

Inspection report

Acorn Park Care Home Care Home Service Adults

Glen Road
College Milton
East Kilbride
G74 5BL

Inspected by: Barbara Montgomery
(Care Commission officer)

Type of inspection: Unannounced

Inspection completed on: 31 August 2010

Contents

	Page Number
Summary of this inspection report	3
Section 1: Introduction	
About the Care Commission	6
About the National Care Standards	7
What is inspection?	8
How we decided what to inspect	10
What is grading?	11
About the service we inspected?	12
How we inspected this service	13
Section 2: The inspection	16
Section 3: Other information	
Other Information	44
Summary of Grades	45
Terms we use in our reports and what they mean	46
How you can use this report	48
People who use care services, their relatives and carers	48

Service provided by:
Balpride Limited

Service provider number:
SP2010010860

Care service number:
CS2010247350

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Easy read summary of this inspection report

There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



We gave the service these grades

Quality of Care and Support  **3** Adequate

Quality of Environment  **3** Adequate

Quality of Staffing  **3** Adequate

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

Acorn Park had a welcoming and friendly atmosphere. Relatives spoke very highly of the care here. We heard good examples of how dedicated the staff team were.

Renovations had been well thought out for instance lighter colour schemes and more natural light had turned the lounge and dining room into much brighter and airier places.

Everyone who lived here had a single room with en suite facilities

The manager was listening to residents and staff and taking prompt action in response to their requests and comments.

What the service could do better

Follow through with plans for regular consultation with residents and relatives.

Develop the activities programme in ways suggested.

Continue to closely monitor staffing levels

Find ways to meet the needs of people who have dementia and people who don't especially at meal times

Get the staff development and supervision programme up and running

Complete the renovation programme especially the plans for the grounds

Use a survey to find out what stakeholders such as outside professionals think of the home

What the service has done since the last inspection

This was the homes first inspection under new ownership and a new manager. We noted that the new manager had made a lot of improvements in areas that had been the subject of recommendations and requirements under the previous owner.

A huge amount of resources had gone into renovating and refurbishing the home, and providing better facilities. A new activities programme was being established, new care plans had been introduced and risk

assessments had been put in place. Better consultation with residents and relatives was being introduced.

The manager was giving staff improved direction and leadership. Staff meetings were taking place and staff surveys had been developed.

Conclusion

The grades the home has been given take account of the extensive amount of work that has been done in the last 3 months. At the same time they reflect that some things were still at an early stage- with some developments just underway and other still at the planning stage. The home needs to demonstrate that it can sustain the effort and commitment of the last few months and the owner needs to continue to provide the necessary financial investment. Grades should steadily increase as the home follows through with plans.

Who did this inspection

Lead Care Commission Officer

Barbara Montgomery

Other Care Commission Officers

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:

Booksource
50 Cambuslang Road
Cambuslang Investment Park
Glasgow
G32 8NB
Tel: 0845 370 0067
Fax: 0845 370 0068
Email: scottishgovernment@booksource.net

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

Acorn Park is a care home for up to 38 older people. It is owned by a company called Balpride Limited which took it over in May 2010 and changed the name from Kittochglen to Acorn Park. It is now one of four homes in Scotland run by the same provider. As well as a new owner the home also has a new Manager. The staff group was largely unchanged though some people had left .

Acorn Park is a three storey purpose built home in East Kilbride. Its residents charter says : 'staff are trained to provide a homelike and caring service to our residents. You will be looked after by sensitive and knowledgeable people prepared to understand your needs and treat you with respect and dignity'.

There were 24 residents living here at the time of the inspection with 3 people staying for a period of respite. Everyone who lived here had been assessed as in need of nursing care. Most people had dementia and some needed nursing care due to other physical disabilities. All the permanent residents were already living here when the home was bought over.

During this inspection we had a comprehensive look at how well the service was performing against all the statements selected and also paid particular attention to some of the things that had been of concern before the change of ownership.

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

Quality of Care and Support	3 - Adequate
Quality of Environment	3 - Adequate
Quality of Staffing	3 - Adequate
Quality of Management and Leadership	3 - Adequate

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

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

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

How we inspected this service

What level of inspection did we make this service

In this service we carried out a 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

The inspection, which took place over the course of two visits in August 2010 was carried out by one Care Commission Officer. We sent questionnaires to everyone who lived here and to their relatives. We got completed questionnaires back from 2 people. We spoke to the visiting relatives of seven residents and had tea with the residents on the second day.

