

Inspection report

Pentland Hill Nursing Home Care Home Service Adults

23/27 Gylemuir Road
Edinburgh
EH12 7UB
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Inspected by: Rose Bradley
(Care Commission officer)

Type of inspection: Unannounced

Inspection completed on: 26 January 2010

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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:

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

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  **3** Adequate

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

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

What the service does well

We saw that the service was taking action to ensure that the quality of the service was improved for all service users. Advice had been sought from specialist practitioners such as the continence adviser and the dementia care coordinator to ensure that care delivery followed best practice guidance.

The manager was eager to enter discussion about how to improve the quality of the service.

What the service could do better

Staff learning from training must be put into practice and staff competency in delivering care and support must continue to be monitored.

Care assessments, care plans and risk assessments documentation must continue to be developed to ensure the content reflects all aspects of resident's care and support needs. Staff must follow care plan instructions.

Infection control procedures must be followed

Quality assurance systems should be developed.

The participation strategy should be developed.

What the service has done since the last inspection

A new manager was appointed the week following the last inspection and we saw there was now a clear managerial oversight of the service provision. During meetings, the manager had told residents, relatives and staff about the outcomes of the last inspection and how the service planned to improve the quality of care.

Additional managerial resources had been provided at the service.

This included a head of care who worked directly with care staff to ensure that direct care was provided in line with best practice guidance and monitoring of staff competency in care delivery. The clinical service manager supported and monitored registered nurses competency.

Unit managers now had twelve hours supernumerary managerial time.

Staff supervision was carried out in such a way as to ensure that competency was addressed.

Systems were being developed to ensure that staff practice reflected the training staff received.

Conclusion

We saw that significant progress had been made in improving the quality of the service and preventing further deterioration in the quality of care.

This has been helped partly by strong leadership from the management team and unit managers having supernumerary time. Emphasis has been placed on "taking care back to basics" and ensuring all grades of staff follow good practice.

Who did this inspection

Lead Care Commission Officer

Rose Bradley

Other Care Commission Officers

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 109 residents at the time of inspection.

The service is situated within a 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 accessed by a lift and stairs and is divided into four units accommodating up to 30 people within each unit. All rooms are for single use and all have en-suite facilities. Each unit has two communal lounges and a dining area within one of those lounges.

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

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

The service employs a team of carers and registered nurses with varying degrees of skill, expertise and qualifications. The service aims to offer a home which would not entail moving. The service 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.

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	3 - Adequate

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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 high 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 unannounced inspection that took place at the service. The inspection was carried out by Care Commission Officers Rose Bradley and Janet Smith on the following dates:
 - 18 January 2010 between the hours of 10.30 am and 4pm
 - 20 January 2010 between the hours of 10am and 5pm
 - 26 January 2010 between the hours of 10am and 4pm when the inspection outcomes were discussed with the manager of the service.

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

- Consideration of action plans devised by the service to address requirements and recommendations identified at the previous inspection and during other regulatory activity and correspondence.
- A sample of seven residents' files including maps of life
- Staff training records
- Minutes of staff meetings, residents and relatives meetings
- Complaint, accident and incident records
- Activity folder
- Discussion with various people including:
 - the service manager
 - the support manager
 - the clinical services manager
 - the head of care
 - two unit managers
 - the housekeeper
 - one domestic
 - one activity coordinator
 - one registered nurse
 - six care staff
 - fifteen residents individually
 - seven relatives individually

Observation of staff practice
Observation of staff interaction with residents, visitors and fellow workers in all four units
Observation of at least one meal in each unit (total of five meals)
Observation of morning teas in each unit
Observation of premises and equipment
Observation of part of three activities
Consideration of audits and consultation methods
Consideration of residents' and visitors' comments
Time spent with residents during the inspection
Consideration of the National Care Standards for Care Homes for Older People.

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 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.

Action taken on the Requirement

- a) Medication cupboards were securely locked.
- b) We examined the controlled drugs book and found the index page was correctly used.
- c) A review of how medication checks were carried out had been completed and findings implemented.
- d) Staff have received themed supervision on medication competency and understanding of the provider's medication policies and procedure. We were advised that all staff who were responsible for administration of medication would undertake a medication distance learning course and the Bupa Certificate in Medication management. Courses had commenced.

The requirement is:

Met

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 health care 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.

