

Care service inspection report

Leys Park Care Home Care Home Service Adults

Leys Park Road
Dunfermline
KY12 0AB
Telephone: 01383 723790

Inspected by: Aileen Scobie

Carole Kennedy

Type of inspection: Unannounced

Inspection completed on: 30 January 2012



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Service provided by:

Guardian Care Homes (UK) Limited

Service provider number:

SP2003003516

Care service number:

CS2004085047

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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	4	Good
Quality of Environment		N/A
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The philosophy of the care service is one that actively encourages participation and involvement of residents and their families. The manager organises training for staff that is appropriate to their work and this means that staff are kept up to date with good practice.

What the service could do better

As a result of this inspection recommendations have been made in regard to completion of assessments and obtaining relatives/representatives signatures. The manager has agreed to address these immediately.

What the service has done since the last inspection

The service continues to make good progress with regards to empowering residents and maximising means of communication. They have continued to ensure that their participation strategy is embedded and reflected in everyday practice. Training in falls reporting, management and prevention, restraint and supervision management has been delivered to staff to further improve their knowledge and skills.

Conclusion

Leys Park is a comfortable care home. There was a relaxed atmosphere and staff were seen to be friendly and supportive. The manager is committed to further improving the service to help residents have a good quality of life. Residents taking part in this inspection were very happy with the quality of service and standards of care provided by the staff and manager of Leys Park.

Who did this inspection

Aileen Scobie
Carole Kennedy

1 About the service we inspected

Guardian Care Homes (UK) Ltd are the providers of Leys Park Care Home. The home is centrally situated in Dunfermline. It is a very large, two storey, older building set in private grounds. It was a former hospital.

The home is registered to provide care for up to 66 people, 64 of whom are elderly and up to 2 people can be younger with physical care needs.

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), also known as Care Inspectorate, took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, Care Inspectorate.

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

Quality of Care and Support - Grade 4 - Good

Quality of Environment - N/A

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

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

This report is based on 2 visits to the Leys Park on the following dates:

11 January 2012

30 January 2012

The service submitted a completed Annual Return and a self-assessment form as requested by Care Inspectorate and this information was used in preparation and during the visit. The inspection visits were carried out by Inspectors Aileen Scobbie and Carole Kennedy.

A review of a range of policies and procedures and other essential documentation including the following:

Minutes of meetings

Accident and Incident records

Examination of residents' files (randomly selected)

Complaints record

Five relative/representative questionnaires which had been completed and returned.

Discussions with a range of people including:

Manager and Regional Manager

Care staff

Residents and relatives

Observation of staff practices

Examination of the environment and equipment

All of the above information was taken into account during the inspection process and was reported on.

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 ensure that at all times there are sufficient staff numbers on duty to meet the health, welfare and safety of all service users. The service should undertake an assessment of needs for all service users and for staff numbers to be increased as dependency indicates. This assessment should also include the following areas:

- The environment/layout of the building and how easy or difficult it is for staff to supervise residents in the communal areas and corridors.
- The risk reduction measures which require to be in place to reduce the risk of falls and how many staff are required for this.
- How are staff deployed to ensure adequate supervision of residents.
- How many accidents and incidents have occurred and when.

This is to comply with SSI 210/2011. Regulation 15(a) - Staffing.

What the service did to meet the requirement

The manager carries out a dependency rating tool on all residents. Staffing levels have increased as a result of this.

The requirement is: Met

The requirement

The provider must provide training to all care staff on the key principles of restraint. This must include assessment and record keeping. Best practice guidance should be included within this training.

This is to comply with SSI 210/2011 Regulation 15(b) Staffing and 4(1)(a)

What the service did to meet the requirement

Training on the key principles of restraint has been carried out. Staff fed back that this training has improved their knowledge and influenced their practice.

The requirement is: Met

The requirement

The provider must ensure support/care plans are reviewed and implemented when changes occur. All staff must be informed of these changes immediately in order for the plan of implementation to be effective.

This is to comply with SSI 210/2011 Regulation 5(2)(b) Personal Plans.

What the service did to meet the requirement

Care plans were evidenced to be up to date and regularly reviewed to reflect the changing needs of residents. A 'handover sheet' has been implemented that highlights any changes staff need to be aware of.

