to record all accidents, incidents and complaints. We saw that incidents were reported as legally required to us, the police and social work. We saw that internal investigations were carried out when significant incidents occurred, sometimes resulting in staff disciplinary or dismissal.

All staff had received adult protection training and staff who spoke with us spoke confidently about reporting procedures and the use of the whistle blowing procedure.

Medication audits and environmental audits had been carried out.

Each unit had a new unit manager in post who reported on a daily basis to the home manager or deputy manager. The week following the inspection a new home manager, who was already employed by the provider, was appointed.

Areas for Improvement
We saw that infection control procedures were not fully followed. Unnamed net pants for continence management were used and two stand aids and three wheelchairs were dirty. There was a strong mal-odour in one store cupboard and although staff said the

floor covering had been cleaned on several occasions by domestic staff no measures had been taken to replace the floor covering. Residents were not routinely offered hand washing facilities before meal times. Two sitting room chairs were burst. We will make a requirement about infection control. (see requirement 1)

We saw that residents were given cups of hot tea and had to rest the cups on the arms of chairs because they could not reach occasional tables. We saw that staff did not always use the brakes when using hoists and wheelchairs and hoists were moved too quickly. While recording systems were in place examination of incident forms showed that the section that identified what action was required to prevent a reoccurrence of the incident was not routinely completed. This showed that staff did not routinely review risk assessments and care plans after accidents such as falls. We will make a requirement about resident safety. (see requirement 2)

Records showed that a high level of serious incidents and accidents had taken place at the service which showed that staff training had not been put into practice. We will make a requirement about staff training under Theme 3, Statement 3.3.

The provider demonstrated awareness of these issues and was eager to work with us to improve standards.
We discussed the need for the provider to carry out an assessment of residents needs using a recognised assessment tool in order to establish that the staffing levels can meet residents needs. The provider had commenced the assessments by the time inspection had been discussed. We have made a requirement about this in Theme 1 Statement 1.3.

The findings of other Themes have impacted on the grading of this statement.

Grade awarded for this statement
2 - Weak

Number of Requirements
2

Number of Recommendations
0

Requirements

1.

The provider must ensure that infection control procedures are in place and are followed at all times to ensure service users' well being.
In order to achieve this the provider must:
a) ensure that infection control measures used in the service are reviewed and the findings implemented;
b) ensure all staff are aware of and follow infection control procedures;

c) ensure all net pants are individually marked with the owner's name;
d) ensure service users are offered handwashing facilities before all meals;
e) ensure all burst chairs are replaced or repaired;
f) ensure a system is devised and implemented to ensure that equipment is clean and suitable for use and damaged floor covering cleaned or replaced.

This is in order to comply with SSI/2002/114 Regulation 4(1)(d) Welfare of service users, control of infection
Timescale: Within one month of receipt of this report

2.

The provider must ensure the safety of service users at all times.
In order to achieve this the provider must:
a) review how meals and teas are served to ensure that service users have access to occasional tables on which to place hot drinks and meals;
b) ensure that incident records are fully completed and that personal plans and risk assessments are updated accordingly;
c) ensure all staff are aware of and follow safe practice in the use of all equipment.

This is in order to comply with SSI/2002/114 Regulation 4(1)(a)Welfare of service users
Timescale: Within one month of receipt of this report

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service Strengths

We found the service had adequate systems to ensure that residents have as positive a quality of life as possible.

All residents had their own bedroom. We observed that bedrooms doors had locks although some residents chose not to lock the door. We saw that staff knocked the bedroom doors before entering even if the door was open. Residents told us they chose to personalise their rooms as they wished.

All residents had individual storage facilities to store their belongings. We observed that residents' clothes were discretely marked for identification.

Large signs enabled residents to be orientated to the dining room, lounges and toilets. Signage and colours of signs were appropriate to current dementia care.

Residents who were able had free access in and out of the building. We saw that visitors were made welcome and could visit at any time.

Meal times were protected to ensure residents had enough time to eat their meals without interruptions. We observed that residents could choose to have their meals in their rooms. The dining room tables were attractively set. We saw that meal times were not rushed and televisions were switched off.

Staff were observed to respond discretely to residents' requests for assistance and demonstrated understanding of respecting residents' privacy.

From observation of staff practice, discussion with residents and staff we found that the service had taken account of the National Care Standards, Care Homes for People Older People, Standard,16- Private life.

Areas for Improvement

We saw that there were not enough seating at the dining tables for all residents. Some residents who were assisted with their meal had their meal served where they sat and were not offered the opportunity to move to the dining area to increase their enjoyment of the social aspect of dining. Napkins were not available. We will make a recommendation about this. (see recommendation 1)

We saw that the time between first and second courses was excessive with some residents waiting for up to thirty minutes for their main meal. Residents told us this was because staff were not allowed to serve the main meal until everyone had eaten the first course. We have made a requirement about nutrition in Theme 1 Statment 1.3

Residents commented that staff were always busy and rushing and did not have enough time to chat to them.