We had a meeting with the manager and depute manager, talked to some of the nurses and care staff, the activities coordinator and the chef and sat in on a handover meeting when the night shift came on duty. We also sent questionnaires to all the staff and got 10 back.

We inspected the premises. We looked at some of the home's own completed surveys and looked at some policies and records including :

- Residents meeting minutes
- Participation strategy
- Personal plans
- Activities information
- Risk assessments
- Complaints procedure
- Introductory pack
- Maintenance records,
- Staff Rota
- Staff training Information
- Staff supervision format
- Staff questionnaires
- Staff meeting minutes
- Strategy meeting minutes
- Policy Manual

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 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

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

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 (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

Annual Return Received

No

Comments on Self Assessment

Completed in full noting strengths and areas for improvement

Taking the views of people using the care service into account

The resident who sent back a Care Commission questionnaire said that overall they were happy with the quality of care they receive at this home. Some of the residents we spent time with could not express a view and those who could comment welcomed changes.

Taking carers' views into account

The relative who sent back a Care Commission questionnaire said that overall they were happy with the quality of care at this home. All the relatives we spoke to were also very happy overall with the quality of care. We have discussed any views and comments about specific things the service did well or things anyone had concerns about in more

detail throughout
the report

Quality Theme 1: Quality of Care and Support

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 care and support provided by the service.

Service Strengths

We found that performance was adequate in the areas covered by this statement. We concluded this after we:

- heard from residents and relatives
- spoke to managers
- looked at completed surveys
- looked at the homes participation strategy

The new manager had been working hard at establishing an atmosphere where residents and relatives were involved and felt able to comment on anything about the home.

Relatives who had sent back one of the home's own survey agreed that they were involved in decisions about their relatives care but had mixed views about whether that was the case always, usually or sometimes. Most agreed they were always given an opportunity to comment on their relatives care. The two people who sent back a Care Commission questionnaire agreed that they were encouraged to discuss their views about the home.

A residents' meeting had taken place with more regular meetings planned once the renovations were complete and there was less disruption. The home also had a small residents committee which had met as well.

The home had sent out satisfaction surveys to every relative and had also recently given out satisfaction surveys to residents. The surveys asked about things like mealtimes; interests; choice; getting out; involvement in care and in decisions about care.

The residents committee felt that in the past they either never got the things they asked for or it took a very long time. The new manager knew how important it was to let residents see that he would listen and do things more quickly and we noted some simple examples of this such as getting back scratchers the same day and a supply of adapted cutlery and slip mats. He had also looked into concerns raised by relatives in surveys and provided explanations or taken action as appropriate.

Relatives and residents were involved in putting together their personal plans. Relatives were being asked to provide information for a 'my life before you knew me' section in the new care plans.

Social work reviews were a more formal way for people who use this service to comment on the standards in the home as was the complaints procedure.

Areas for Improvement

The home had a written participation strategy which was introduced by the previous manager. It wasn't very readable or easy to follow and the new manager had plans to re write it. (see recommendation 1)

He was also going to revamp the satisfaction surveys and improve the lay out . Some of the questions in the original survey were very insightful and we thought he should keep these. The home needed to introduce a way of analysing responses in these surveys to get an over view of what people are happy with and what concerned them with a record of action taken in response to points raised. (see recommendation 2)

A few relatives were regular visitors and interested in coming along to meetings and events but historically many were not. The manager was going to get in touch with all residents families to see if he could encourage more contact and involvement.

We passed on some relatives' suggestions about incorporating familiar activities from earlier life into people daily routines and having a choice about whether personal plans get written in the third rather than the first person.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

2

Recommendations

1.
Make the planned changes to the Participation Strategy (National Care Standards Care Homes for Older People Standard 11 Expressing Your Views)
2.
Make the planned changes to the the satisfaction surveys. Devise a way of analysing responses in these surveys to get an over view of what people are happy with and what concerns them along with a record of action taken in

response to points raised. (National Care Standards Care Home 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 concentrated on choice in daily life and activities. We found that the homes performance was adequate in the areas covered by this statement.

We concluded this after we:

- heard from residents and relatives
- spoke to managers
- spoke to the activities coordinator
- looked at personal plans
- looked at completed surveys

Care Plans

New care plans had been introduced which had a very good format and contained a section for detailed information about likes, dislikes and preferences. They also asked what time people liked to get up and go to bed at and had Information about hobbies and interests past and present .