Action taken on the Requirement

Examination of a sample of residents' care plans showed nutritional assessments had been carried out. Nutritional care plans had been rewritten to include healthcare guidance MUST scoring and weight recording frequency. Food preferences were included.

During the inspection we saw that there was adequate food on the food trolley to allow residents to change their food choice. Food portions were substantial. While it was clear that the method of serving meals had been reviewed it was clear that it was not yet working to its best and some residents still waited long periods between meals.

Again while it was clear that how mid morning teas were served had been reviewed, in three units we saw that not all napping residents were wakened and offered tea. Where significant progress was noted not all aspects of this requirement had been met. We have carried aspects of this forward and made a requirement in Theme 1, Statement 1.3.

The requirement is:

Not Met

3. 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
- carry out a dependency needs assessment for all residents;
 - demonstrate to us that staff availability meets these needs;
 - 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.

Action taken on the Requirement

The manager has completed a dependency needs assessment for all residents. The outcome of the assessment was not available at the time of inspection because the provider was waiting for the developer of the assessment tool to provide the findings. This requirement has been partially met. We will carry this forward, see Theme 1, Statement 1.3.

The requirement is:

Not Met

4. Following other regulatory activity this requirement was made:

The provider must ensure that staff will contact the relevant healthcare professional when there are concerns about a service user's health.

This is in order to comply with: SSI 2002 No 114 Regulation 4(2) Welfare of users National Care Standards, Care Homes for older people - Standard 14, Keeping well - healthcare.

Timescale for implementation: From the date of receipt of this report.

and

5. The provider must ensure that staff will contact the relevant healthcare professional when residents' health is not improving.

This is in order to comply with: SSI 2002 No 114 Regulation 4(2) Welfare of users National Care Standards, Care Homes for older people - Standard 14, Keeping well - healthcare.

Timescale for implementation: From the date of receipt of this report.

Action taken on the Requirement

Systems have been put in place to ensure that staff contact relevant healthcare professional where appropriate. Each day the manager meets with all unit managers or registered nurses to discuss all residents and their healthcare needs. The care provision and contact with other healthcare professional is agreed and the agreed action is monitored daily by the care service manager.

The requirement is:

Met

6. Following other regulatory activity this requirement was made:

The provider must ensure that following each Review, care 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 SSI 2002 No. 114, Regulation 4(1(a)), 'Welfare of Users' and Regulation 5(2), 'Personal Plans'.

National Care Standards, Care Homes for Older People - Standard 6, 'Support Arrangements' .

Timescale for implementation: From the date of receipt of this report.

Action taken on the Requirement

Care reviews were being organised at the time of inspection. All care plan documentation and content was in the process of being reviewed. This is discussed in more detail under Theme 1, Statement 1.3.

The requirement is:

Not Met

7. Following other regulatory activity the following requirement was made:
The provider must ensure that all staff who work in the service are competent to do so and receive training suitable to work they are to perform.
The provider must evidence in writing to the Care Commission how and when staff competence will be assessed and by whom.
This in order to comply with SSI 2002/114 Regulation 13(a) - Staffing

Action taken on the Requirement

The requested information was provided to the Care Commission. During the inspection we saw that the planned action had been put into practice.

The requirement is:

Met

8. Following other regulatory activity this requirement was made:
The Provider is required to ensure that staff, at all levels, demonstrate their knowledge of and can implement BUPA's guidance on how to report suspected abuse following the local inter-agency adult protection guidelines. The assessment of staff competency should include, but not be limited to, adult protection.

This is in order to comply with SSI 2002 No 114, Regulation 4(1(a)), Welfare of Users and 13 Staffing- a regulation which ensures staff receives training for 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 and Standard 9:7 - Feeling safe and secure the Lothian inter-agency guidance on the Protection of Vulnerable Adults.

Timescale for implementation: From the date of receipt of this report.

Action taken on the Requirement

Adult support and protection training has been provided to all staff. "Tell Someone" training dates have been set. Themed supervisions have taken place to ensure that all staff are able to recognise potential abuse and understand their role in protecting residents from harm.

The manager stated that the regional management team have attended the "Tell Someone" training.