Grade awarded for this statement
3 - Adequate

Number of Requirements
0

Number of Recommendations
1

Recommendations

1.
It is recommended that the provider review how meals are served to ensure that all residents have the opportunity to sit at a dining table during meals.
This is in order to meet the National Care Standards Care Homes for Older People Standard 13 - Eating well

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

There were a number of adequate methods used to ensure that residents and relatives participated in assessing and improving the quality of staffing in the service. We concluded this after we:

- Spoke with residents and relatives;
- Spoke with the deputy manager and staff;
- Considered the methods and outcomes identified in Theme 1, Statement 1.1.

We saw that during residents and relative meetings staffing issues including staff skills, staffing levels and vacancies had been discussed.
Some residents had been involved in staff recruitment and some relatives had expressed an interest in future involvement.

Areas for Improvement

Some residents and relatives told us they did not know what was happening in relation to the appointment of the manager's post. They stated they were confused by the changes within the management team and did not know the reasons for this.

As discussed in Theme 1 Statement 1.1 we have made a recommendation that the participation strategy be further developed.

Consideration could be given to developing the content of the service newsletter to share more information about staffing such as training, qualifications and vacancies which would help reinforce the provider's commitment to resident participation in respect of staffing. We will monitor progress at future inspections.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 2

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

Service Strengths

The sampling of Bupa safer recruitment policies was carried out in June 2009.

The organisation has a comprehensive range of policies and procedures in relation to safer recruitment. The majority of those submitted were dated as being issued in December 2006.

In the policy relating to Recruitment and Selection it states; -
"It is the policy of BUPA Care Services to ensure that the right person is selected for the job. In order to ensure all candidates have an equal opportunity to shine, the selection process is undertaken by individuals who have completed in-house Recruitment and Selection Training Module."

An application form must be submitted for any vacancy. This is reflected within the organisation's "Principles of Fair Employment."

Job descriptions are issued in advance of interviews and applicants are encouraged to visit services prior to interview.

Each applicant must complete a medicheck questionnaire.

The procedure; - "Checks to be Made Before Interview" details when application forms have been completed and that qualifications are checked (including checking the registration status of nursing staff).
The "Recruitment Checklist" also details the key checks that have been carried out including receipt of references, Enhanced Disclosures checks, completion of medicheck and registration status carried out (including NMC and SSSC).

The policy in relation to References details that references will normally be requested from the current and last employer or the last employer and a very good personal reference (not a family member). The application form within the reference section states; - "Please give details of two referees (who should not be relatives or friends), one of whom should be your last or current employer relating to a period of not less than 3 months employment." The Appointing New Staff procedure reflects the same.

During the inspection we sampled a total of 6 staff recruitment files which showed the processes for staff recruitment included:

- the use of an application form;
- uptake of two references, one from a current employer;
- additional references sought where initial references proved unsatisfactory;

- a declaration of fitness by all applicants and referral to occupational health services when necessary;
- enhanced disclosure checks as well as systems for action to be taken in the event of unsatisfactory disclosure checks;
- rechecking of disclosures for all staff;
- professional register checks;
- evidence of skills, values and experience, including qualifications;
- checking evidence of entitlement to work in accordance with the Asylum and Immigration Act 1996;
- Successful applicants are not allowed to work until after references and disclosures have been received and validated.

We found that all staff received a formal recorded induction.

Areas for Improvement
Through sampling policies it was evident that they do not detail that copies of qualifications and training undertaken should be retained within staff files. In line with good practice these should be retained within staff files. A recommendation shall be made in connection with this area.

The policy on Application Forms makes brief reference that there is an internal application form and that comments from the existing line manager would be sought. It was noted that this does not detail if additional references would be sought and if a new Enhanced Disclosure would be sought. This should reflect the same.

The policies and procedures require to be updated to reflect the correct titles of the regulatory body in England e.g. Commission for Social Inspection (CSCI) to Care Quality Commission.

Through examining the policies and procedures relating to carrying out Enhanced Disclosures and the handling and retention it was evident that the 6 months timescale for retention is not in line with Disclosure Scotland's Code of Practice and related documents. The sample policy produced by Disclosure Scotland in 2007 details that Disclosure information should not be kept for any longer than is required and generally no more than 90 days. A recommendation shall be made in relation to the same.