Getting up and Going to Bed

The two Care Commission questionnaires we got back agreed that residents had choices about all aspects of their life in the home and felt that staff did not place unnecessary restrictions on them about times for getting up and going to bed. The evening we were there many people were still up and about in the lounge after 9pm and visitors were there until quite late on.

Food & Drink

The two people who sent back a Care Commission questionnaires agreed that they were happy with the choice available at meal times and the availability of snacks and drinks. We noted that people were offered plenty of choice at mealtimes and that meal times were unhurried with people able to remain at the table as long as they wanted. At the residents request a small 'bar' was being created at one end of the dining room from which residents and visitors would be able to get hot and cold drink whenever they wanted

Activities

The home had recently appointed an Activities Coordinator who was developing a programme of individual and group activities for residents to choose from. If she was absent another staff member who has done the job before could stand in at short notice which would allow planned activities to take place at these times. We noted some activities had taken place on the days we were there.

The programme included entertainment, some exercises as well as activities to help people stay mentally alert and some outings. An outing for the whole home was being planned to which relatives were going to be invited. Some pursued their own interests such as reading or watching TV in their room. Visiting local church ministers helped people maintain some links with their local community. The home seemed to have a well established social routine at weekends which didn't depend on the activities worker. Other staff recognised that involvement in activities was part of everyone's job.

The way the furniture in the large open plan lounge has been laid out now meant that people could choose to watch one of two TVs at opposite ends of the room . The way this had been done meant the TV wasn't intrusive for those who didn't want to watch. A reminiscence corner was also being created in one of the alcoves where people will be able to sit and chat about or handle the items there .

Areas for Improvement

Care Plans

We discussed some information that could be added to the preferences /things that are important to me' section of personal plans such as daily wishes regarding things like wearing jewellery, lipstick, perfume, aftershave or carrying a handbag also having a note of favourite kinds of TV programmes.

Activities

Rather than following a set timetable the activities coordinator had a flexible programme based on what residents felt like doing that day. She said she tried to make sure that everyone got the chance to take part in something that appealed to them at least once each week. She was going to keep a record of participation so that she can see how often people take part and how much benefit they are getting. It would be more useful if this kind of record provided an overview of how people occupy their time all week and not just a record of involvement in things the activities coordinator has organised. We also discussed the benefits of having a note of a residents typical week as a way of getting an overview of how someone passes the time each day and identifying gaps in their week when they might like to do something. (see recommendation 1)

It is important that the structured programme takes account of the differing physical and intellectual abilities of the people who live here. Also any specialist input such as physiotherapy or occupational therapy that a resident was getting could be incorporated into the activities programme. Whether activities have been of any noticeable benefit to an individual could be discussed at social work reviews and help inform the homes overall assessment of how well someone is. (see recommendation 1)

The two people who sent back a Care Commission survey agreed that there were frequent social events, entertainment and activities and that people were supported to stay in touch with friend relatives and their own community. But most relatives who filled in one of the homes own surveys said they didn't know if residents were provided with interesting things to do; a few said they could take part in activities and games when

visiting. All relatives agreed that they could always take their relative outside the home when they wished. Letting relatives see the activities records and discussing activities at reviews would keep them better informed and reassured about this side of life here. (see recommendation 1)

The home now had a mini bus but had not had the use of it for several weeks recently because it had been on loan to another of the owners homes. It was back now but it is important that this doesn't happen in the future.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

1

Recommendation

1.

Develop the activities programme in ways suggested :

- keep records that provide an overview of how people occupy their time all week
- make sure activities takes account of the diverse physical and intellectual abilities of the people who live here.
- where appropriate Incorporate exercises that are part of specialist input such as physiotherapy or occupational therapy speech therapy into the activities programme.
- discuss participation in and any social and therapeutic benefits derived from activities at social work reviews.

(National Care Standards Care Home for Older People Standard 17 Daily Life and Standard 6 Support Arrangements)

Statement 5

We respond to service users' care and support needs using person centered values.

Service Strengths

We found that performance was adequate in the areas covered by this statement. We concluded this after we:

- heard from residents and relatives
- spoke to managers
- looked at staff rotas
- looked at personal plans
- looked at dependency charts and monthly assessments
- looked at completed surveys

Personal plans

Every resident had a named nurse and key worker to coordinate all aspects of their care and give continuity. New personal plan forms had been introduced. The format and the language that was used in those we looked at was very person centred. Staff were gradually transferring everyones information into this new format and in some instances were waiting to speak to relatives to get the information they needed to complete the life history section. A nurse and senior carer on every shift supervised carers to make sure that care plans get followed. Information about any changing needs got recorded and passed on at shift 'handover' meetings each day.