The requirement is:

Met

9. Following other regulatory activity this requirement was made:
The provider must ensure that the staff complete accident reports in relation to all accidents in the Home and that the Care Commission is notified accordingly.
This is in order to comply with SSI 2002/114 Regulation 4(1)(a) - Welfare of users
Regulation 19(3)(d) - Records

Regulation 21(2)(d) - Notification of deaths, illness and other events

Action taken on the Requirement

Accident reports are now a fixed agenda item during the morning managers' meetings. We examined a sample of accident reports and these were completed correctly. Since the last inspection the manager has contacted the Care Commission promptly regarding accidents and incidents.

The service also plans to carry out themed supervisions with all staff on accident reporting and the completion of the documentation.

The requirement is:

Met

10. Following other regulatory activity this requirement was made:

The provider must ensure that staff preserves residents' privacy and dignity at all times.

This is in order to comply with SSI 2002/114 Regulation 4(1)(b) - Welfare of users

Action taken on the Requirement

Examination of a sample of staff records showed that a themed supervision on privacy, dignity and respect had been carried out.

The Head of Care commenced post in December 2009 specifically to work with staff in improving the quality of care practice. We saw the head of care work directly with staff to improve practice.

We saw that the manager carried out a twice daily walk about to monitor standards.

Examples were provided which showed that staff practice was monitored.

The requirement is:

Met

11. Following other regulatory activity this requirement was made:

The Provider must ensure that medications are managed in a manner to protect the health and welfare of service users. In order to achieve this, the Provider must:

- ensure that staff are trained and proficient in the use of the provider's medication policy and procedures in place in the Home.
- ensure that at all times staff are familiar with the arrangements in place to enable service users to take their medication safely.

This is to comply with Scottish Statutory Instrument 2002 No 114 (4)(1)(a) - a Requirement that provider's make proper provision for the health and welfare of service

Action taken on the Requirement

Staff have received themed supervision on medication competency and their understanding of the providers medication policies and procedure. We were advised that all staff who were responsible for administration of medication would undertake a medication distance learning course and the Bupa Certificate in Medication management. Courses had commenced.

Medication audits were carried out by the care service manager and action plans with timescales devised to address any areas identified.

The requirement is:

Met

Actions Taken on Recommendations Outstanding

All recommendation made at the last inspection and during other regulatory activity are detailed in the report under the appropriate Theme.

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

Comments on Self Assessment

We did not request that the service complete a self assessment prior to this inspection.

Taking the views of people using the care service into account

Overall residents who spoke with us were satisfied with the service.

Direct comments included:

"I have had enough to eat, the breakfast was good"

"Main meal is always cold and the meat is poor quality"

"I am very comfortable here, I am spoiled"

"It's up to yourself if you want to go to the activities, its better than sitting around"

"It's alright here, the staff are good"

Taking carers' views into account

We spoke with seven relatives who were present during the inspection. Overall they were satisfied with the service. All were aware of the challenges facing the service but felt positive that the new manager and management team would address these. They told us they had been issued with a copy of the last report and the manager had told them how the service planned to address the issues identified.

Some relatives still had concerns about the changes in managers. Some felt that while the quality of staffing was improving the numbers of staff had not.

One relative told us they appreciated the manager's honesty.

Another relative felt that beneficial changes had already been made and things felt "more professional".

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

This statement should be read in conjunction with the announced inspection report dated 10 November 2009. Comments within this statement are based on recommendations made at that inspection.

As stated in the last report there were adequate systems in place to encourage residents and relatives to participate in assessing and improving the quality of the care and support provided.

We saw that residents' and relatives' meetings were taking place in each unit. Relatives who spoke to us told us the outcomes of the last inspection were being discussed during relatives meetings and they had been provided with a copy of the report.

Areas for Improvement

All aspects of this statement were not inspected during this inspection. At the next inspection we will monitor areas of development identified at the last inspection.

The manager told us that relatives who are unable to attend relatives meetings will be offered a copy of the last inspection report as part of the care review process. We will monitor progress at the next inspection.

Following the last inspection we made a recommendation that the service continued to develop its participation strategy and we will carry this forward.

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 how to deliver the 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

This statement should be read in conjunction with the announced inspection report dated 10 November 2009. Comments within this statement are based on requirements, recommendations and areas of development made at that inspection.

As stated in the last report, there were adequate systems in place to enable residents to make individual choices and ensure that they could be supported to reach their potential.

We made the following recommendation during the last inspection

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. This is 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.