The policy on "Mentoring of New Care Staff who have no valid Disclosure Scotland Certificate" (not dated) would appear at odds with the Criminal Records Bureau (CRB) Codes of Practice used by the organisation. Under section 2.2 this states; - "From 1st April 2002 all new recruits including volunteers, must apply for and produce a CRB Satisfactory Enhanced Disclosure before starting employment. Clarification is needed as to what guidance should be followed when recruiting new staff.

Examination of staff recruitment files during the inspection showed that the date the Disclosure Scotland checks were applied for and received were not always clear. Photocopies of qualifications were not always signed to confirm originals had been

seen. The name of the organisation supplying references was not clear in all cases. The manager agreed to address these issues. Progress will be monitored at future inspections.

Grade awarded for this statement
4 - Good

Number of Requirements
0

Number of Recommendations
2

Safer Recruitment - Inspection Focus Area (IFA) outcome
The requirements and/or recommendations below reflect our view of the providers performance in meeting its legal responsibilities when recruiting staff and its compliance with best practice. This is as a result of an audit of the providers recruitment files.

Recommendation

1.

Policies and procedures should reflect that copies of qualifications should be retained within individual staff files. This is to comply with National Care Standards; Care Homes for Older People, Standard 5 Management and Staffing Arrangements.

Recommendation

2.

The policy in relation to the retention of Enhanced Disclosure information should be amended to reflect best practice produced by Disclosure Scotland. This is to comply with National Care Standards; Care Homes for Older People, Standard 5 Management and Staffing Arrangements.

Statement 3

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

Service Strengths

We found the systems in place to ensure a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice were weak.

There was a selection of policies and procedures including whistle blowing, adult protection and infection control.
A learning and development policy was in place and a training matrix was used to provide an overview of the training received by the entire staff team. The record showed that all staff had received training in infection control, moving and handling, adult protection and the use of bedrails.

The training programme addressed the need for staff to achieve the qualifications required in order to register with the Scottish Social Services Council (SSSC). Several senior carers were registered with the SSSC and others were in the process of applying. Registered nurses were registered with the Nursing and Midwifery Council.

Staff were offered the opportunity to discuss work practice through team meetings and supervision. Minutes of recent team meetings showed that the new unit managers were reinforcing good practice and expected standards of practice in relation to professionalism, infection control and consistency in meeting residents' care needs.

Themed supervisions had commenced which focused on specified areas such as adult protection and whistle blowing to improve practice.

Specified staff had the responsibility of being Champion of particular areas such as continence and infection control.

We saw that there was a plentiful supply of professional journals and best practice guidance which were easily accessible to staff.

We saw that instances of staff poor work practice were taken seriously by the management team, were fully investigated and disciplinary procedures investigated as appropriate.

Areas for Improvement

Training records showed all staff had not received training in dementia awareness or continence management.

While staff had received training as stated above we saw that learning from this was not always put into practice.

For example although staff had received moving and handling training some staff still did not put the brakes on wheelchairs or hoist when carrying out moving procedures, even after serious accidents had occurred.

Although staff had received infection control training, they had not identified that unnamed net continence pants were used or that hoists and wheelchairs were dirty. Champions had not identified these issues either.

Continence Champions had not identified that some care plans provided no information about the types of continence aids which were used.

Registered nurses had not identified that all drug cupboards were not locked or that the recording and checking of controlled drugs was inaccurate.

While there were question and answer booklets that supported training the nutrition booklet made reference to English Care Standards and not the Scottish National Care Standards.

We will make a requirement about staff training and competency.

The findings from Themes 1 and 2 have affected the grading of this Statement.

The provider was aware of these issues and was eager to work with us to raise the quality of provision.
The provider told us that they intended allocating supernumery hours to each unit manager to enable them to monitor work practice and identify staff training.

A support manager and service manager would also be working directly with staff to address training and competency issues. We will monitor progress at future inspections.

Grade awarded for this statement
2 - Weak

Number of Requirements
1

Number of Recommendations
0

Requirements

1.
The provider must ensure that all staff who work in the service are competent to do so and receive training suitable to the work they are to perform.
In order to achieve this the provider must:

a) within one month complete a training needs analysis for each staff member;
b) within three months ensure that training identified is provided;
c) within one month provide evidence in writing to the Care Commission how and when staff competence will be assessed and by whom. The assessment of staff competency should include but not be limited to the following: dementia awareness, nutrition, continence, moving and handling, infection control and managing behaviour that could be considered challenging.

This is in order to comply with SSI 2002/114 Regulation 13(a)(c)(i) - Staffing
Timescale - as detailed in the requirement

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

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

A number of adequate methods were used to ensure that residents and relatives could assess the quality of management and leadership of the service.

We saw that although the previous manager had only been in post a short time before leaving meetings had taken place with residents and relatives of all units.