The requirement is: Met

The requirement

The provider requires to develop an over arching falls prevention and management strategy. This strategy should include current best practices. The provider requires to provide training to staff in order for this strategy to be implemented effectively. This is to comply with SSI 210/2011 Regulation 4(1)(a)

What the service did to meet the requirement

The provider has further developed their Falls Prevention and Management Strategy to include current best practice guidance. Training has been delivered to all staff on this.

The requirement is: Met

The requirement

The provider must ensure all accidents and incidents are reported and recorded as per organisational policy. A comprehensive analysis should be done of the reported accidents and an action plan developed to ensure risks are minimised. This is to comply with SSI 210/2011 Regulation 4(1)(a) Welfare of users

What the service did to meet the requirement

The manager carries out audits of all accidents and incidents to ensure they have been reported as per organisational policy. The manager audits all accidents and incidents to ensure care plans and risk assessments are reviewed and updated to minimise risks to residents.

The requirement is: Met

The requirement

The provider must ensure that all residents who lack capacity to make an informed choice about care and treatment should be assessed under the Adults with Incapacity (Scotland) Act 2000, Section 47.

This is to comply with SSI 210/ 2011 Regulation 4(1)(a) Welfare of users

What the service did to meet the requirement

A full review of residents who lack capacity has been carried out. Adults with Incapacity (Scotland) Act 2000, Section 47 certificates were evidenced to be in place to inform and guide staff practice.

The requirement is: Met

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

1. The organisation's Adult Support and Protection Policy should be reviewed to include clear local procedures when reporting an incident and that the next of kin, advocate or chosen representative is informed of the allegation immediately. This is to comply with National Care Standards: Care Homes for Older People. Standard 5.1

2. The service should review and update its Restraint policy to include good practice guidance.

This is to comply with National Care Standards: Care Homes for Older People. Standard 5.1

We evidenced the care service had taken the appropriate action to address fully both of the above recommendations.

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.

This was completed in full prior to the previous inspection.

Taking the views of people using the care service into account

We spent time in the company of 6 residents. Comments and opinions offered were positive and complimentary of staff, environment, food and management. Comments have been included in the body of the report.

Taking carers' views into account

We spoke with a number of relatives. Comments received were mixed regarding the quality of staffing and management and leadership. The manager and regional manager agreed to address the comments raised by relatives. These have been included in the body of the report.

Further comments from relatives we spoke with and questionnaires returned to us were noted in the last inspection report. This should be read in conjunction with this report.

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

Grade awarded for this theme: 4 - Good

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

As reported at the previous inspection:

The service is pro-active in providing opportunities and promoting regular participation of residents and relatives. Minutes viewed confirmed the quality of care and support is discussed. Quality questionnaires are also circulated to residents, relatives and staff. A newsletter is in place and is issued to residents, relatives and staff.

Care plans were inspected and found to contain a good standard of information supporting the residents' involvement in development of the plans, including meetings with their social worker, reviews and how the service will meet the needs of the resident. Residents sign to confirm agreement with the content of the care plan and care review. Relatives also sign this.

The staff take into account the views and wishes of the residents placed in the service. Staff consult with the residents on a daily basis and this is evidenced in the personal plans.

The aims and objectives of the service are reviewed annually and are accurate reflection of the service provided.

Throughout the service there are notices displayed to inform residents and visitors of activities planned and important information. The registration certificate and insurance are on display in the foyer and a range of the service's policies and procedures are also on display for everyone to access.

The complaints procedure was displayed and easy to understand. Residents are encouraged to give their opinions or raise any concerns in their personal review meetings, or at residents' meetings. Residents and relatives spoken to said they would be happy about discussing any concerns with the manager or staff.

From discussion with residents and review of meeting minutes, it was evident that issues and suggestions raised are addressed promptly and appropriately. For example; the dining room has been fully redecorated at the request of both residents and relatives. A cafe area has been developed for residents and their families to meet for a cuppa. An indoor garden area on the upper floor has been created and residents were observed to sit on the bench and have a chat with each other. This area now is home to twelve finches and one canary whom the residents help with feeding.

Comments from residents and relatives included;

'It's not too bad here, life is good.'

