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Care service inspection report

Pentland Hill Nursing Home

Care Home Service Adults

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

Inspected by: Rose Bradley

Michelle Deans
Donna Gilmour
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Type of inspection: Unannounced

Inspection completed on: 30 September 2011

Contents

Service provided by:

BUPA Care Homes (CFHCare) Limited

Service provider number:

SP2003002226

Care service number:

CS2003010660

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

We gave the service these grades

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

What the service does well

The service provides a comfortable environment for residents. Staff are polite and respectful toward residents and make visitors welcome. Staff are developing a more person centred approach toward care delivery. Residents and relatives are encouraged to participate in accessing and improving the quality of the service.

What the service could do better

The service would be improved if staff always put the learning from the training provided into practice for example in the management of medication and oral hygiene. The availability and level of stimulation for residents needs to continue to be reviewed. Staff meetings and supervision need to be held consistently for all staff in all units. The cleanliness of the environment needs to be addressed particularly in residents bedrooms. Staff should consider the effect the noise level in one of the units has on residents and their quality of life. Residents dependency assessments need to be reviewed to ensure that accurate information is being considered. The effect changes to unit managers in three units has on residents and staff and the development of the quality of the service needs to be monitored.

What the service has done since the last inspection

Since the last inspection staff have continued to develop the content of care plans. The content is now more person centred and more accurately reflects residents care needs and preferences.

Staff now complete fluid recording charts consistently and accurately.
The quality assurance system continues to be developed. Several audit tools including medication audits and keyworker checklists have been developed as a means of monitoring aspects of the quality of the service.
A cafe has been opened in one of the units to help make dining a more pleasant experience for residents. Residents told us they enjoy using the cafe.

Conclusion

The staff continue to show an eagerness to improve the service and work with us to this end. Until there is a stable management team in each unit it may be difficult to progress the development of the service and sustain the improvements. However the manager is aware of the areas that need to be developed and the provider is fully committed to supporting staff in making the necessary changes.

Who did this inspection

Rose Bradley
Michelle Deans
Donna Gilmour
Moira McRae

1 About the service we inspected

Pentland Hill Care Home (referred to in the report as 'the service') is owned and Managed by BUPA (referred to in the report as "the provider") and was registered with the Care Inspectorate on the 1 April 2011 to provide a care service to a maximum of 120 older people.

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.

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:

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

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

We wrote the report after an unannounced inspection that took place at the service on the 22 September 2011 between the hours of 9:30am and 18:10. The inspection was carried out by Care Inspectorate inspectors Rose Bradley, Michelle Deans, Moira McRae and Inspector Manager Donna Gilmour.

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

- A sample of residents' personal plans/care plans
- Staff training records and themed supervisions
- Minutes of staff meetings
- Complaint, accident and incident records
- Observation of activities, staff social interaction with residents
- Observation of staff practice
- Observation of staff interaction with residents and fellow workers
- Observation of meal times
- Examination of the environment and equipment
- Consideration of audits
- Consideration of residents' and relatives' comments made during the inspection
- Consideration of the National Care Standards, Care Homes for Older People

Discussion with various people including:
the manager
one unit manager
a manager from another of the provider's services
three registered nurses
seven care workers
one activity coordinator
one volunteer
one domestic
twelve residents individually
six relatives individually

The outcomes of the inspection were discussed with the manager and the manager of another BUPA service on the evening of the 22 September 2011. A further telephone conversation took place between the manager and inspector Rose Bradley on the 30 September 2011.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any requirements we made at our last inspection

The requirement

The provider must evidence that the causes of all unexplained bruises identified on residents bodies are investigated and the outcomes recorded. The provider must be able to evidence that staff are aware of the procedures to be followed in the event that unexplained bruising is found.
This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users
Timescales: within 48 hours of receipt of this report

What the service did to meet the requirement

We saw that there was a protocol that staff had to follow if unexplained bruises were found. We saw that staff signed to confirm their understanding of the protocol. A copy of the protocol was displayed on the office wall. We sampled incident records and saw that if unexplained bruises were identified staff recorded the action taken. We saw that body maps recorded the location of bruises and photos were taken. Relatives were informed.
This requirement had been met.

The requirement is: Met

The requirement

The provider must ensure that all staff are familiar with and implement the procedure devised to notify Social Care and Social Work Improvement Scotland of specified events.
This is in order to comply with SSI 2002/114 Regulation 21 - Notifications and SSI 2011/210 4(1)(a) - Welfare of users Timescale - to commence within 24 hours of receipt of this report.

What the service did to meet the requirement

We saw that a new procedure was in place to make sure we were notified of all incidents. We examined incidents and accident records and saw that we had been told about all notifiable events. This requirement had been met.

The requirement is: Met

The requirement

The Provider must ensure that all staff who complete observation charts such as fluid and food intake and weight charts do so consistently and accurately. Staff must

evaluate the charts and plan care accordingly, seeking appropriate healthcare professionals advice when required.
This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users and takes account of The National Care Standards Care Homes for Older People Standard 5 - Management and staffing arrangements Timescale for implementation: to commence within 24 hours of receipt of this report and be completed by 30/6/2011

What the service did to meet the requirement

We examined daily fluid and food intake charts in three units and saw a marked improvement in how these were completed. We sampled residents care plans and saw that weights were taken regularly and this was recorded. We saw one example where other healthcare professionals were contacted for advice. However, we saw that the content of fluid charts were not accurately evaluated and there was no evidence that the content of the charts influenced the management of care. This requirement is partially met. We will make an amended requirement under Theme 1, Quality Statement 3.