The content of minutes of the meeting showed that meaningful subjects such as staffing levels, staff changes, management of the units, standards of care and quality of food had been discussed.

We saw that the deputy manager visited each unit each day and was available to speak with residents and relatives.

The satisfaction survey showed that residents and relatives were given the opportunity to assess the quality of Management and leadership of the service.

Areas for Improvement

We have made a recommendation in Theme 1, Statement 1.1 that the participation strategy continues to be developed.

Several residents and relatives told us they did not know what was happening about the management of the service and felt confused.

During discussion about the outcome of the inspection, the new manager told us that she was in the process of arranging relative and resident meetings when they would be fully updated about all changes within the service and the outcomes of this inspection. We will monitor progress at future inspections.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations
0

Statement 2

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

Service Strengths
A number of adequate methods were used to ensure the workforce participated in determining the direction of the service.

There was an annual business plan which was developed in conjunction with all Heads of Department.

Heads of Department met each morning to share information about all aspects of the service.

Staff could express their views of the service through staff meetings and supervision. The deputy manager visited each unit each day and staff could use this opportunity to share their opinions.

Staff were encouraged to be proactive in the development of the service through taking on extra responsibilities such as becoming a champion for clinical areas such as infection control or continence management.

There was an intranet system which staff were encouraged to comment on and contribute to, the development of the organisation.

There was evidence of internal promotion.

Areas for Improvement
Staff of all grades who spoke with us expressed the view that the lack of permanent unit managers and a home manager had affected the development of the service. All staff expressed the views that now unit managers were in post all aspects of the service would improve.

Given the changes within the management team it was difficult to see how information about service development could consistently be shared with staff or how staff could meaningfully contribute to service development. We will make a recommendation that the manager continues to involve staff in the development of the service.

Grade awarded for this statement
3 - Adequate

Number of Requirements
0

Number of Recommendations
1

Recommendations

1.

It is recommended that the provider ensures that staff are made aware of the methods that are available to enable them to become involved in the development of the service. Managers should ensure that these methods are put into practice in a meaningful way that clearly demonstrates opportunities for staff to express their views.
This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

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

We saw the use of quality assurance systems and processes were weak within the service.

The provider had attained the Investors in People Award.

The service had a sophisticated Quality Assurance System that monitored all aspects of the service including infection control, medication, quality of care plans, meals and environment. A maintenance programme and system was in place. Records were clear and concise.

We saw that the chef visited each unit on a daily basis to discuss menus with residents. The deputy manager also visited the units each day to monitor practice and speak with residents, visitors and staff.

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

All audits were readily available to the Officers throughout the inspection.

The complaint procedure was displayed on the notice board and examination of documentation showed us that the procedure was followed.

A system was in place to ensure that the Care Commission and Scottish Social Service Council were informed of stipulated issues and improvement was noted in how this was implemented.

New unit managers had developed unit development action plans.

Areas for Improvement

While there were very comprehensive quality assurance systems with supporting documentation, the outcomes from audits did not always highlight discrepancies in service quality and improvements did not always result from audit findings.

For example medication audits had not identified that a controlled drug was not being monitored correctly or that cupboards storing drugs were not locked; infection control audits did not identify that unnamed net pants were being used or that hoists and wheel chairs were dirty and two chairs were burst. While several meal audits identified that napkins were not available no action had been taken to resolve this.

Changes within the management team at the service and the lack of permanent unit managers had had an impact on the effectiveness of the quality assurance systems and resulting outcome.

The provider was aware of the issues and was eager to work with us to improve the quality. We were told that quality control would have a higher emphasis on direct monitoring of service delivery by the manager and unit managers. We will make a requirement about quality assurance.

Grade awarded for this statement
2 - Weak

Number of Requirements
1

Number of Recommendations
0

Requirements

1.

The provider must ensure that the outcomes of the quality assurance system are implemented and that quality issues identified from audits are rectified.
This is in order to meet SSI 222/114 Regulation 4(1)(a) - Welfare of service users and takes account of the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements
Timescales: Within one month of receipt of this report

Other Information

Complaints
The service had four complaints which were upheld or partially upheld since the last inspection.
You can find information about complaints that have been upheld or partially upheld on our website: www.carecommission.com

These complaints may have affected the service's grades.

Enforcements
No enforcement action has been taken against this service since the last inspection.

Additional Information
No additional information was identified at this inspection.

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

Inspection and Grading History

Date	Type	Gradings	
18 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
18 Feb 2009		Care and support	4 - Good

		Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good

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.

Personal Plan - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

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.

scottish commission for
the regulation of care

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.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ی اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے-

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

هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

本出版品有其他格式和其他語言備索。

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

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