SCSWIS
social care
and social work
improvement scotland

# Care service inspection report

## Speyside (Care Home)

### Care Home Service Adults

11 Conval Drive
Aberlour
AB38 9QE
Telephone: 01340 871640

Inspected by: Elano Ross

Type of inspection: Unannounced

Inspection completed on: 24 January 2012

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## Service provided by:

Parklands Limited

## Service provider number:

SP2003001893

## Care service number:

CS2003008823

## Contact details for the inspector who inspected this service:

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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 | 5 | Very Good |
| Quality of Management and Leadership | | N/A |

## What the service does well

The service provides spacious and attractive accommodation with good disabled access.

There is a warm and friendly atmosphere in the home.

The service has very good links with the local community and visitors are welcomed to the home.

The service offered a good range of outings and activities for residents to participate in if they choose to.

## What the service could do better

The service needed to develop ways of including people with communication issues and dementia type illnesses in assessing the quality of the service provided.

Care files could be better organised and the manager needed to ensure that all recording by staff was up to date and accurate.

The service needed to consider how they would demonstrate that nurses employed by them maintain competency in performing nursing procedures.

The manager needed to ensure that review documentation was current and included in residents care files.

## What the service has done since the last inspection

The manager told us that since the last inspection the format for writing residents care plans have changed and are now written in the first person and include a brief life history. The service have also employed an activities coordinator who has developed a variety of appropriate activities aimed to enhance the wellbeing of residents. The activities offered residents new challenges and opportunities for achievement.

## Conclusion

The service continues to provide the very good levels of personal care for service users. The proprietor and management continue to invest in staff training so that the level of staffing expertise and knowledge base is continually being improved.

There has been clear investment made by the management and staff in developing a culture of participation with service users and carers, but this needs to continue and be extended to include those people who have difficulties with understanding and in expressing themselves.

## Who did this inspection

Elano Ross

# 1 About the service we inspected

Speyside Care Home is situated in the Moray village of Aberlour in the heart of Speyside. The service is operated and managed by the Parklands Group. Currently the group operate another four care homes in Moray. A full time manager is responsible for the day to day management of the service and overall care of the people using the service.

The purpose built home stands in its own landscaped grounds a short walk from the village centre.
The single storey building provides spacious accommodation with en-suite facilities. Communal space included attractive lounges, a spacious dining room and a large open plan entrance hall with several seated areas where service users could gather together for a chat, meet friends, read or take part in a number of activities that were offered daily.

Before 01 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), now known as the Care Inspectorate, took over from the Care Commission, including the registration of care services. This means form 01 April 2011 this service continued its registration under the new body.

The care home service is registered to provide residential and nursing care for a maximum of 41older people. The service aimed to provide 24 hour personalised care for residents, based on promoting independence in a relaxed and friendly atmosphere. The service aimed to encourage excellence in care delivery by providing staff with training of the highest standards.

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 5 - Very Good**
**Quality of Management and Leadership - N/A**

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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

## What we did during the inspection

We wrote this report following an unannounced inspection that took place on 24 January 2012. The inspection was carried out by Inspector Elano Ross. The findings of our inspection visit were reported back to the manager of the service. The feedback included the areas for improvement as well as any requirements and recommendations made as a result of this inspection visit.

### Before the inspection

As requested by us, the care service completed an annual return. The service also sent us a self assessment form.

We received 13 completed Care Standards Questionnaires. Six were from people who were resident in the care home and seven were from the relatives or representatives of residents.

### During the inspection

We gathered information from various sources that included:

- Discussion with the manager, and two other members of staff
- conversation with residents and relatives
- Sampling a number of formal policies, procedures and recordings including:
- Risk assessments
- Personal Plans
- Staff meetings
- Daily recordings
- Registration certificate
- Insurance documents
- Observation of the premises and facilities
- Observation of how the staff worked with service users
- Information from completed Care Standards Questionnaires

- Information provided by the service in the self - assessment document and the Annual Return

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

## 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

## 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 received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

## Taking the views of people using the care service into account

We received six responses to our Care Standards Questionnaires(CSQs). All residents who responded agreed or strongly agreed with the statement 'Overall I am happy with the quality of care I receive' Residents confirmed that they feel safe in the home, that staff know their needs and are able to meet them and that their choices are respected.