The requirement is: Not Met

The requirement

The provider must ensure that all oral hygiene equipment is cleaned and appropriately stored at all times. This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users Timescales: to commence within 24 hours of receipt of this report for completion by the 30 June 2011

What the service did to meet the requirement

We saw that oral hygiene had been added as a duty to the keyworker check list as a way of monitoring that staff signed to confirm the task had been completed. In two units (Careketten and Allermuire) we still saw tooth brushes which were dirty and not stored correctly. The provider had arranged for SMILE to visit the service and deliver staff training on oral hygiene. This requirement had not been met. We will extend the timescale for completion of the requirement under Theme 1, Quality Statement 3.

The requirement is: Not Met

The requirement

The provider must ensure that the environment and equipment in use by residents is safe. In order to do so the provider must
a) devise a system to ensure all soap dishes are cleaned.
b)ensure pedal bins are available in all bathrooms
d) ensure thermometers are in use in unit fridges
e)ensure the cleaning rotas are signed when tasks are completed

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - welfare of users and SSI 2011/210 Regulation 10(2)(a) - Fitness of premises Timescale: to commence within 24 hours of receipt of this report and be completed by the 30 June 2011

What the service did to meet the requirement

The manager had devised a keyworker check list which detailed all duties they had to undertake, including cleaning soap dishes.
Pedal bins were available in the bathrooms viewed.
There was no thermometer in one fridge but a new one was obtained from the main kitchen and put in the fridge. We saw that daily fridge temperatures were taken.
We saw that the cleaning rota for one hoist was missing.
This requirement is partially met. An amended requirement will be made in Quality Theme 2, Quality Statement 2 to take account of progress.

The requirement is: Not Met

The requirement

The provider must ensure that medication management in the service is carried out in line with best practice guidance. In order to do so the manager must:
a)ensure that the controlled drug index page is used correctly
b)ensure that all staff involved in the management of medication provide a sample signature in accordance with the services own procedure
c)ensure that all topical creams stored in residents' rooms are clearly labeled with the residents name and clearly record the date that the topical cream was opened
d)carry out a stock control audit to ensure out of date equipment is removed from the premises and the number of tablets recorded correspond with those in stock
e) ensure that staff sign for all medication administered
f)ensure that if staff alter the medication recording record they date and sign this and record who authorised the change.
This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - welfare of users and SSI 2002/114 Regulation 19(3)(j) - records Timescale: to commence within 24 hours of receipt of this report and be completed by the 30 June 2011

What the service did to meet the requirement

We examined medication in one unit (Turnhouse) and saw the following:
Sample staff signatures were recorded and an audit had been completed and out of date equipment had been removed.
The controlled drug index page was still not used correctly.
There were still gaps in signing recordings for the administration of medication.
The number of tablets recorded still did not always correspond with those in stock in all cases.
We saw that in two other units (Allermuire and Careketten) that topical creams stored in residents bedrooms were not dated when opened.

This requirement is partially met. An amended requirement will be made under Theme 2, Quality Statement 2.

The requirement is: Not Met

The requirement

The Provider must ensure that all staff working in the service are suitably trained for the work they are to perform. In order to do this, the Provider must provide us with a training plan which includes:
a) supervising training for supervisors
b) oral hygiene including the maintenance and storage of equipment such as toothbrushes
c) reporting repairs
d) falls management training
e) medication awareness refresher training
This is in order to comply with SSI 2011/210 Regulation 15(b)(i) - Staffing and takes into consideration the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements Timescale: A copy of the training plan must be provided to us by the 30 June 2011

What the service did to meet the requirement

Two registered nurses had attended falls training in the middle of September 2011. We were told that they will then deliver the training to staff. The manager had arranged a meeting with them for the 23 September 2011 to discuss how to progress the training.
Oral hygiene had been discussed with 90% of staff during themed supervisions. Training from SMILE had been arranged for some staff.
Reporting repairs had been a themed supervision and was now discussed daily at head of department meetings.
Some staff who carry out staff supervision had still to attend training.
Medication refresher training had been provided to most registered nurses and senior carers who administer medication. Six staff were undertaking the course at the time of the inspection and seven had still to complete the course.
While we saw that some staff had received the training we did not receive the training plan by the 30 June as requested.
This requirement is not met. The requirement will be made under Theme 3, Quality Statement 3 to allow the manager the opportunity to provide the information as requested.

The requirement is: Not Met

The requirement

The provider must ensure that the residents are treated with dignity and that their choices are promoted at all times. In order to do so the manager must ensure that:
a) all residents are offered the choice of sitting on a dining chair during mealtimes
b)following meals staff should offer all residents the opportunity to move away from the dining table within a reasonable period of time
c) review how meals are served in one unit to make sure the times between courses is not excessive
This is in order to comply with SSI 2011/210 Regulation 3 - Principles Timescales: to commence within 24 hours of receipt of this report and be implemented by the 30 June 2011

What the service did to meet the requirement

We still saw that in units residents were still sitting at tables for long periods after meals before staff offered them assistance to move to more comfortable chairs.
In one unit (Turnhouse) there was excessive times between courses.
All residents were not always offered the opportunity to sit at a dining chair, although in some instances staff stated this was the residents choice and was recorded in their care plans.
This requirement is partially met. An amended requirement will be made under Theme 1, Quality Statement 2

The requirement is: Not Met

The requirement

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 2011/210 Regulation 5 - Personal plans. This also takes into account National Care Standards, Care Homes for Older People, Standard 17- Daily Life, Standard 6 - Support arrangement and Standard8.1 - Making choices Timescales: 30 June 2011

What the service did to meet the requirement

We saw that the residents' personal plans had been developed to identify their social needs, their likes, dislikes and interests. We saw less evidence of how the identified needs would be met.
This requirement is partially met. An amended requirement will be made under Theme 1, Quality Statement 2

The requirement is: Not Met

The requirement

The Provider must ensure that the views of the resident and, where appropriate, their relative or representative are taken into account when planning care. In order to achieve this the Provider must ensure that:
* documentation within the personal plan must evidence that the resident's or relatives views have been sought, taken into account in the way care is planned and that all parties have signed their agreement to the plan of care
* that the service records when and in what circumstances relatives and carers will be contacted
* all staff are reminded of the importance of accurately recording the involvement of relatives and other representatives in planning and evaluating residents' care.
This is in order to comply with SSI 2002/114 Reg 5(1) - a regulation regarding personal plans; the National Care Standards Care Homes for Older People Standard 6 - Support Arrangements should be taken into account when complying with this Requirement. Timescale for implementation: to commence within 24 hours of receipt of this letter and be completed by 30/06/2011.