From conversations we had with relatives it was clear that they were very satisfied with the standard of care here which they felt was consistently high. There weren't many questions in the homes own satisfaction survey about the care, though there was one about helping residents maintain their appearance. Relatives who had filled one in agreed that staff did help in this way but had mixed views about whether this was always or usually the case. The two people who filled in a Care Commission questionnaire agreed that staff met health care needs; knew their likes and dislikes and did what they could to meet them, agreed they got help to communicate and help to eat when needed.

Staffing levels

Staffing levels complied with the homes staffing agreement of May 2010. This was based on full occupancy which had been reduced at the time of registration in May from 51 to 38; the home had 27 residents at the time of the inspection and so staffing levels by day and night had been correspondingly scaled down. Managers and nursing staff regularly assessed dependency levels and adjusted staffing accordingly. The manager had also listened to what staff said about whether there were enough staff and had recently increased the number of staff on day shift in response to this.

Areas for Improvement

Care Plans

Once everyone has a completed care plan in the new format the management team should make sure they get reviewed regularly and updated if needs change. They should also audit these records by sampling them on regular basis. Annual social work reviews for this year were not yet due and we will look at reports from these at the next inspection as well as care plan audits.

Staffing Levels

Relatives had mixed views about staffing levels . Most people we spoke to felt staffing levels were adequate and the two people who filled in a Care Commission questionnaire agreed there were enough trained staff on at any point in time to care for residents. Some relatives who had filled in one of the homes own satisfaction surveys agreed that the home usually had enough staff , though some said this was only the case sometimes. Some relatives were concerned that staff might not have enough time for sitting chatting with residents on a one to one basis. On the day of the inspection there were always staff on hand and there were enough staff in the dining room to supervise and assist at meal times. We also noted that residents were up and about in the lounge till late with no indication that people were being asked to go to bed unreasonably early.

The manager was going to continue to monitor staffing levels in particular at night . We were satisfied that he will have no hesitation about reinstating a fourth worker if necessary. He should make sure that staffing levels allow for enough staff to carry out care tasks as well as spend one to one time with people. It may also need to be reinforced with some staff that its alright to take time to chat with residents as an important and legitimate part of their work.(see recommendation 1)

Mealtimes

Staff and the chef knew how important it was for people to enjoy mealtimes. Achieving that for people with advanced dementia and those with no cognitive impairment when they shared a dining room wasn't easy .Staff were very aware of the effects of the disruptions caused by people doing things like getting up and walking about or taking other peoples food. From speaking with them it was clear they appreciated the rights of the person with dementia. Staff had tried and will continue to try various solutions such as separate sittings, the option of eating at the table in the lounge. Some specialist advice might need to be obtained.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

No of Recommendations

1

Recommendations

1. Continue to monitor staffing levels in particular at night. Make sure that staffing levels allow for enough staff to spend one to one time with people as well as carry out care tasks ((National Care Standards Care Home for Older People Standard 5 Management and Staffing Arrangements

Statement 6

People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provide.

Service Strengths

We concentrated on those who would like to use the service. We found that Acorn Parks performance was adequate in the areas covered by this statement.

We concluded this after we:

- spoke to the manager
- looked at the homes Introductory welcome pack and CD

The manager had put together an introductory pack which had a lot of good information about most aspects of life here. Information was also available on a disc; it was well presented and informative. The pack made clear what the fees were and what was included in the cost. Both pack and disc let prospective residents and their families know that they could bring their own possessions and decorate their room how they wished. They gave people some idea of the kinds of activities on offer and also let them know that the home would involve them in care planning and support residents and their families.

Areas for Improvement

We thought that there were a few ways in which the pack could be improved.

The pack referred to 'trial stay' and 'trial visits' which might be confusing. It would be helpful to let people know that they can visit and talk to staff and other residents and say whether they could eg come for a meal or an overnight visit prior to any longer trial stay being arranged. It would also be helpful to explain to people what happens if the prospective resident was in hospital and unable to visit. (see recommendation 1)

Perhaps some information about some of the difficulties attached to communal living and dementia and also the ratio of women to men in homes might be helpful.

As well as explaining the Care Commissions role in complaints it would be helpful to explain that the home is registered, say more more about the regulators function and how to obtain an Inspection Report or give prospective residents and their families a copy of the most recent inspection report with the pack. (see recommendation 1)

The section about home closure, while a necessary piece of information, might be alarming for some families or residents to read. Perhaps emphasising the unlikelihood of such an eventuality might help.

