

# Inspection report

## Pentland Hill Nursing Home Care Home Service Adults

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

**Inspected by:** Rose Bradley  
**(Care Commission officer)**

**Type of inspection:** Unannounced

**Inspection completed on:** 1 November 2010

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**Service provided by:**  
BUPA Care Homes (CFHCare) Limited

**Service provider number:**  
SP2003002226

**Care service number:**  
CS2003010660

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## Easy read summary of this inspection report



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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	 <b>3</b>	Adequate
Quality of Environment		N/A
Quality of Staffing	 <b>4</b>	Good
Quality of Management and Leadership		N/A

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

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

### What the service does well

The service provides a comfortable environment. We saw that staff were caring, polite and respectful toward residents. We saw that staff offered residents choice throughout the day and could describe residents' preferences.

The manager and staff showed a commitment to improving the quality of the service provision.

## **What the service could do better**

The service should continue to develop the care plan documentation to support the delivery of consistent care and social opportunities to all residents.

They should continue to develop the participation strategy and think about how residents with dementia can be encouraged to share their views of the service.

## **What the service has done since the last inspection**

The service has continued to work toward meeting the requirements and recommendations made at the last inspection and during other regulatory activities.

Consultation with residents and relatives had continued and we saw that their views were taken seriously and acted on.

Staff recruitment continued and induction of new staff was more focused and structured.

The training programme continued to be implemented and the content reflected staff training needs and the needs of residents. Staff competency continued to be monitored.

Unit managers had twelve hours supernumerary time each week to allow them to complete administrative tasks and monitor the quality of the service provided in their unit.

## **Conclusion**

The provider has shown commitment to improving the quality of the service and we are beginning to see the positive effects that these improvements have had. The manager continues to give stability and clear leadership at the service.

## **Who did this inspection**

**Lead Care Commission Officer**

Rose Bradley

**Other Care Commission Officers**

Andrea Herkes

**Lay Assessor**

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

# About the Care Commission

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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](http://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

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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](http://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](mailto:scottishgovernment@booksource.net)

# What is inspection?

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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

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## **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?

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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

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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 115 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. However, 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:

<b>Quality of Care and Support</b>	<b>3 - Adequate</b>
<b>Quality of Environment</b>	<b>N/A</b>
<b>Quality of Staffing</b>	<b>4 - Good</b>
<b>Quality of Management and Leadership</b>	<b>N/A</b>

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](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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

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

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

We wrote the report after an unannounced inspection that took place at the service. The inspection was carried out by Care Commission Officers Rose Bradley and Andrea Herkes on the 1 November 2010 between the hours of 3pm and 10.30pm.

During this inspection we gathered evidence from various sources, including the relevant records and documentation including evidence from:

- A sample of residents' files
- Staff training and competency records
- Minutes of staff, residents and relatives meetings
- Complaint, accident and incident records
- Maintenance records
- Activity folder
- Discussion with various people including:
  - the manager
  - clinical nurse manager
  - one senior activity coordinator
  - one unit manager
  - three registered nurses
  - seven care staff
  - eight residents individually
  - time spent with residents in three units
- Observation of staff practice
- Observation of staff interaction with residents and fellow workers in three units
- Consideration of audits and consultation methods
- Observation of one the evening meal in two units, afternoon teas in two units and supper in one unit
- Observation of two activities
- Consideration of the National Care Standards, Care Homes for Older People.

Feedback on the inspection outcomes was given on the evening of the 1 November 2010 to the manager.

### **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](http://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](http://www.infoscotland.com/firelaw)

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

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 all plans are signed by service users or their representatives to evidence their agreement to the proposed care provision
- e) ensure all staff follow the instructions contained within the 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: By the 30 September 20

### **Action taken on the Requirement**

While we saw that progress continued to be made in relation to the quality of information contained within care plans we still saw inconsistencies in the information recorded. This is discussed further in Theme 1 Statement 3. This requirement has been partially met

and an amended requirement will be carried forward in Theme 1 Statement 3 to reflect progress made to date.

**The requirement is:**

Not Met

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: 30 August 2010

**Action taken on the Requirement**

We saw a more focused approach to the delivery of activities and there was also more variety of activities on offer. However it was not always clear that residents who could not attend group or club activity were offered equal choice in activity options. This requirement is partially met and an amended requirement will be carried forward in Theme 1 Statement 2 to reflect progress made to date.