We found that the manager had reviewed how activities within all units were delivered. New activity programmes had been developed and these were clearly displayed at the entrance to each unit lounge. The times of activities were clearly displayed. Residents had been provided with a copy of the programme for their own unit as well as for all other units. An activity coordinator and one care worker who spoke with us explained that eventually staff hoped that residents would choose to attend activities in other units which would offer them more variety.

Care staff who spoke with us were able to tell us which activities were on that day. One care staff member was able to describe how they reminded residents about the times and locations of activities.

Each activity coordinator had access to an "Activity Awareness Planner" which provided good tips and ideas about how to organise significant event such as National Hat Day. An additional activity coordinator had been employed which means there is a designated activity coordinator for each unit. The new activity coordinator was about to start a distance learning activity course.

Activity coordinators now assisted residents during meal time to increase their involvement with residents.

The manager had started meeting with activity coordinators to provide direction and ensure consistency of the activity provision.

New activity care plans were being devised for all residents and we saw a sample of these.

Areas for Improvement

We made one requirement following the last inspection that residents be offered a range of appropriate and stimulating activities. Although progress was noted in meeting this requirement as detailed above, the timescale for implementing this requirement has not

expired and this will be carried forward.

Following the last inspection we recommended the "Map of life" be signed by the resident or their representative to demonstrate their involvement, and that care plans should detail if assistance was required to attend activities. Examination of a sample of "Maps of Life" showed these were not always dated or signed and did not detail if assistance was required to attend activities. The manager stated that new care plans which were being devised would contain all this information and would be signed and dated but more time was needed to fully implement this in a competent fashion. We will carry these recommendations forward to allow the service adequate time to implement these.

While progress was noted in how activities were being provided we still found that for some residents, particularly those with restricted mobility or cognitive impairment, stimulation was limited. The manager was aware of these issues and recognised that the development of meaningful activities for all residents was in the early stages.

Grade awarded for this statement

3 - Adequate

Number of Requirements

1

Number of Recommendations

2

Requirements

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 one month of receipt of this report.

Recommendation

1.

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.

2.

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

This statement should be read in conjunction with the announced inspection report dated 10 November 2009. Comments within this statement are based on requirements and recommendations made at that inspection, other regulatory activity and correspondence.

While we noted significant progress in how residents' health and well being needs were met, these changes have to be sustained and consistently applied across all units and by all staff. At this inspection we found that overall quality of this aspect of the service remains weak.

We observed a total of four lunches and one breakfast being served. We saw there was adequate food on the food trolley which allowed residents to change their food order with no disruption. There was enough food to offer additional helpings if needed. We saw that fruit and yogurt were offered at early morning teas. We saw that food was more attractively presented and portions were of a healthy size. Food was more appropriate in terms of soft diets and finger foods.

We saw that unit managers had reviewed how meals were served in order to try to promote a calm and pleasant dining experience for residents and ensure adequate nutritional intake. We noted improvement in this area.

Nutritional assessments had been carried out for all residents and care plans rewritten. Scales had been re-calibrated and competency in using the scales had been assessed.

We observed that staff used appropriate moving and handling techniques and brakes were applied to wheelchairs.

The key worker system had been revised to ensure that staff worked with designated residents and were responsible for all of their care needs during their shift. Staff now completed a chart confirming they had carried out all aspects of care including ensuring residents had their dentures and spectacles and these were audited by the head of care.

The head of care worked directly with care staff to monitor and improve the quality of direct care provision.

Morning meetings took place between the manager and a representative from each unit to discuss residents' health care needs and agree the care provision. Agreed action was monitored by the manager and the head of care.

Following other regulatory activities we recommended that the provider ensured that residents and their representatives' enquires or concerns were noted and acted on and that they be informed of outcomes. We saw that during the morning meetings these were discussed. We saw that the complaint log recorded all concerns raised and the actions taken.

Areas for Improvement

The head of care had only been in post one month prior to the inspection and the outcomes of this role had still to be fully established.

During our inspection we saw there were still instances of residents wearing soiled clothing, hair not combed, holes in stockings, ill fitting dentures or dentures not worn, residents placed in wheelchairs and their clothing not properly rearranged, although these instances were much reduced from the previous inspection.

Following the last inspection we made one requirement about care plans but the timescales for implementation had not expired at the time of this inspection. During other regulatory activity five requirements and one recommendation were made that related to the development and content of care plans and these timescales had expired.