Action taken on requirement
We saw that the sampled residents' plans recorded when and in what circumstances relatives should be contacted. We saw an improvement in the general recording of relatives' involvement in planning residents' care. We felt this showed that staff had been reminded of the importance of recording this information and on the whole were doing so. Not all plans had been signed by relatives or residents. We were told this would be done gradually for all residents during their care reviews and take account of relatives views. We assess this requirement as met and will incorporate the outstanding aspects into a more appropriate requirement under Theme 1, Quality Statement 3

Requirement

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)residents' preferences for bathing/showering should be clearly recorded in their care plans and given in accordance with the plan
c)ensure guidance from healthcare professionals and agreements reached during reviews of care are accurately incorporated into personal plans
d) ensure information resulting from incidents and accidents is reflected in assessments and care plans
e) ensure all staff follow the instructions contained within the personal plans

f) ensure information about Power of Attorney is easily accessed.
g) ensure that where a plan of care has been amended or revised as a result of changing care needs that the resident's carer or representative is informed.
h) ensure that management have oversight of the systems that are in place to ensure that staff actually deliver the planned care.
This is in order to comply with SSI 2011/210 Regulation 5- Personal plans 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

Action taken on requirement
We saw a marked improvement in the quality of the content of the care plans. The plans were written in a more person centred way and showed consideration had been given to residents' preferences. The content of plans showed staff had an understanding of residents' likes and dislikes. From sampling plans we saw that the power of attorney was recorded. We saw evidence that when there were changes to care that the residents' relatives were informed. We saw that there were care plans in place for all aspects detailed in point a) and care plans also detailed residents preferences for bathing and showering.

There was less evidence that staff actually carried out the care in accordance with the care plan. For example we saw evidence that oral hygiene was not completed, body mass index calculation were incorrect and we saw that pertinent information gathered following one incident and shared with us at the time was not reflected in the care plan. The care review minutes were so brief in some instances that it was difficult to establish what was discussed or agreed. Relatives had not always signed the review agreements. Some care reviews were overdue.
This requirement is partially met and an amended requirement which will be more appropriate will be made under Theme 1, Quality Statement 3

Requirement
The Provider must ensure that all staff are aware of and fully implement the service's own complaint's policy. This is in order to comply with SSI 2011/210 Regulation 18 - regulations regarding complaints
This is also in accordance with the National Care Standards Care Homes for Older People Standard 5.1 and 5.2 - Management and Staffing Arrangements, and the SSSC Code of Practice for Social Service Workers Section 3.7 Timescale: to commence within one week of receipt of this report and be completed by 30 June 2011.

What the service did to meet the requirement
The complaints procedure had been the subject of themed supervision for staff. We saw no evidence that staff did not follow the complaints procedure during this inspection.

This requirement had been met.

The requirement is: Met

What the service has done to meet any recommendations we made at our last inspection

Recommendation

The provider should ensure that staff meetings and one to one supervisions take place in accordance with the provider's own policies and procedures.
This is order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements

Action taken on recommendation

Because the recommendations were not inspected against at this inspection this will be carried forward to the next inspection under Theme 3, Quality Statement 3.

Recommendation

The provider should amend the supervision recording documentation to clearly identify who the supervisor is and the unit where those involved are based.
This is order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements

Action taken on recommendation

Because the recommendations were not inspected against at this inspection this will be carried forward to the next inspection under Theme 3 Quality, Statement 3.

Recommendation

The provider should be able to evidence that all staff working in the service are suitably trained for the work they are to perform and should ensure the training matrix is updated promptly to give an accurate overview of all training received by all staff. All staff should sign training attendance records and clearly identify which service they work in. The training advertisements/notices should detail the year the training is provided in order that training provisions can be tracked.
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

Because the recommendations were not inspected against at this inspection this will be carried forward to the next inspection under Theme 3, Quality Statement 3.

Recommendation
The Provider should ensure that all staff working in the service are aware of the service's policy on visiting.
This is in accordance with the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing, Standard 16.4 - Private Life, Standard 17.4 - Daily Life, And the SSSC Code of Practice for Social Service Workers Sections 1.1 and 1.2.

Action taken on recommendation
Because the recommendations were not inspected against at this inspection this will be carried forward to the next inspection under Theme 3, Quality Statement 3.

Recommendation
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 continue to 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

Action taken on recommendation
Because the recommendations were not inspected against at this inspection this will be carried forward to the next inspection under Theme 1, Quality Statement 1.

Recommendation
It is recommended that the provider devise a written procedure which staff should follow in the event that outside office hours a resident wishes to access fund which they have deposited for safe keeping with the service.
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
Because the recommendations were not inspected against at this inspection this will be carried forward to the next inspection under Theme 1, Quality Statement 2.

Recommendation
It is recommended that the provider review how activities are advertised to ensure residents, relatives and staff know the times of the activities and can plan their day. The location of activities should continue to be reviewed to ensure the most appropriate location is used and that residents enjoy a change of environment.
This is in order to meet the National Care Standards, Care Homes for Older People,

Standard 12 - Lifestyle

Action taken on recommendation
Because the recommendations were not inspected against at this inspection this will be carried forward to the next inspection under Theme 1, Quality Statement 2.