**The requirement is:**

Not Met

The provider must ensure service users safety at all times. In order to do so the provider must demonstrate to us that all staff understand the importance of, and make sure that residents have easy access to, call systems. This is in order to comply with SSI 2002/ 114 Regulation 4(1)(a) - Welfare of users

**Action taken on the Requirement**

We saw that residents who were in their rooms had access to the call systems. Assessments had been completed to establish which residents needed the call systems and there were lists to inform staff. These were reviewed and updated by the manager. During observation of staff practice and competency assessments, staff were reminded of the importance of residents having access to the call systems. This requirement had been met.

**The requirement is:**

Met



Following other regulatory requirements two requirements were made about activities and care plans. These requirements had also been made during the announced inspection of May 2010 and are reported on in the requirements detailed above.

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 SIS 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**

Review documentation had been reviewed to ensure that all aspects of the residents' care needs were recorded and discussed during reviews of care. Action plans resulting from consultation were to be detailed with target dates for action, including updating care plans. The documentation had to be signed by the relative, residents and staff concerned. Copies of these were sent to the manager who signed the document as agreeing that the agreed action had been taken.

This requirement had been met.

#### **The requirement is:**

Met

This requirement was made following other regulatory activity

The provider must ensure that all staff adhere to policies and procedures relating to the administration of medicines in the home. This is in order to comply with SSI 114, 4 (1) (a) a requirement about the welfare of service users.

This also takes into account National Care Standards Care Homes for Older People Standard 5, Management & staffing arrangements.

Timescale: Within 24 hours of receipt of this report.

#### **Action taken on the Requirement**

The policies and procedures relating to the administration of medication had been reinforced through medication training, Themed supervision, competency monitoring and team meetings.

Two registered nurses confirmed they had received training and were aware of the medication procedures.

This requirement had been met.

**The requirement is:**

Met

This requirement was made following other regulatory activity

1. The provider must ensure that the content of all personal plans are accurate and up to date. This should include the following:

a) details of any Power of Attorney arrangements and agreements about circumstances when they should be contacted, for example, changes to care plans.

b) review information covering all aspects of care

c) for this to record actions required of staff where there have been changes to the care plan.

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: By the 30 September 2010

**Action taken on the Requirement**

We saw that the review documentation had been amended to include details of all aspects of the care provision and Power of Attorney arrangements. We saw that reviews had a clear action plan to record actions to be taken and target dates. We saw that the manager signed the review records when all actions agreed/identified had been completed.

This requirement had been met.

**The requirement is:**

Met

**Actions Taken on Recommendations Outstanding**

Following the last inspection these recommendations were made

Recommendation 1

1. It is recommended that the service continues to monitor the quality of the environment and ensures that maintenance issues are promptly attended to.

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

Action taken on recommendation 1

We observed that quality assurance systems were in place to monitor the quality of the environment. We saw that the manager followed up any issues identified from environment audits. We observed some issues surrounding the environment such as odour in one toilet, dampness on a wall and a carpet defect. The manager was aware of these issues and could show that steps had been taken to rectify these.

This recommendation had been met.

#### Recommendation 2

2. 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 14 - Health care

##### Action taken on recommendation 2

We saw no resident sitting for long periods of time in the same area without stimulation.

This recommendation had been met.

#### Recommendation 3

3. It is recommended that the provider should ensure that all staff continue to receive training suitable to the work they are to perform. Staff competency should continue to be assessed.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard, 5 - Management and staffing arrangements

##### Action taken on recommendation 3

New staff who spoke with us stated they had received a block induction lasting one week during which they received training including: how to deliver residents' basic care needs, infection control, moving and handling, continence management and managing behaviour which could be considered challenging. We saw that adverts for forthcoming training events were displayed and included Falls prevention. We saw that registered nurses had undertaken medication management and wound management training. Four staff had completed Dementia Awareness courses and were now Champions. A dementia awareness programme was about to commence and we were told that all staff would have to complete this. Staff told us there were many opportunities for training and they felt well supported.

We saw that themed supervisions continued. All staff had received at least one staff competency with others receiving additional sessions as required.

This recommendation had been met.

#### Recommendation 4

4 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 as 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

#### Action taken on recommendation 4

We saw that a selection of team meetings continued to take place and included staff meetings and managers meetings. A selection of topics pertinent to the development of the service were discussed including communication, activities, team work, wound care, environment, best practice and training. We saw that staff were given the opportunity to express their views.

This recommendation had been met.

#### Recommendation 5

5 The provider should ensure that the quality assurance system continues to be developed.

This is in order to meet the National Care Standards, Care Homes for Older people, Standard 5- Management and staffing arrangements.