On examination of a sample of care plans we saw that needs assessments were being redone and care plans and risk assessment rewritten accordingly. The content of care plans were being regularly audited and action plans with timescales devised and issued to staff for implementation.

However, this work had only been underway since the last inspection. The manager was aware that at this stage the issues detailed in the previous report remain, on the whole, the same. Taking all residents care plans back to basic and ensuring all staff could competently complete these was a substantial task. Therefore we will carry this requirement forward, review the timescale and incorporate any outstanding elements from requirements placed during other regulatory activity and other correspondence. (see requirement 1)

We made one recommendation that the service review how mid-morning drinks and snacks were co-ordinated to ensure that those service users who have been assessed as requiring assistance with eating and drinking were given these timeously. We saw that while the service had reviewed how mid-morning drinks and snacks had been reviewed and there was evidence that staff had been instructed to ensure that all residents including those napping were offered drinks, this did not always happen. In three units we saw instances where all residents were not wakened from naps to offer morning teas.

We also made a requirement that the service review how meals were served to ensure that residents did not wait long periods between courses. While we saw that different approaches were being tried to ensure a calm environment and prompt serving of meals, we saw that some residents still waited long periods between meals. We saw that in two units televisions were on during meals, although in one unit the sound was off. We saw

that in two units residents in therapeutic chairs had their meals where they sat for the whole day. We will make a requirement about nutrition (see requirement 2)

We were advised that additional dining tables and chairs had been ordered to ensure that all residents had the choice of sitting at a dining table for their meals. The unit managers were also considering how residents who spent all of their time in therapeutic chairs could be accommodated in the dining area in order that they could enjoy the dining experience. We will monitor progress at the next inspection.

While nutritional assessments and care plans had been redone this had only recently been completed. We will monitor these at future inspections to ensure the information is accurate, is implemented and updated as appropriate.

While systems had been put in place to ensure all enquires were recorded and responded to, this was a recent development and we will monitor progress at future inspections.

Following the last inspection we made a requirement that the provider carry out a dependency needs assessment to demonstrate that the numbers of staff available met residents needs. While the needs dependency had been completed the findings were not available at the time of inspection because the developer of the dependency tools had still to provide these. We will carry this requirement forward. (see requirement 3)

Grade awarded for this statement

2 - Weak

Number of Requirements

3

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) 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

b) ensure all plans are legible and the meaning clear, dated and signed by the author

c) ensure guidance from healthcare professionals and agreements reached during reviews of care are accurately incorporated into personal plans
d) ensure that the personal plans are reviewed and updated to take account of incidents and accidents, risk assessments and agreements reached during care reviews
e) ensure all plans are signed by service users or their representatives to evidence their agreement to the proposed care provision
f) ensure plans detail who and in what circumstances relatives should be contacted
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 three 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) review the method of serving meals to ensure residents are not waiting long times between meal courses;

b) 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 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) forward the findings of the needs dependency assessment to us.

b) demonstrate to us that staff availability meets these needs.

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

This statement should be read in conjunction with the announced inspection report dated 10 November 2009. Comments within this statement are based on recommendations made at that inspection.

As stated in the last report there were adequate systems in place to encourage residents and relatives to participate in assessing and improving the quality of the 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

This statement should be read in conjunction with the announced inspection report dated 10 November 2009. Comments within this statement are based on requirements and recommendations made at that inspection, other regulatory activity and correspondence.

While we noted significant progress in maintaining a safe environment for residents these changes have to be sustained and consistently applied across all units and by all staff. At this inspection we found that overall quality of this aspect of the service remains weak.

We saw that mal odour floor covering in one cupboard had been removed.

Environmental audits had been carried out and we saw there was a lot of activity from maintenance men who were carrying out repairs.

We saw staff apply brakes to wheelchairs and carry out correct moving and handling techniques.

We saw that hoists and stand aids were clean and that cleaning rotas had been introduced.

The manager had been in contact with the manufacturer of chairs regarding cleaning materials and replacing burst chairs.

All staff had attended adult protection training courses and received a themed supervision to ensure their understanding of their responsibilities.

We examined a sample of incidents and accident reports which were accurately completed. The manager notified us promptly of any serious incidents.

We saw one good example of staff de-escalating a situation between residents.

Areas for Improvement

A credit sized "prompt card" is being produced to support regional managers when they are contacted by staff regarding incidents at the service. The prompt card will help regional managers identify potential abuse. We will monitor progress at future inspections.