Recommendation
The provider should continue to develop the quality assurance system to ensure that all aspects of the service particularly clinical practice is improved. Where required action has been identified as a result of an audit, the outcome should be clearly recorded to monitor improvement or if further action is needed.
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
Because the recommendations were not inspected against at this inspection this will be carried forward to the next inspection under Theme 4, Quality Statement 4

Following other regulatory activity these two recommendations were made.
Recommendation.
The service should ensure, where this has been agreed, that relatives and significant others are informed of any change in a service user's health or changes in treatment.
National Care Standards Care Homes for Older People: Standard 6.1 Support arrangements.
Action taken on recommendation
From sampling residents files we saw that relatives were contacted when there were changes to residents health or to treatment.
This recommendation has been met.

Recommendation.
The service should ensure that relatives and significant others are fully involved in any changes of accommodation for their relative. In addition the service should seek agreement from relatives and significant others for any such change and document this.
National Care Standards Care Homes for Older People: Standard 5.1 Management and staffing arrangements; Standard 8.2 Making choices.

Action taken on recommendation
Because the recommendations were not inspected against at this inspection this will be carried forward to the next inspection under Theme 1, Quality Statement 3.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We did not ask the manager to submit a self assessment prior to this inspection.

Taking the views of people using the care service into account

We spent time in the company of residents in all units during our visit. Some residents were unable to verbally express their views of the service and so we relied on observation of their interaction with staff to form a view of the service provided to them. In these instances we saw residents who seemed comfortable in staff presence and were happy to accept the care offered. We saw that staff were polite and gentle in their approach when speaking to residents. Staff could describe the care to be provided and residents likes and dislikes. We saw that residents looked well care for, their clothes were clean and they were appropriately dressed.

We spoke individually with twelve residents who mostly spoke positively about living at the service and staff. One resident described having to wait excessive times to be taken to the toilet and was not complimentary about the quality of the meals. This was in the Careketten unit.

Direct comments included:
"Well looked after during the night"
"they (staff) are all good here"
"Tidy enough"
"If you ask for something they go out of their way to get it for you"

Taking carers' views into account

We spoke with six relatives during the visit. Four relatives were satisfied with the service and felt there was good communication with staff. They felt involved in their relatives care and said that staff always contacted them if their relatives circumstances changed. They said they were fully involved in care reviews.
One relative raised concerns about the level of noise in the Turnhouse unit and what seemed to be a lack of staff. This is discussed further in Theme 1and 2

One relative raise a concern with us. With the relatives agreement, we passed this to the manager to address and the manager will inform us of the outcome.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Overall 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 must be read in conjunction with the unannounced inspection report dated 6 May 2011.

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

As the purpose of this inspection was to focus on requirements made at the last inspection, this Theme was not fully examined at this visit.

Following the last inspection we made a requirement that the views of the resident and, where appropriate, their relative or representative be taken into account when planning care. We saw that the sampled residents' plans recorded when and in what circumstances relatives should be contacted. We saw an improvement in the general recording of relatives' involvement in planning residents' care. We felt this showed that staff had been reminded of the importance of recording this information and on the whole were doing so. Not all plans had been signed by relatives or residents. We were told this would be done gradually for all residents during their care reviews and take account of relatives views. We assess this requirement as met and will incorporate the outstanding aspects into a more appropriate requirement under Theme 1, Quality Statement 3

Areas for improvement

We made one recommendation following the last inspection. Because we did not follow up the progress of recommendations at this inspection, we will make the recommendation again. (see recommendation 1)

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 continue to 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 must be read in conjunction with the unannounced inspection report dated 6 May 2011.

As stated in that report there were adequate systems in place to enable residents to make individual choices and be supported to achieve their potential.

The purpose of this inspection was to focus on requirements made at the last inspection.

Two requirements were made at the last inspection related to activities and choice. Both were partially met and amended requirements (see requirements 3 and 4) have been made to take account of the areas of development.

Progress on the requirements made are as follows. During the inspection we saw that three activity coordinators and one volunteer were working in the units. In one unit we saw the volunteer spend time on an individual basis with most service users. This was done in a systematic way and the engagement was done in a meaningful way. In another unit we saw that a DVD was playing 50s type music. We saw that external groups such as the 5 Sister Zoo and entertainers such as harp players provided activities and these events were popular with residents.

During meal times we saw that the dining tables in all units were nicely set. Residents were offered choices of drinks and meals. There was plenty of food available. Staff were pleasant and residents were not rushed. Staff were clearly

making an effort to make meal times an enjoyable event. We saw that on the whole hand-washing was offered before meals and residents were offered clothes protectors and napkins. We also saw that a cooked breakfasts had been available that morning.

We saw that a cafe had been opened in Carnethy unit. This was very well decorated, the atmosphere was very relaxed with appropriated background music. Residents told us they enjoyed eating there. The staff told us that using cafe allowed then to spend more time with residents who needed assistance while allowing more independent residents to enjoy the social aspects of meal times.