'I am more than happy with everything, life is OK for me.'

'Reviews and meetings take place regularly, the staff phone me and keep me up to date with everything that is happening with my relative.'

The service was found to have a very good performance in relation to this statement.

Areas for improvement

As reported at the previous inspection the management team should continue to promote and evidence the effective involvement of residents, their families and other stakeholders in assessing and improving the quality of all aspects of the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

Following staff training, increased auditing and monitoring staff competency the grading for this statement has improved.

Each resident has an individualised personal plan based on an assessment of their health and social needs. The personal plan is subject to regular review and updating. The plans were found to be informative and included a range of risk assessments. The assessments will help staff identify any changes which may require action. Fluid charts are introduced for people at risk of dehydration. The charts are reviewed and evaluated by the manager or nurses.

We noted that there had been auditing of personal plans and evidence that the plans had been reviewed in consultation with the resident or their relative/carer.

We found evidence of referral to GPs and other healthcare professionals, where necessary, in response to changing health needs or as a result of request.

The home has an activities programme in place which helps to provide stimulation through social activities and outings for residents. There was a variety of photographs displayed in the home evidencing some residents participating in activities. We saw that details of forthcoming social events and entertainment were posted on noticeboards. This means that people using the service know what to expect and can make informed choices.

We examined the service's medication management system. We found medicines were stored safely. A cross check of the controlled drug register and stock found all was in order. All entries were supported by two signatures and records were complete. Medication Administration Record Sheets (MARS) were viewed and found to be complete with no gaps or omissions found.

Comments from residents and relatives included;

'I always get my tablets on time.'

'I have no worries about my health, the staff look after me well.'

'I am always informed if the Doctor has been in to see my relative and any changes in the health.'

Areas for improvement

We noted some oral healthcare assessments had not been completed by staff. A recommendation is made. Some review meeting and agreements to care plans had not been signed by relatives/representatives. A recommendation is made.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. In order to monitor and evaluate residents' health and wellbeing, care should be taken by staff to ensure they fully complete all assessments in residents' care files.
Reference: National Care Standards Care Homes for Older People; Standard 14
Keeping well - Healthcare
2. When relatives/representatives are present at review meetings, it would be good practice to obtain their signed agreement to the meeting minute and care discussed.
Reference: National Care Standards Care Homes for Older People; Standard 6
Support arrangements

Quality Theme 2: Quality of Environment - NOT ASSESSED

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

As reported at the previous inspection:

Residents and their relatives have the opportunity to discuss staffing issues during group meetings, one to one meetings and review meetings.

Both residents and relatives commented on the quality of staff working within the care home. Comments included;

'The staff are all very kind and helpful.'

'Nothing is ever a bother for any of the staff.'

'I enjoy the banter I get with the staff, they just blether away with me. That makes such a difference to me.'

Staff confirmed that issues raised by residents and relatives are discussed at staff meetings and also individual supervision sessions. Information on how to make a complaint is included in the service's information welcome pack and is also on public display in the home. Details of advocacy services are also displayed. Information about staff training is publicly displayed in the home. This means residents and visitors are kept informed of events and developments. Residents also, where appropriate, have the opportunity to participate in staff recruitment interviews.

The service was found to have a very good performance in relation to this statement.

Areas for improvement

During a recent relatives' meeting a number of negative comments were made regarding staff. The manager has addressed the comments and has implemented an action plan which she is sharing with relatives to ensure they are satisfied with the action she has taken.

Grade awarded for this statement: 5 - Very 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

Feedback from staff was very positive. They told us they received induction training when they started work with the service and had regular and ongoing training opportunities. Staff spoken with had a clear understanding of their role, philosophy of the service and expected standards of practice. They confirmed they have access to copies of NMC codes of conduct and SSSC code of conduct and National Care Standards. Staff knowledge of the code of conduct and care standards is also included in SVQ training.

Staff told us they found the training provided to be useful and they were able to put it into practice to improve the quality of care provided. We evidenced that staff meetings take place and staff confirmed they receive regular supervision meetings. We saw that any issues raised in the meetings were noted and actions taken were discussed at the following meeting.