#### Action taken on recommendation 5

We saw the quality assurance system was being effectively implemented.

This recommendation had been met.

During other regulatory activity the following recommendations were made

#### Recommendation 1

1. The Manager should ensure that all medication prescribed for residents' use are accurately recorded including any changes to prescribed medication, the administration of these medicines and any omissions in administration including the reason for any omission.

This is in order to meet The National Care Standards, Care Homes for Older People Standard 15 - Keeping well, medication.

#### Action taken on recommendation 1

We sampled medication recording in one unit and these were satisfactory.

This recommendation had been met.

#### Recommendation 2

2. The provider should ensure that each resident has an accurate and up to date record of their belongings.

This is in order to meet The National Care Standards, Care Homes for Older People Standard 9 Feeling safe and secure and Standard 16 Private life.

#### Action taken on recommendation 2

While we saw that there was a system in place to record belongings this varied slightly from unit to unit and there was no consistent way of updating the information or the storage of all this. Some difficulty in updating information related to relatives bringing in new items and not always notifying staff or staff not recording the information correctly. The manager was trying to devise a system that would be easy to use and provide the correct information. We will carry this recommendation forward under Theme 1 Statement 2.

This recommendation had not been met.

### Recommendation 3

3. It is recommended that the provider should ensure that staff continue to receive training suitable to the work they are to perform. Staff competency should continue to be assessed.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

### Action taken on recommendation 3

This recommendation had also been made following the last inspection and the action taken is detailed above.

This recommendation had been met.

### Recommendation 4

4. The Manager should ensure that residents and their relative/carers are made aware of the insurance arrangements for personal belongings in the home.

This is in order to meet The National Care Standards, Care Homes for Older People Standard 9 - Feeling safe and secure.

### Action taken on recommendation 4

This information had been included in the "Working Together" booklet which was issued to relatives/residents.

This recommendation had been met.

### Recommendation 5

5. The Manager should ensure that residents and their relative/carers are made aware of the policies and procedures about personal belongings in the home. This is in order to meet The National Care Standards, Care Homes for Older People Standard 1, Informing and deciding.

### Action taken on recommendation 5

We were told that relatives and residents were told about policies during visits to view the home, care reviews and relatives meetings. We were told information about policies

and procedures and how to access these would be included in the updated "Working Together" booklet. While the recommendation is met we will monitor progress on the updated "working Together" booklet at the next inspection.

This recommendation had been met.

### **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**

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**

We spent time in three units during the inspection and observed afternoon teas and evening meals being served. We spent time in the company of all residents during this time and spoke individually with eight residents who stated they were satisfied with the service provided.

We also spoke with some residents who were unable to verbalise their views of the service but we saw that they appeared comfortable around staff who treated them patiently and with respect.

### **Taking carers' views into account**

No relatives were spoken with during this inspection.

## 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

This statement should be read in conjunction with the announced inspection report dated 13 May 2010. Comments within this statement are based on recommendations and areas of development made at that inspection.

There were good systems in place to ensure that residents and relatives could participate in assessing and improving the quality of care and support provided.

The participation strategy outlined the provider's commitment to residents' and relatives' involvement in developing the service.

Consultation continued to take place through reviews of care, satisfaction surveys, relative and resident meetings and individual comments. Residents had identified staff, keyworkers, who were responsible for each resident's care.

Following relative meetings a participation group had been formed consisting of residents, relatives and community members. A relative was also a representative on the service's Health and Safety group and provided information from this to the participation group.

The service newsletter continued to be used as a means of sharing information about the service such as forthcoming activities. Residents were provided with welcome packs and a "Working Together" document which contained information about aspects of the service such as insurance.

Resident/relative comments continued to influence the service and things such as menus, activities and satisfaction survey documentation had been altered accordingly.

#### Areas for Improvement

The "Working Together" booklet was being updated to include information about policies and procedures and how to access these. We will monitor progress at future inspections.

The annual satisfaction survey was underway during the inspection. We were told that an action plan would be developed to address issues identified. The action plan and survey findings would be shared with relatives, residents, staff and other stakeholders.

We were told that the provider had developed a dementia awareness training tool. Part of this training was to equip staff to be effective advocates in supporting residents to express their views on all aspects of the service. We will monitor progress at future inspections.

From discussion with the manager it was clear she was committed to continuing to develop resident/relative participation particularly in relation to increasing the involvement of people with dementia in expressing their views.