We made one requirement about infection control following the last inspection. We saw that unnamed net pants were still used, there were dirty wheelchairs, cleaning charts for hoist were not completed as directed, hand washing facilities were not offered to all

residents prior to meals and disposable gloves, wipes and aprons were not available in all residents rooms. We saw a staff member wear an outdoor jumper which was not part of the uniform. We will make a requirement about infection control.(see requirement 1)

We saw that residents safety was compromised because occasional tables were not always used when hot drinks were given meaning residents risk of scalding was increased. We will make a requirement about this.
(see requirement 2)

We saw that there were three burst chairs, soiled chairs, wardrobes with no handles and cupboard doors hanging off. We saw that an environmental audit had been carried out and these issues had been identified for repair. The manufacturer had been contacted regarding the burst and soiled chairs and repairs and new cleaning products were being organised. We will make a recommendation about this. (see recommendation 1)

Some residents drawers were untidy and some clothing was unmarked or in the wrong drawers. The manager stated they were aware of this and this was being addressed with staff through themed supervision and monitoring of practice. We will make a recommendation about this. (see recommendation 2)

Grade awarded for this statement

2 - Weak

Number of Requirements

2

Number of Recommendations

2

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, including the use and purpose of the staff uniform;
- c) ensure all net pants are individually marked with the owner's name;
- d) ensure service users are offered hand washing facilities before all meals;
- e) ensure a system is devised and implemented to ensure that equipment is clean and suitable for use.

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 service users' safety when hot drinks are being served. In order to achieve this the manager must:

a) ensure an adequate supply of occasional tables

b) ensure staff use the tables and do not place hot drinks on the arms of chairs

c) ensure health and safety measures are discussed with all staff

This is in order to comply with SSI 2002/114 Regulation 4(1)(a) Welfare of service users

Timescale: Within 24 hours of receipt of this report.

Recommendations

1.

The provider should continue to ensure that all maintenance issues identified in this report and in their own audits are completed.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard 4 - Your environment.

2.

The provider should ensure that all residents' belongings are clearly marked and stored in their own room. Drawers and wardrobes should be tidy and clothes neatly folded.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard 16 - Private life

Statement 3

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

Service Strengths

This statement should be read in conjunction with the announced inspection report dated 10 November 2009. Comments within this statement are based on requirements and recommendations made at that inspection.

As stated in the last inspection report, there were adequate methods in place to ensure that residents have as positive a quality of life as possible.

We made one recommendation at the last inspection that the provider review how meals are served to ensure that all residents have the opportunity to sit at a dining table. We found that additional tables and chairs had been ordered and we will monitor progress at the next inspection.

Areas for Improvement

We saw that some residents in therapeutic chairs were still sitting in the same area for large parts of the day with little change to their environment or stimulation.

We saw one instance where staff did not consider a residents' choice through handing them a biscuit without offering them a choice. The manager was aware that staff practice was still being improved and felt the monitoring of staff competency would highlight these training issues. We will monitor practice at future inspections.

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 residents do not sit for long periods of time in the same area without stimulation or a change of environment. This is in order to meet the National Care Standards, Care Homes for Older People, Standard 4 - Your environment, Standard 6 - Support arrangements, Standard 14 - Healthcare

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

This statement should be read in conjunction with the announced inspection report dated 10 November 2009. Comments within this statement are based on recommendations made at that inspection.

As stated in the last report there were adequate systems in place to encourage residents and relatives to participate in assessing and improving the quality of staffing at the service.

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

Service Strengths

This statement should be read in conjunction with the announced inspection report dated 10 November 2009. Comments within this statement are based on recommendations made at that inspection.

As stated in the last report there were good systems in place to ensure that staff have been recruited and inducted in a safe and robust manner.

Areas for Improvement

Two recommendations were made following the last inspection. We will monitor progress on these recommendations during the next inspection.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

2

Recommendations

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.

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

This statement should be read in conjunction with the announced inspection report dated 10 November 2009. Comments within this statement are based on requirements and recommendations made at that inspection, other regulatory activity.

While we noted significant progress in ensuring that staff were professional, trained and motivated and operated to the National Care Standards, legislation and best practice, this is still in the early stages of development. Learning from training had to be put into practice and these changes have to be sustained and consistently applied across all units and by all staff. At this inspection we found that overall quality of this aspect of the service remains weak.