A policy statement about single rooms, shared rooms and choice that corresponds with Care Commission guidance and National Care Standards should be included in the pack and explained to visiting families (see recommendation 1).

It would also be an idea to let some residents and relatives see the new pack and get their comments about things they would have liked to have known about beforehand or when they moved in.(see recommendation 2)

The home was thinking of introducing a system which would involve people who had lived here for some time 'buddying' new residents. It was also planning to make sure that the allocated named nurse and keyworker were on duty when new residents were admitted.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

2

Recommendations

1.

Amend the Pack in the ways suggested in the report ((National Care Standards Care Home for Older People Standard 1 Informing & Deciding)

2.

Get residents and relatives comments about things they would have liked to have known about beforehand or when they moved in and include these in the pack ((National Care Standards Care Home for Older People Standard 1 Informing & Deciding)

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We found that Acorn Parks performance was adequate in the areas covered by this statement. We concluded this after we:

- * heard from service users and relatives
- * spoke to managers
- * looked at surveys and survey results
- * looked at minutes of meetings

There were a number of ways in which people who live here and their relative were involved in assessing and improving the the quality of the environment. Please see Statement 1.1 for information about these.

The manager had discussed all the refurbishments with the residents at their meetings and kept them informed about progress. Both residents and relatives got asked in questionnaires about the standard of the accommodation and cleanliness. Surveys asked about things like smells; cleanliness; temperature; access; feeling safe when moving around and whether staff respected peoples privacy.

Areas for Improvement

Please see comments and recommendations we made at Statement 1. 1.

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

In this part of the inspection we looked health and safety and the building and equipment. We found that performance was adequate in the areas covered by this statement. We concluded this after we:

- heard from residents and relatives
- spoke to managers
- looked at health and safety policies
- look at maintenance and cleaning records
- looked at completed surveys
- checked staff training records.

The company had a policy manual which contained detailed and comprehensive health and safety policies.

The home now had contracts with companies the owner used in his other homes to advise on and assist with the health and safety matters as well as carry out routine tests and servicing. In addition to this the handyman carried out and recorded certain checks such as monthly tests of hot water temperatures and bed rail checks. He was also responsible for day to day maintenance and minor repairs in the home. A health and safety officer had recently been appointed to over see health and safety matters in all four homes.

The home employed enough housekeeping staff and those we spoke with clearly took a pride in the home and were encouraged by the recent improvements. The two people who sent back Care Commission questionnaires agreed that home was clean and hygienic and free from smells and relatives were confident that their relative was safe and secure. This corresponded with views expressed in the homes own satisfaction surveys that the home usually smelt pleasant and was clean. We noted that the home was clean and odour free when we visited. The handyman now carried out and kept a record of weekly deep cleaning in bathrooms. Suitable arrangements were in place for disposal of clinical waste. The importance of hand washing was re-inforced and all visitors were asked to clean their hands on entering and leaving the building.

The home tried to get the balance right between keeping people safe and taking reasonable risks. While people could move freely round the home fire exit doors were alarmed and a code was needed to get in and out of the front door. Risk assessments had been carried out written down and kept in Care Plans for anyone who was considered unable to go in and out safely on their own. The nurse call system was linked to a sensor in people rooms and sensor mats which alerted staff to

someone getting up or leaving their room in the middle of the night. Some people had bedrails fitted; before these were installed a risk assessment was carried out and a record kept in the persons file. The handyman did weekly maintenance checks on these and night staff also carried out and kept a record of a nightly check .

Areas for Improvement

The manager was introducing regular health and safety meetings at which management , nurses, care, catering and domestic staff were going to be represented. This will help further ensure health and safety matters that need attention get identified and remedial action taken promptly.

Environmental services last inspected the kitchen in October 2009 when a number of requirements and recommendations were made. Their next routine inspection was due and we will look at the most recent report at the next Care Commission inspection.

The Manager should also check whether an Health & Safety Executive (HSE) inspection of the premises has taken place in the last few years and if not take steps to arrange one.