Areas for improvement

We made two recommendations following the last inspection. Because we did not follow up the progress of recommendations at this inspection, we will make the recommendations again. (see recommendations 1,2)

We saw that in the Careketten unit, unnamed net pants were in use. (see requirement 1)

We saw that resident confidentiality was not always protected. In Carnethy unit we saw that the storage of photographs of wounds did not follow the provider's own guidance and were lose in files. In Allermuire unit we saw that recording charts were in the corridor although these were removed later in the day. (see requirement 2)

The noise in the Turnhouse unit was excessive for most of our time in the unit. Examples of this were the volume of the television, clatter of dishes, the noise of the dishwasher, staff speaking loudly to be heard over the general noise. Staff should give consideration as to how excessive noise for prolonged periods creates an unpleasant environment and is not helpful to the emotional health of residents. (see recommendation 3)

Although we saw that there were three activity coordinators and one volunteer working at the service, in Careketten and Allermuire units we saw that out-with organised activities there were long periods when residents had no stimulation other than a television which no one watched. We saw that while the social care plans had been developed and contained good content about residents social interests, there was less information about how the social needs would actually be met. We made a requirement about this at the last inspection, which has been partially met. We will make an amended requirement to take account of areas of development. (see requirement 3)

We looked at the "map of life" which detailed residents past and current interest. As discussed at the last inspection these were not signed by either the resident or the staff member who completed the documentation. The form was not always dated so

it was difficult to know how current the information was. We will monitor progress at future inspections.

We observed lunch in all four units. In Turnhouse unit we saw that residents still waited an excessive time between courses. In Allermuire we saw staff assist a resident who was in bed to eat their lunch. The resident was on their side with their face toward the pillow. This position would not promote enjoyment or good digestion of the meal. The staff member was standing leaning over the bed-rail, which would not encourage the residents enjoyment of the meal. We still saw that in units residents were still sitting at tables for long periods after meals before staff offered them assistance to move to more comfortable chairs. We saw that one resident was given an omelette at lunch time as they requested but were not offered vegetables. By the time vegetables were offered the resident had finished the omelette and so had to eat the vegetables separately. We made a requirement at the last inspection about promoting choice which has been partially met. We will make an amended requirement to take account of areas of development. (see requirement 4)

During lunch in Carnethy unit we had to remind staff to turn the television off, even although no one was watching it. The manager agreed to remind staff of the service's own procedures during meal times. We discussed the use of plastic aprons as clothes protectors and whether these were suitable for particular residents. The manager agreed to address this. We will monitor progress at the next inspection.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 4

Number of recommendations: 3

Requirements

1. The provider must ensure that service users are treated with dignity and respect at all times. All net pants in use at the service must be individually named and for individual use only.
   This is in order to comply with the SSI 2011/210 Regulation, 4(1)(b) - Welfare of users
   Timescale: To commence within 24 hours from receipt of this report and be completed within 7 days

2. The provider must ensure that residents' privacy is protected at all times. In order to do so the provider must ensure that:
   a) all photographs of wounds must be stored in accordance with the provider's own procedures
   b) staff do not leave recording charts in public areas.
   This is in order to comply with SSI 2011/210 Regulation 4(1)(b) - Welfare of users
   Timescale: to commence within 24 hours of receipt of this report and be completed within 7 days

3. The provider must ensure that staff can demonstrate how they will meet residents social needs which are recorded in their personal plans.
   This is in order to comply with SSI 2011/210 Regulation 5 - Personal plans.
   This also takes into account National Care Standards, Care Homes for Older People, Standard 17- Daily Life, Standard 6 - Support arrangement and Standard- 8.1, Making choices Timescales: 30 October 2011

4. The provider must ensure that the residents are treated with dignity and that their choices are promoted at all times. In order to do so the manager must ensure that:
   a) following meals staff must offer all residents the opportunity to move away from the dining table within a reasonable period of time
   b) review how meals are served in Turnhouse unit to make sure the times between courses is not excessive
   c) that staff properly position residents who are eating their meal while in bed
   d) staff always offer vegetables if available with the main course
   e) assess staff competency in assisting residents to eat their meals while in bed. The outcome of this must be recorded.
   This is in order to comply with SSI 2011/210 Regulation 3 - Principles and Regulation 4(1)(a) - Welfare of users
   Timescales: to commence within 24 hours of receipt of this report and be implemented for points a) - d) by 14 October 2011 and for point e) by 30 December 2011

Recommendations

1. It is recommended that the provider review how activities are advertised to ensure residents, relatives and staff know the times of the activities and can plan their day. The location of activities should continue to be reviewed to ensure the most appropriate location is used and that residents enjoy a change of environment.
   This is in order to meet the National Care Standards, Care Homes for Older People, Standard 12 - Lifestyle
2. It is recommended that the provider devise a written procedure which staff should follow in the event that outside office hours a resident wishes to access fund which they have deposited for safe keeping with the service.
   This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5, Management and staffing arrangements.
3. The manager should encourage staff to give consideration to how excessive noise levels can adversely affect residents quality of life.
   This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5, Management and staffing arrangements.

Statement 3

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

Service strengths

This statement must be read in conjunction with the unannounced inspection report dated 6 May 2011.

As stated in that report there were adequate systems in place to ensure that residents health and well being needs were met.

The purpose of this inspection was to focus on requirements made at the last inspection.

At the last inspection we made a requirement about the completion of recording charts. We examined daily fluid and food intake charts in three units and saw a marked improvement in how these were completed. We sampled residents' care plans and saw that weights were taken regularly and this was consistently recorded. We saw one example where other healthcare professionals were contacted for advice. This requirement is partially met . We will make an amended requirement to take account of areas of development.

We made a requirement at the last inspection about unexplained bruising. We saw that there was now a protocol that staff followed if unexplained bruises were found. We saw that staff signed to confirm their understanding of the protocol. A copy of the protocol was displayed on the office wall. We sampled incident records and saw that if unexplained bruises were identified staff recorded the action taken. We saw that body maps recorded the location of bruises, photographs were taken and relatives informed. The requirement was met.

We saw that oral hygiene had been added as a duty to the keyworker check list as a way of monitoring that staff signed to confirm the care had been given. The manager had set a date for SMILE to visit the service and deliver staff training on oral hygiene.