**Grade awarded for this statement**

4 - Good

**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. The strategy should be developed to take account of the cognitive abilities of all residents. 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 13 May 2010. Comments within this statement are based on requirements, recommendations and areas of development made at that inspection and following other regulatory activity.

There were good systems in place to ensure that residents could be supported to achieve their potential.

We saw that residents had a Personal Plan which detailed their preferences. Risk assessments were used to support individual choices whilst minimising any risks.

The service had four Activities Co-coordinators, one of whom had recently been appointed as the senior coordinator and was responsible for having an overview of all activities provided in the service. An activity coordinator attended the staff morning meeting to remind staff of which activities were on that day and of any changes to the programme. Care staff then shared that information with the rest of the staff group and residents.

We saw that activities and outings were becoming more firmly embedded in the practice at the service. We saw that a wider variety of "clubs" were available in each unit and residents could attend or not if they chose. The "Clubs" were well advertised in each unit and gave details of the times and locations. Over the summer we saw there had been an increase in the number and variety of outings than previously experienced. Local community facilities were used for example some residents attended local tea dances.

On arrival at the service we saw care staff engaged in structured activities with a group of residents. We saw evidence through team meetings that care staff were discussing activities that would be beneficial in their units. We had not witnessed this level of involvement at previous inspections.

We looked at records of the activities that individual residents had taken part in. These included an evaluation of whether or not the resident had enjoyed the activity.

Special occasions such as birthdays were celebrated, with family involvement. Residents were supported in their spiritual beliefs.

Residents who spoke with us told us they could have their meals in their rooms if they wished. They said the food was good and there was a choice of menu. We observed meal times and saw that there were designated staff to serve meals to residents who wished to have their meals in their rooms.

We were told that the post of laundry hostess had had a positive effect on the maintenance of residents' clothing.

### **Areas for Improvement**

There were inconsistencies in the recording of activities. While all residents had a "Map of life" this did not always contain all information about their likes and dislikes because information from other aspects of activity documents had not been transferred. It was difficult to see how activities could consistently be offered if residents' preferences were not consistently and accurately recorded. There was also a duplication in the recording information. The manager was aware of this and we were told that new care plan documentation was being introduced in January 2011 which should address this.

While there was a range of activities available in the service, not everyone was able to or would want to take part in structured activities. Although we saw evidence of some one to one engagement between activity staff and residents, it was difficult to establish what activities were regularly on offer to residents who could not attend group activities. The manager felt the issue was more about how information was recorded than the actual delivery of activities. We made a requirement at the last inspection and following other regulatory activity that the activity programme be developed and we will make an amended requirement to reflect progress made to date.

Following other regulatory activity we made a recommendation that each resident had an accurate and up to date record of their belongings. While we saw that there was a system in place to record residents' belongings this varied slightly from unit to unit and there was no consistent way of updating the information or the storage of all this. Some difficulty in updating information related to relatives bringing in new items and not always notifying staff or staff not recording the information correctly. The manager was trying to devise a system that would be easy to use and provide the correct information. We will carry this recommendation forward to allow the service time to address this.

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

4 - Good

### **Number of Requirements**

1

### **Number of Recommendations**

1

## **Requirements**

1.

The provider must review residents' personal plans to ensure they identify the social needs of residents and demonstrate how these social needs will be met. This is in order to comply with SSI/114 Regulation 5 (2) - Personal plans. This also takes into account National Care Standards Care Homes for Older People Standard 17 Daily Life.  
Standard 6 - Support arrangement, 8.1 - Making choices  
Timescales: 30 March 2011

## **Recommendation**

1.

The provider should ensure that each resident has an accurate and up to date record of their belongings.  
This is in order to meet The National Care Standards, Care Homes for Older People, Standard 9 -Feeling safe and secure and Standard 16 -Private 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 13 May 2010. Comments within this statement are based on requirements, recommendations and areas of development made at that inspection and during other regulatory activity.

There were adequate systems in place to ensure that residents' health and well being needs were met.

We saw that all residents had a personal plan based on assessment of needs and these were regularly evaluated. Reviews of care took place at least twice a year with family involvement.

There was evidence that the service helped residents to access health care services, and co-operated with a range of healthcare professionals when providing care. For example GPs, district nurses, community psychiatric nurses, podiatrists, and dietitians.

We saw that training in palliative care, falls management and dementia awareness had been organised for staff. We saw that issues such as respect were reinforced during themed supervisions and staff competency was monitored. We saw staff use effective distraction and de-escalation techniques. Staff who spoke with us could describe the residents' care needs and preferences.