We saw that a training needs analysis had been completed for all staff.

Staff had received training in moving and handling, infection control, nutrition and adult protection.

Training dates had been set and included dementia awareness, continence and care planning. Distance learning had commenced for medication training.

Staff competency was being assessed in the basic principles of care including privacy, dignity, choice and attention to detail. The key worker role and responsibility had also been addressed which included, residents' care, involving the family, activities, environment as well as accountability.

The competency of registered staff was also being assessed and included clinical practice and accountability.

Areas for Improvement

While we acknowledge that staff have received training and themed supervisions in a variety of areas, observation of practice showed us that all staff have yet to put these consistently into practice. This is reflected in the areas of development identified in Theme 1, Statement 1.3 and Theme 2, Statement 2.2.

We made a requirement at the last inspection about staff training. The timescale for completion of this has not expired and we will carry this forward to allow the provider adequate time to fully implement this.

We discussed with the manager the need to ensure that mentors of new staff were suitably competent in instructing new staff in best practice and did not share bad practice. The manager was fully aware of this and had devised a training book to establish if staff were competent to be a mentor and a handbook to guide mentors in their responsibilities. We will monitor progress at future inspections.

We saw new documentation that had been developed for the recording of supervisions and this included action plans and timescales for completion. 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) ensure staff receive the training identified identified from individual staff training needs analysis.

b) ensure the assessment of staff competency includes but is not limited to the following: dementia awareness, nutrition, continence, moving and handling, safety, basic care provision, infection control, care planning 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 - two month from receipt of this report

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

This statement should be read in conjunction with the announced inspection report dated 10 November 2009. Comments within this statement are based on recommendations made at that inspection.

As stated in the last report there were adequate systems in place to encourage residents and relatives to participate in assessing and improving the quality of management and leadership of the service.

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

Service Strengths

This statement should be read in conjunction with the announced inspection report dated 10 November 2009. Comments within this statement are based on recommendations made at that inspection.

As stated in the last report there were adequate systems in place to involve the workforce in determining the future direction of the service.

We saw that team meetings and supervisions were taking place. We saw that the manager, head of care, clinical manager and support manager all had direct daily contact with staff and there were adequate opportunities for staff to share their views.

Staff who spoke with us, were positive about the management changes and felt they were adequately supported. It was clear they were aware of the challenges facing the service and how these were being addressed and the development of the service.

Areas for Improvement

The use of team meetings needs to be further developed to ensure that information about the development of the service continues.

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 team meetings continue and these are used as a way of sharing information about the development of the service and an avenue 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

This statement should be read in conjunction with the announced inspection report dated 10 November 2009. Comments within this statement are based on recommendations made at that inspection.

We found there were adequate quality assurance systems and processes which involved service, users and staff.

The management structure now included a new service manager, a clinical manager, a support manager and a head of care. We saw that each was clear about their role and their objectives and all had a high level of direct contact with staff and residents. Unit managers now had supernumerary time each week which allowed them time to monitor the quality of the service in their unit.

We saw that issues identified from quality assurance systems were being addressed.

We saw that staff practice and competency was being monitored and addressed. Staff told us they felt supported by the new management structure and were pleased that the quality of the care was being improved. They said the manager was supportive and approachable and that they trusted her. They said the manager spent direct time with residents and they liked this.

Relatives spoke positively about the changes to the management team.

Areas for Improvement

The manager was aware that the progress made in assuring the equality of the service needed to continue to be developed. We will make a recommendation about this.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

The provider should ensure that the quality assurance systems continue to be developed and that quality issues identified from audits are rectified. This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements

Other Information

Complaints

The service had two 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

We have taken no enforcement action against this care 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 - 3 - Adequate	
Statement 1	3 - Adequate
Statement 2	3 - Adequate
Statement 4	3 - Adequate

Inspection and Grading History

Date	Type	Gradings
10 Nov 2009	Announced	Care and support 2 - Weak Environment 2 - Weak Staffing 2 - Weak Management and Leadership 2 - Weak
18 Mar 2009	Unannounced	Care and support 4 - Good

		Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good
18 Feb 2009		Care and support Environment Staffing Management and Leadership	4 - Good 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 the 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.

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 cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هذه بایتسد میم وونابز رگید روا رولکش رگید رپ شرازگ تعاشا هی

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

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本出版品有其他格式和其他語言備索。

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