We made a requirement about care planning at the last inspection. We sampled residents' files and saw a marked improvement in the quality of the content of the care plans. The plans were written in a more person centred way and showed consideration had been given to residents' preferences. The content of plans showed staff had an understanding of residents' likes and dislikes. We saw that the power of attorney was recorded. We saw evidence that when there were changes to care that the residents' relatives were informed. Relatives who spoke with us told us they attended care reviews. We saw that there were care plans in place for all aspects detailed in the requirement including the residents' preferences for bathing and showering. The types of equipment used were detailed. This requirement is partially met and a more appropriate requirement will be made under areas for improvement.

The manager had introduced new documentation to try to monitor that care was consistently delivered to residents. This included a keyworker checklist that recorded if

care such as foot care, nail care had been given each day. Registered nurses also completed a "Resident Day" which checked if personal plans reflected the care given. A copy was sent to the manager for audit. This had only recently commenced. We will monitor progress on how effective these are at the next inspection.

On arrival at the service we saw that residents were clean and tidy and appropriately dressed. Residents looked well cared for.

Areas for improvement

We made a requirement at the last inspection about oral hygiene. In Careketten and Allermuire units we still saw tooth brushes which were dirty and not stored correctly. This requirement had not been met. (see requirement 1)

Given the storage and cleanliness of toothbrushes (as described above) we cannot be confident that oral hygiene is carried out in accordance with the care plan. (see requirement 2)

We made a requirement about care plans at the last inspection which is partially met. While we saw an improvement in the content of care plans it was less evident that staff always carried out the care in accordance with the care plan. For example we saw evidence that oral hygiene was not completed, body mass index calculation were incorrect and care plans did not record the settings for pressure relieving mattresses. Pertinent information gathered following one incident and shared with us at the time was not reflected in the care plan. The care review minutes were so brief in some instances that it was difficult to establish what was discussed or agreed. As stated in Theme 1, Quality Statement 1 not all plans had been signed by relatives or residents. We were told this would be done gradually for all residents during their care reviews and take account of relatives views. However we saw that care reviews were outstanding in at least one unit, although the manager was addressing this and dates had been set. (see requirement 2)

We made a requirement about the completion of recording charts at the last inspection. While we saw a marked improvement in the content of fluid charts, we saw that the content of these were not accurately evaluated and there was no evidence that the content of the charts influenced the management of care. We saw that repositioning charts were not consistently completed. Location charts (which recorded residents presence in the building for safety reason) were not accurately completed. We saw a chart which staff had signed for the 11am check when it was only 10:45am and there was no explanation recorded. We will make an amended requirement to take account of areas of development (see requirement 3)

We saw that morning tea was not served in Careketten unit, even although a task allocation sheet recorded which member of staff had been allocated the responsibility

to complete the task. The manager was clear that this was not accepted practice and would address this. (see recommendation 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 3

Number of recommendations: 1

Requirements

1. The provider must ensure that all oral hygiene equipment is cleaned and appropriately stored at all times. This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users Timescales: to commence within 24 hours of receipt of this report for completion by the 14 October 2011
2. The provider must ensure that the content of all personal plans provides clear guidance for staff to enable 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 the settings for pressure relieving aids such as active mattresses
   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 for oral hygiene contained within the personal plans
   e) ensure body mass index are correctly calculated
   f) ensure that management have oversight of the systems that are in place to ensure that staff actually deliver the planned care
   g) ensure all overdue care reviews are completed
   h) review how care reviews are recorded to ensure there is a full record of discussion and agreements
   i) ensure all care plans and care reviews evidence residents or their relatives involvement such as signatures.
   This is in order to comply with SSI 2011/210 Regulation 5- Personal plans, Regulation 4(1)(a) Welfare of 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 December 2011
3. The Provider must ensure that all staff who complete observation charts such as repositioning and location charts do so consistently and accurately. Staff must evaluate the content of all charts including fluid and weights and plan care accordingly.
   This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users and takes account of The National Care Standards Care Homes for Older People Standard 5 - Management and staffing arrangements Timescale for

implementation: to commence within 24 hours of receipt of this report and be completed by 30 October 2011

Recommendations

1. The manager should ensure that all residents receive the offer of morning tea or drink of their choice.
   This is in order to meet the National Care Standards, Care Homes for Older People, Standard 8- Making choices

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 2 - Weak

Statement 1

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

Service strengths

This statement must be read in conjunction with the unannounced inspection report dated 6 May 2011.

As stated in that report there were good systems in place to encourage residents and relatives to participate in assessing and improving the quality of the environment within the service.

As the purpose of this inspection was to focus on requirements made at the last inspections this Theme was not fully examined at this visit.

Areas for improvement

We have made a recommendation in Theme 1, Quality Statement 1 that the service continues to develop its participation strategy.

We made one recommendation following other regulatory activity since the last inspection. Because we did not follow up the progress of recommendations at this inspection, we will make the recommendation again. (see recommendation 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that relatives and significant others are fully involved in any changes of accommodation for their relative. In addition the service should seek agreement from relatives and significant others for any such change and document this.

   National Care Standards Care Homes for Older People: Standard 5.1 Management and staffing arrangements; Standard 8.2 Making choices.

Statement 2

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

Service strengths

This statement must be read in conjunction with the unannounced inspection report dated 6 May 2011.

As the purpose of this inspection was to focus on requirements made at the last inspection.

We made one requirement at the last inspection about the environment which was partially met. We saw that the manager had devised a keyworker check list which detailed the duties staff had to undertake, including cleaning soap dishes. Pedal bins were available in the bathrooms viewed. There was no thermometer in one fridge but a new one was obtained from the main kitchen and put in the fridge. We saw that daily fridge temperature were being taken. An amended requirement will be made to take account of the areas for development.