We drew the managers attention to publications available about risk assessment and correct maintenance of bedrails which could usefully be incorporated into the handymans checks

We think it would be helpful to have a leaflet or an information sheet that listed all the different maintenance & health and safety measures in the home . and who was responsible for them . This would be informative for residents, relatives and staff and regulators.(see recommendation 1)

Accidents and incident records were maintained and audited to identify trends and help prevent re occurrence.We will look at these in greater detail at the next inspection.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

1

Recommendations

1. Produce a leaflet or an information sheet that lists all the different maintenance & health and safety measures in the home and what company or individual

is responsible for them.(National Care Standards Care Homes for Older People
Standard 9 Keeping Safe and Secure)

Statement 3

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

Service Strengths

We found that Acorn Parks performance was good in the areas covered by this statement. We concluded this after we:

- heard from service users and relatives
- spoke to managers
- looked at surveys and survey results
- looked at minutes of meetings
- inspected the building and the grounds

A huge amount of renovation and refurbishment had been carried out in the last three months which was very striking and on which everyone residents, staff and relatives commented. Comments included 'never better' and 'transformation'. This has made this home a much more welcoming and pleasant place to live in and work in.

The home has one main lounge and dining room. A smaller sitting /multi purpose room known as the 'snug' was also available upstairs. Lighter colour schemes and more natural light had turned the lounge and dining room into much brighter and airier places with better views on to the garden as well. The better layout of this large open plan room lounge contributed to the overall improvement.

Floor coverings been replaced in a number of communal area and also in stairwells. The reception area at the front entrance was being completely redecorated at the time of the inspection.

Service users can bring their own pieces of furniture for their bedrooms if they wish. Rooms seen had been personalised with possessions people had brought from home.

Disabled access was good. The homes layout was straightforward and easy to follow. The home has a passenger lift and corridors were wide and fitted with hand rails.

The home had enough toilets and bathrooms for the number of people who can live here here . En suite bathrooms with toilet and washhand basin were standard in bedrooms . Bathrooms were being upgraded and a new wet room was nearing completion.

Areas for Improvement

A first floor room was designated as a smoke room. This was going to change and a suitable ground floor room ,yet to be identified, used instead

Residents toilets off the lounge which had previously been locked, reportedly on the advice of the fire department, were now kept open. We were told that they were locked very occasionally for short periods of time when there is a problem with pads being put down the WC. While we understand the rationale behind this we think its best if another way to manage this is found that doesn't affect other people and doesn't involve locking the toilets even though staff were on hand to open them.

The home isn't close to shops or local facilities or on a public transport route which can be drawback for residents and visiting relatives. A minibus was now available and as noted at Statement 1.2 it is important that the home has the use of it at all times.

The home doesn't have a lot of grounds and the lay out doesn't easily lend itself to having any kind of enclosed space where people with dementia could walk around safely. The grassed area at the front was tidy with some cultivation. Some residents clearly enjoyed sitting outside the front entrance, though noticeably not any of the residents who had dementia. Plans included a patio at the back for which the ground had already been cleared This patio should be somewhere where staff can spend time with some of the more confused residents. An aviary was also planned.

The owner was having a derelict house in the grounds cleared. He had plans to renovate it and provide a service from it but had not yet decided what that was going to be. He was aware that he needed to discuss his plans with the Care Commission.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 4

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

Service Strengths

We found that performance was good in the areas covered by this statement that we looked at. We concluded this after we looked at how much progress the home had made with being able to offer everyone the choice of a single room.

Everyone who lived here was able to have a single room if they wanted.

The home has 36 bedrooms and the registration has been set at 38 to allow for a maximum of two shared room should a couple wish to share. At the time of the inspection everyone had a single room with en suite facilities.

Areas for Improvement

The introductory pack described the home as having 21 single rooms and 15 double rooms. This should be amended to state that the home has 36 rooms and that 15 of those rooms are large enough to accommodate a couple who wished to share. It would make sense to have the policy statement about single rooms next to this. (see Statement 1.6 recommendation 1)

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We found that Acorn Parks performance was adequate in the areas covered by this statement. We concluded this after we:

- * heard from service users and relatives
- * spoke to managers
- * looked at surveys and survey results
- * looked at minutes of meetings

There were a number of ways in which people who live here and their relative were involved in assessing and improving the quality of staffing. Please see Statement 1.1 for information about these.

Surveys for both service users and relatives asked about staffing and included questions about staffing levels, staff approachability, continuity, respect, skills professional manner and confidentiality.

Areas for Improvement

The manager was now looking at ways to involve residents in staff recruitment. Some members of the residents committee had already expressed an interest in this.

Please see comments and recommendations we made at Statement 1. 1.

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

We found that Acorn Parks performance was adequate in the areas covered by this statement. We concluded this after we:

- spoke to managers looked at the policy manual

The company's recruitment policies and procedures were in line with best practice and current legislation and included the use of application forms and CVs and Disclosure checks.