During our visit we spoke with residents who felt confident their health needs would be met. We saw one resident on bed rest who had drinks and the call bell within reach.

We looked at medication administration records in one unit. These were orderly, and the information about what medicines had been given was recorded appropriately.

A prompt card to direct senior staff in the management of adult protection issues had been issued. We saw that a "Zero Tolerance" policy had been drafted.

### **Areas for Improvement**

Although we acknowledge that improvement continues to be noted in the content of care plans we continued to see inconsistencies in recording of vital information. Assessments were not always updated to reflect incidents, sections of documentation were not completed and information was not transferred from assessments to care plans for example information about the use of zimmers. Information about Power of Attorney was not easily identifiable from the care plan documentation unless review documentation was accessed. Staff could not consistently direct us to the area of documentation which would contain Power of Attorney information.

The manager told us that they accepted that the documentation was too cumbersome and there was a duplication of information, increasing the likelihood of information being missed or lost. Therefore a new care plan system was being introduced in January 2011. This would have a section under personal information to more easily direct staff to Power of Attorney information. We made requirements about care planning following the last inspection and other regulatory activity and will carry forward an amended requirement about care plans to reflect the progress made to date. The timescale for completion of this will be extended in order to give the provider time to implement the documentation and rectify this aspect of care.

During the inspection we observed evening meals being served in two units. In one unit (Carnethy) we saw that while the serving of the meal was well organised, the level of residents dependency meant it was very busy. The manager agreed to monitor the situation and we will monitor progress at the next inspection.

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

3 - Adequate

### **Number of Requirements**

1

### **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 guidance from healthcare professionals and agreements reached during reviews of care are accurately incorporated into personal plans
- c) ensure information resulting from incidents and accidents is reflected in assessments and care plans
- d) ensure all staff follow the instructions contained within the personal plans
- e) ensure information about Power of Attorney is easily accessed.

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: By the 30 June 2011

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### 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 13 May 2011.

As identified in Theme 1, Statement 1, there were good systems in place to ensure that service users and carers could participate in assessing and approving the quality of staffing in the service.

#### Areas for Improvement

We have made a recommendation in Theme 1 Statement 1 that the service continue to develop their consultation strategy.

#### Grade awarded for this statement

4 - Good

#### 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**

This statement should be read in conjunction with the announced inspection report dated 13 May 2010. Comments within this statement are based on recommendations and requirements made at that inspection and during other regulatory activity.

There were good systems in place to ensure the workforce was motivated, trained and professional and worked to National Care Standards, legislation and best practice.

New staff who spoke with us stated they had received a block induction to the service lasting one week. During this they received training including: how to deliver residents' basic care needs, infection control, moving and handling, continence management and managing behaviour which could be considered challenging.

We saw that adverts for forthcoming training events were displayed and included palliative care and Falls prevention. We saw that registered nurses had undertaken medication management and wound management training. Four staff had completed Dementia Awareness courses and were now "Champions" for the service. A dementia awareness programme was about to commence and we were told that all staff would have to complete this.

We saw that themed supervisions continued. All staff had received at least one monitoring of staff competency with others receiving additional sessions as required. We saw that competency assessments addressed issues such as dignity and respect.

We saw staff use effective moving and handling, infection control and de-escalation techniques.

Staff told us there were many opportunities for training and they felt well supported.

#### **Areas for Improvement**

The manager stated that staff competencies and themed supervisions would continue for all staff. We will monitor this at the next inspection.

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

4 - Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

0



## Other Information

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### **Complaints**

The service had one complaint which was 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](http://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**

We were told that 4 staff had been nominated for a Carer of the Year Award.

We were told that the director had met with staff recently to discuss what practical things they felt would improve the service for residents. Staff suggestions included a pampering room and themed corridors. Funding for these and additional items had been agreed.

### **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

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<b>Quality of Care and Support - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 3	3 - Adequate
<b>Quality of Environment - Not Assessed</b>	
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Management and Leadership - Not Assessed</b>	

## Inspection and Grading History

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Date	Type	Gradings	
13 May 2010	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
26 Jan 2010	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and Leadership	3 - Adequate
10 Nov 2009	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and Leadership	2 - Weak

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18 Mar 2009	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and Leadership</div> <div>4 - Good</div>
18 Feb 2009		<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and Leadership</div> <div>4 - Good</div>

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

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**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

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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

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

## The Care Commission

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

## Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website [www.carecommission.com](http://www.carecommission.com) or by telephoning 0845 603 0890.

## Translations and alternative formats

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

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

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

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