We saw that burst therapeutic chairs had been replaced or repaired. A repairs reporting form had been devised and repairs were discussed each day as part of the head of department and staff hand-overs of information. We saw that a medication audit sheet had been devised and staff were completing these.

Areas for improvement

We made a requirement about medication at the last inspection. The requirement is partially met. An amended requirement will be made to take account of areas for development. In Careketten and Allermuire units we saw that topical creams held in residents' rooms did not record the day of opening. In Turnhouse we sampled medication and saw the following. The index page of the controlled drug book was not used correctly. There were gaps in the medication recording sheets but no explanation of why medication had not been given or signed for. We saw at least one example where we established that medication had been given but had not been signed for. We saw one handwritten entry made by staff on the medication recording sheet which did not reflect the instructions on the label of the medication box, although two staff had signed the handwritten entry as correct. We saw another example where a handwritten entry had extended the course of antibiotics from three days to five days. We saw more than one box of the same medication in use for the same resident at the same time. Audit of medication showed that the amounts of tablets recorded did not match what was in stock. The storage of medication was difficult to follow. For example the shelf was sectioned off alphabetically but the medication stored there was not stored alphabetically either by medication or resident name. Following the inspection we were informed that an internal investigation had commenced immediately. The Quality Consultant had completed an internal medication audit on the 26/9/11 and the findings and action plan had been sent to the manager. Staff medication training had commenced on the 26/9/11 and

would be held weekly until all staff who administer medication had attended. The supplying pharmacy had been contacted to provide further training around ordering and receiving medication and the completion of medication administration recording charts. The general practitioners and families of residents involved had been notified.(see requirement 1)

During our visit we felt the staffing level of Turnhouse unit did not meet residents needs at that time. We saw that even with an additional two students and two family members assisting with serving lunch, staff still struggled to meet residents needs. The inability to promptly meet residents needs continued throughout the afternoon, particularly when staff were on their breaks. We spoke with staff, residents and relatives who all stated that it was difficult to meet residents needs with the current staffing level. We saw that the manager completed a dependency assessment at least monthly which showed the staffing levels met residents care needs. However when we checked the content of one QUEST which is the provider's own dependency assessment tool we found the content under estimated the resident's needs. We were not confident that all QUEST documents were accurately completed. The manager told us that an audit of the content of QUEST would be done and cross referenced to the dependency assessment she completed to make sure the information was accurate. The manager also said that consideration was being given to changing the staff rota to ensure more staff presence during staff breaks and shorter working shifts so staff were not so tired. (see requirement 2)

We saw that the environment was not always clean. In residents rooms we still saw dirty soap dishes, toiletry baskets and over tables. Some hand-basins were dirty as were window sills, some carpets needed hovering, drawers needed to be tidied. Some rooms had no paper towels even later in the day when stocks should have been replaced. We saw that the cleaning rota for one hoist was missing.
(see requirement 3)

We saw one staff member carry soiled linen against their unprotected uniform in Carnethy unit. The manager will remind staff of infection control procedures and we will monitor progress at the next inspection.

Grade awarded for this statement: 2 - Weak

Number of requirements: 3

Number of recommendations: 0

Requirements

1. The provider must ensure that medication management in the service is carried out in line with best practice guidance. In order to do so the manager must:
   a)ensure that the controlled drug index page is used correctly
   b)ensure that all topical creams stored in residents' rooms are clearly labeled with the residents name and clearly record the date that the topical cream was opened

c))carry out a stock control audit to ensure the number of tablets recorded correspond with those in stock
e) ensure that staff sign for all medication administered and the reason for non administration recorded
f)ensure that staff accurately record handwritten entries, record the date, sign this and record who authorised the change.
g) ensure only one box of the same medication is in use for the same resident at any time
h) ensure that stock medication is stored in line with the provider's expectation for example alphabetically
i) ensure medication audits are correctly completed and recorded
This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users and SSI 2002/114 Regulation 19(3)(j) - records and takes account of RSPGB "The Handling of Medicines in Social Care"
Timescale: to commence within 24 hours of receipt of this report and be completed within 7 days

2. The provider must ensure that the manager completes a review of the residents dependency assessment in the Turnhouse unit to ensure that the available staff hours meets residents assessed direct care needs.
This is in order to meet the SSI 2011/210 Regulation 15(a) - Staffing
Timescale: 30 November 2011

3. The provider must ensure that the environment and equipment in use by residents is safe. In order to do so the manager must
a) ensure all soap dishes and toiletry baskets are clean
b) ensure paper towels are available in all areas
c) ensure that residents bedrooms are clean including widow sills, over tables, drawers and hand-basins.
b)ensure that all cleaning rotas are in place and signed when tasks are completed
This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users and SSI 2011/210 Regulation 10(2)(a) - Fitness of premises Timescale: to commence within 24 hours of receipt of this report and be completed by the 30 October 2011

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

This statement must be read in conjunction with the unannounced inspection report dated 6 May 2011.

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

As the purpose of this inspection was to focus on requirements made at the last inspections this Theme was not fully examined at this visit.

Areas for improvement

We have made a recommendation in Theme 1, Quality Statement 1 that the service continues to develop its participation 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 must be read in conjunction with the unannounced inspection report dated 6 May 2011.

As stated in that report there were adequate systems in place to ensure there was a professional, trained and motivated workforce. The purpose of this inspection was to focus on requirements made at the last inspection.

We made a requirement at the last inspection about staff training. We saw that two registered nurses had attended falls training in the middle of September 2011. We were told that they will deliver the training to staff. The manager had arranged a

meeting with them for the 23 September 2011 to discuss how to progress the training. Oral hygiene had been discussed with 90% of staff during themed supervisions. Training from SMILE had been arranged for some staff. Reporting repairs had been a themed supervision and was now discussed daily at head of department meetings. Medication refresher training had been provided to most registered nurses and senior carers who administer medication. Six staff were undertaking the course at the time of the inspection and seven had still to complete the course.