Areas for Improvement

As no new staff had been appointed since the home was bought over we could not check any personnel records. We will do this at a future inspection.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 3

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

Service Strengths

We found that Acorn Parks performance was adequate in the areas covered by this statement. We concluded this after we:

- heard from service users and relatives
- spoke to managers and staff
- looked at surveys and survey results
- looked at minutes of meetings
- looked at policy manual
- looked at supervision format
- looked at training records

Policies

The company had policies and procedures which reflected the National Care Standards and Principles and took account of legislation and included the following : Employment , Staff Development, Medication, Health and Safety and Risk Management Policies.

Staff Development

We saw from records that, so far this year, mandatory training in First Aid and Moving and Handling had taken place; other topics covered included diabetes; adult protection; palliative care; mental health related subjects - dementia challenging behaviour, restraint and depression. Some of these courses had taken place before the change of ownership. Staff who sent back Care Commission questionnaires confirmed that they had received training in the last year and said they had necessary equipment and materials to do their job

Comments included : 'our training has improved since being bought over '. Further training was planned on falls prevention ; passive movements ; meaningful activity, stroke awareness, Parkinsons , hip fracture & walking aids and therapeutic handling. Training was mainly in house from accredited trainers within the staff team or Care Home Liaison Nurses. The new activities coordinator had attended some specialist training and was also in contact with activities coordinators from the owners other home in the area.

Seven care staff were trained to the appropriate SVQ level needed to register with the SSSC and four were doing their SVQ3 at the time of the inspection. Two senior staff were doing management related qualifications.

Most relatives who had filled in one of the homes questionnaires agreed that staff always or usually had a professional manner and appeared to have the skills to look after their relative. The relative who had filled in a Care Commission questionnaire said

they were confident staff had the knowledge and skills to care for them as did the resident who had filled one in. One person commented on 'how tirelessly staff had worked to heal pressure sores their relative had when admitted and to make them comfortable and free from pain'

Staff Support & Supervision

Since the change of ownership a full staff meeting had been held and separate meetings of nursing staff and care staff had also taken place.

Several said staff morale which had been very low had improved greatly and staff we spoke to came across as motivated and committed to providing a good service. Staff we observed during the two days conducted themselves in a professional and caring manner. While the renovations were going on a lot of staff had come into the home in their own time to help with the decoration.

Staff comments included : 'in the short time that Acorn Park has taken over there have been improvements and I am confident that this will continue / I feel Acorn Park has improved so much in the last few months I think the new owner and manager has a lot to do with this/ staff morale is better and I enjoy coming to my work now/ the outlook of the home is much better and residents seem happy with all changes '

Areas for Improvement

A comprehensive format for staff supervision meetings had been introduced.

The management team were going to start using this form and intended to establish a programme of regular staff supervision and annual appraisal as well as keep records of training needs and courses attended.

Training should include familiarisation with new policies and procedures.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

Training should include familiarisation with the new company's policies and procedures (National Care Standards Care Homes for Older People Standard 5 Management and Staffing)

Statement 4

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

Service Strengths

We found that Acorn Parks performance was good in the areas covered by this statement. We concluded this after we:

- heard from service users and relatives
- spoke to managers and staff
- looked at surveys and survey results
- looked at policy manual
- looked at training records

The company had a whistle blowing policy, a Protection of Vulnerable Adults Policy, and a Policy on Confidentiality .

Staff had attended awareness training on Adult Abuse and Adult Protection in March of this year.

Staff who filled in Care Commission surveys confirmed that they had copies of the SSSC Codes of Conduct or other relevant professional code of conduct.

The two people who sent back Care Commission questionnaires agreed that staff respected resident's privacy and treated politely at all times. This corresponded with views expressed in the homes own satisfaction surveys. Most relatives agreed that staff were always approachable and welcoming, treated residents with respect and respected their personal belongings, knocked before entering rooms and allowed visitors time with residents without intruding. They also felt they could discuss things in confidence.

Areas for Improvement

The staff team should maintain this standard of good practice.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We found that Acorn Parks performance was adequate in the areas covered by this statement. We concluded this after we:

- * heard from service users and relatives
- * spoke to managers
- * looked at surveys and survey results
- * looked at minutes of meetings

There were a number of ways in which people who live here and their relative were involved in assessing and improving the quality of management and leadership and influencing service development. Please see Statement 1.1 for information about these.