We noted that staff had good knowledge and understanding of individual residents, what they liked and what level of support was needed. They chatted comfortably with residents using their preferred name. Staff members were observed to be friendly and supportive towards residents and residents confirmed call bells and requests were responded to promptly.

Areas for improvement

Continue to provide staff with training to ensure residents receive good quality individualised care and support. The management team gave commitment to continuing to monitor and evaluate staff practice. Training is organised for staff that is appropriate to their work and this means that staff are kept up to date with good practice.

Progress in this area will be monitored at the next inspection.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

A range of evidence was sampled and the performance of the service was found to be very good in relation to this statement.

As already noted previously in this report under statement 1.1, the service continues to use a range of methods to seek the views of residents and their relatives and encourage their participation in assessing and improving all aspects of the service provided, including management and leadership.

The manager and staff encourage and support participation with residents and relatives/carers and seek feedback on all aspects of the service provided. Meetings continue to take place on a regular basis, so viewpoints are noted and actions in response to them are planned. The manager attends the resident meetings providing information and seeking views on any changes or ongoing projects. The manager communicates with all relatives/representatives regularly. This ensures that residents and relatives have a regular forum to express views directly to the management team.

Residents and relatives told us their views are actively sought by staff and management and that the manager is friendly and always available to speak with. They said they were aware of how to raise a complaint if necessary but had no reason to do so.

Comments from residents and relatives included;

'Any worries I would bring them up.'

'The new manager is around making sure everything is alright for me.'

Areas for improvement

The management team should continue to promote and evidence the effective involvement of residents, their families and other stakeholders in assessing and improving the quality of all aspects of the service including management and leadership.

Grade awarded for this statement: 5 - Very 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

A range of evidence was sampled and the performance of the service was found to be adequate in relation to this statement.

As reported in previous inspection reports, the care service has robust quality assurance systems in place and weekly and monthly audits covering all aspects of the service are carried out, records of which are maintained. Senior management has responsibility for ensuring all necessary actions highlighted as a result of auditing are undertaken. This means the management effectively monitors all aspects of the service to ensure standards are being maintained and improved where necessary.

The service has a complaint procedure and details of this are provided to residents and their relatives/carers. This means that people know how to raise a complaint if they are unhappy with any aspect of the care service.

Individual care reviews are carried out every six months, at which the views of the resident and their relatives/carers are sought. The resident or their relative/carer signs to confirm they have been consulted and are in agreement with the contents of the personal plan. There is a quality survey of the views of the residents and their families. Feedback is shared with all parties on the outcome of the survey and the action taken in response to any comments and suggestions received.

The service records all accidents and incidents and these records are kept up to date. As a result of a recent complaint investigation the manager audits all accidents and incidents immediately to ensure care plans and risk assessments are updated to reflect any changing needs and ensure the safety of the residents.

The service provider developed and introduced an action plan in response to the requirements and recommendations from a recent complaint investigation to ensure these were appropriately addressed.

Servicing and maintenance of appliances, the environment, essential machinery, aids and services is in place and records of this are kept. This means that the home is comfortable and homely and residents are provided with a hazard free environment.

Areas for improvement

The service provider should take action to address the 2 recommendations raised as a result of this inspection.

Progress in this area will be monitored at the next inspection.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

There has been 1 complaint upheld about this service since the commencement of the Care Inspectorate on 1 April 2011.

You can find information about complaints that have been upheld or partially upheld on our website www.careinspectorate.com

Enforcements

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

Additional Information

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 - 4 - Good	
Statement 1	5 - Very Good
Statement 3	3 - Adequate
Quality of Environment - Not Assessed	
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 3	3 - Adequate
Quality of Management and Leadership - 4 - Good	
Statement 1	5 - Very Good
Statement 4	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings
13 Dec 2011	Re-grade	Care and support 1 - Unsatisfactory Environment Not Assessed Staffing 1 - Unsatisfactory Management and Leadership 1 - Unsatisfactory
11 Jul 2011	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership Not Assessed
17 Sep 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good
15 Jun 2010	Announced	Care and support 5 - Very Good Environment Not Assessed

Inspection report continued

		Staffing Management and Leadership	Not Assessed 5 - Very Good
15 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
23 Nov 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
22 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
1 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 5 - Very 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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