We continued to see improvement in how staff spoke with residents, the level of politeness and professionalism. Staff were eager to answer questions, cooperate with the inspection and were honest in their responses.

Areas for improvement

We made four recommendations following the last inspection. Because we did not follow up the progress of recommendations at this inspection, we will make the recommendations again. (see recommendations 1,2,3,4)

We saw that there had been changes to managers in three of the four units. One clinical services manager posts was vacant because the secondment had been completed and they had returned to their previous managerial role. (see Theme 4, Quality Statement 4). We saw that in at least one unit team meetings had not taken place in accordance with the provider's own expectations. Staff supervisions had not taken place for all staff. Some staff also told us this. While we saw that themed supervisions had been carried out there was variation as to how this was done. Some supervision was completed as a group, some on an individual basis and we were told that some staff collected the documentation from the mail trays and signed as understanding the content.

We saw that staff practice still did not evidence that learning from training was put into practice. This is detailed throughout the report and includes the management of medication and oral hygiene, evaluation of the content of residents fluid charts, recording of care reviews, cleanliness of the building and the use of un-named net pants.

We made a requirement following the last inspection that the manager forward us the training plan. While we received an action plan telling us how they would meet the requirement and they had taken steps to meet this requirement, we did not receive the actual training plan. Falls management training which was to start in June 2011was only now being delivered. Some staff who carry out staff supervision had still to attend training. We will make an amended requirement to take account of areas of development. (see requirement 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 4

Requirements

1. The Provider must ensure that all staff working in the service are suitably trained for the work they are to perform. In order to do this, the Provider must provide us with a training plan which includes:
   a) supervising training for supervisors
   b) oral hygiene including the maintenance and storage of equipment such as toothbrushes
   c) falls management training
   d) medication awareness refresher training
   e) the plan must detail the dates of the training and who will attend

   This is in order to comply with SSI 2011/210 Regulation 15(b)(i) - Staffing and takes into consideration the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements Timescale: A copy of the training plan must be provided to us by the 30 October 2011

Recommendations

1. The provider should ensure that staff meetings and one to one supervisions take place in accordance with the provider's own policies and procedures.
   This is order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements
2. The provider should amend the supervision recording documentation to clearly identify who the supervisor is and the unit where those involved are based.
   This is order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements
3. The provider should be able to evidence that all staff working in the service are suitably trained for the work they are to perform and should ensure the training matrix is updated promptly to give an accurate overview of all training received by all staff. All staff should sign training attendance records and clearly identify which service they work in. The training advertisements/notices should detail the year the training is provided in order that training provisions can be tracked.
   This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements
4. The Provider should ensure that all staff working in the service are aware of the service's policy on visiting.
   This is in accordance with the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing, Standard 16.4 - Private Life, Standard 17.4 - Daily Life, And the SSSC Code of Practice for Social Service Workers Sections 1.1 and 1.2.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

This statement must be read in conjunction with the unannounced inspection report dated 6 May 2011.

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

As the purpose of this inspection was to focus on requirements made at the last inspections this Theme was not fully examined at this visit.

Areas for improvement

We have made a recommendation in Theme 1, Quality Statement 1 that the service continues to develop its participation strategy.

Grade awarded for this statement: 4 - Good

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

This statement must be read in conjunction with the unannounced inspection report dated 6 May 2011.

As stated in that report there were adequate systems in place to encourage residents and relatives to involve residents to assess the quality of the service. The purpose of this inspection was to focus on requirements made at the last inspection.

We made two requirements at the last inspection and both these requirements had been met. One requirement was related to the complaints procedure and the other was about events that should be notified to us. We saw that the complaints

procedure had been the subject of themed supervision for staff. We saw no evidence that staff did not follow the complaints procedure during this inspection. We saw that a new procedure was in place to make sure we were notified of all incidents. We examined incidents and accident records and saw that we had been told about all notifiable events.
We saw that the manager had devised a selection of audit tools to use to monitor the quality of the service such as a keyworker checklist, unit manager checklist, and medication compliance check.

Areas for improvement

We saw that the newly devised audit tools had only recently been put into practice. In some instances we saw that staff were not completing these accurately. For example medication compliance check did not identify the medication issues in Turnhouse unit. Completion of the keyworker checklist did not necessarily improve residents oral hygiene.

We made a recommendation at the last inspection that the quality assurance system continue to be developed and this will be made again. (see recommendation 1)

At the time of inspection there had been changes to unit managers in three of the units. One clinical services manager post was vacant because the secondment had been completed and they had returned to their previous managerial post in the organisation. Recruitment had commenced for the vacant post. The second clinical services manager was on extended leave. This has had an effect on the quality of the service provision. The clinical services posts were being covered by assistance from a manager of another of the providers services, the area manager and the support manager. The manager stated she felt well supported and felt this arrangement met the management needs of the service at this point. We will monitor this at future inspections.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should continue to develop the quality assurance system to ensure that all aspects of the service particularly clinical practice is improved. Where required action has been identified as a result of an audit, the outcome should be clearly recorded to monitor improvement or if further action is needed.
   This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements

4 Other information

Complaints

One complaint had been partially upheld, since the last inspection.

Enforcements

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

Additional Information

No additional information was identified at this inspection

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS 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).

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings	
6 May 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
17 Jan 2011	Re-grade	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed Not Assessed Not Assessed
1 Nov 2010	Unannounced	Care and support Environment Staffing	3 - Adequate Not Assessed 4 - Good

		Management and Leadership	Not Assessed
13 May 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
26 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 3 - Adequate
10 Nov 2009	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
18 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
18 Feb 2009		Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

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