Surveys for both service users and relatives asked about management and included questions about how visible senior staff were in the home. Managers and staff were involving residents and relatives in the current renovations and re-development of the home.

Areas for Improvement

Please see comments and recommendations we made at Statement 1. 1.

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

We found that Acorn Parks performance was adequate in the areas covered by this statement. We concluded this after we:

- * heard from service users and relatives
- * spoke to managers
- * looked at surveys and survey results
- * looked at minutes of meetings

The manager has been involving the staff team in the direction and future objectives of the service. He was an approachable manager who has been working hard at creating an atmosphere where staff feel they can express their views, make suggestions and be listened to. This has been happening; for instance when staff felt there were no longer enough staff on duty during the day they raised it with him and he made changes to the rota. He has an open door policy and is also very much a hands on manager who is out and about in the home.

Areas for Improvement

So far he has had meetings with all grades of staff and intends to hold regular meetings. He will also use staff questionnaires and supervision as ways to consult staff. He also plans to set up some small committees to look at specific aspects of the service make suggestions for improvements and develop action plans.

We thought that staff surveys that had been introduced by the previous manager asked some insightful questions about staff practice and conduct; team working; senior staff approachability; staffing levels; staff demeanour towards residents; communication and equipment and supplies as well as their observations about residents level of comfort. When the new manager reviews and revamps these surveys he should retain the best of these questions.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 3

To encourage good quality care, we promote leadership values throughout the workforce.

Service Strengths

We found that Acorn Parks performance was adequate in the areas covered by this statement. We concluded this after we:

- * spoke to managers
- * looked at surveys and survey results
- * looked at minutes of meetings

As well as appreciating the importance of giving staff a voice the manager saw there was a need for clearer leadership and direction from the management team in the home. Staff we spoke to welcomed this. The home had both senior carers and nurses on each shift ; the manager had made some changes to the staff 'rank' system which made it clear that the nurse on duty was in overall charge of each shift and left care staff in no doubt as to whom they were accountable. This was reported to be working well.

The deputy manager worked shifts and was a senior management presence in the home out with office hours. Of relatives who had completed one of the homes surveys some agreed that senior staff were usually visible in the home; other said they were visible sometimes and one said they were always visible.

Areas for Improvement

The manager should continue to offer the home the leadership and direction it needs. and to monitor the day to day supervision of staff.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 4

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

Service Strengths

We found that Acorn Parks performance was adequate in the areas covered by this statement. We concluded this after we:

- spoke to managers
- looked at surveys and survey results
- looked at minutes of meetings
- looked at care plan audit format
- looked at Strategy meeting minutes for all four homes

The home identified a number of processes it could use to monitor standards and levels of satisfaction and alert manager to the need for improvements

These included

- various in house audits eg of accident reports, monthly medication, and cleaning schedules
- senior management presence
- consultation with relatives and residents and staff via questionnaires and meetings
- findings from visits from external agencies such as Environmental Services, Fire Officer
- comments from social workers at reviews

Strategy meetings across all four homes were also chance for managers to discuss practices and make sure they were consistent.

Areas for Improvement

Introducing an annual questionnaire for stakeholders in particular health professionals and social workers would be a good idea and contribute to the quality assurance processes already in place.

The new care plans had a format for carrying out an audit of residents records which should be used.

An audit of any complaints would also help keep the home well informed about the volume and nature of any complaints the home gets.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

1

Recommendations

1. Introduce a questionnaire for stakeholders in particular health professionals and social workers. (National Care Standards Care Homes for Older People Standard 5 Management and Staffing)

Other Information

Complaints

First inspection under new ownership

Enforcements

Additional Information

Submission date for Annual Return 2010-11 was before the new owner took over

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 - 3 - Adequate	
Statement 1	3 - Adequate
Statement 2	3 - Adequate
Statement 5	3 - Adequate
Statement 6	3 - Adequate
Quality of Environment - 3 - Adequate	
Statement 1	3 - Adequate
Statement 2	3 - Adequate
Statement 3	4 - Good
Statement 4	4 - Good
Quality of Staffing - 3 - Adequate	
Statement 1	3 - Adequate
Statement 2	3 - Adequate
Statement 3	3 - Adequate
Statement 4	4 - Good
Quality of Management and Leadership - 3 - Adequate	
Statement 1	3 - Adequate
Statement 2	3 - Adequate
Statement 3	3 - Adequate
Statement 4	3 - Adequate

Inspection and Grading History

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.

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-هه بایتسد یم وونابز رگید روا دولکش رگید رپ شرازگ تعاشا هی

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

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