We also spoke with five residents during our inspection visit. They confirmed that they were happy with the service provided and the level of care they received. They told us that they were offered very good choice in the daily menu and activities. They spoke highly of the staff group and spoke about carers being kind and thoughtful. Comments included:-

'the staff cannot do enough for you'
'I can highly recommend this home'
'I am very happy here'
'It's a lovely home I'm very contented'.

## Taking carers' views into account

Seven relatives completed and returned Care Standard Questionnaires to us. Overall they were positive about the quality of the care provided and with the level of communication they experienced. A number of relatives brought up an issue with the laundry service which appeared to have been ongoing for some time. The manager agreed that there had been issues and spoke about the step taken to resolve this. He confirmed that the service had recently employed someone to work in the laundry over the weekends as well as through the working week. He expected that the issues with residents clothing would be resolved very quickly following this appointment.

# 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

We found that there were very good systems for involving residents and relatives in assessing the quality of care and support provided by the home. We concluded this after we sampled a number of documents including

- Questionnaires
- Minutes of resident and relatives meetings
- Anonymous suggestions and comments deposited in the suggestions box located in the front entrance hall.
- Residents care plans and daily recordings and
- Observed the way in which staff responded to and worked with residents

There were a number of examples seen where service users had influenced the service, this included the response to a request for refreshments to be available and accessible in the home without the need to ask a member of staff. This resulted in the installation of a vending machine in the front entrance hall which dispensed cold drinks, sweets and snacks.

Evidence was seen that some of the issues raised through comments by relatives and residents had been actioned by the service.

There is a service newsletter issued quarterly keeping service users and relatives updated about events and activities.

The manager operated an open door policy encouraging residents, relatives and staff to come informally for a chat.

Residents care plans showed that they had been involved in drawing up their care plan and their relatives had been consulted. There was also some evidence that care plans had been reviewed. Contact between the Activity Coordinator and residents has led to a much more individualised service.

Service users are well known to staff and communication between all groups is good.

**Areas for improvement**

There was no evidence of how the service worked with residents who have communication difficulties or dementia type illnesses to ensure that their views were taken into account. The manager needed to explore and develop a range of ways in which residents who have communication issues can be included and involved in making suggestions for improving the care and support provided by the service.

There were clear attempts to link information in care plans with daily activities, however this was only at the beginning stages and needed further development.

There was no evidence of resident's involvement or involvement of their relatives or representatives in reviewing the care plans. Review documentation only evidenced a date and signature. This does not constitute a review and needs further development.

**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**

Observation of practice and discussion with residents and staff suggest that day to day care is undertaken in a thorough and caring way. Resident's have access to hairdressing, podiatry and dentistry and other services that enhance people's wellbeing. There is good access to local social and health professionals. Health issues were noted in residents care files and appropriate care plans were in place to support identified health needs, including support with medication, oral health, nutrition and mobility.

Care staff were observed helping and spending time with service users during meal times. Service users are regularly asked about what food they like, what changes they want, when they want their food. Service users spoken with during the inspection confirmed there was flexibility about food and what they could ask for.

Medication practises were good and staff were appropriately trained.

### Areas for improvement

Residents care plans made reference to manual handling, bed rails assessments, weight/malnutrition (MUST) and pressure sore management. However, the assessments we sampled were incomplete and did not identify the level of risk assessed, what the service would do to manage these risks or when these would be reviewed. For example; nutritional assessments frequently recorded resident's weights but not their height or BMI scores. There was insufficient information in the assessments to identify any potential risks to resident's health.

Pre-admission nursing assessments were in place in all of the residents care files that we sampled, however these contained no information at all.

The manager told us that the service was in the process of changing the format for written care plans and updating resident's files. However the sample of files that we viewed did not provide clear guidance to staff on how they should meet some of the health and wellbeing needs of residents. See Recommendations.

Residents care files held no clear evidence that their care plan had been reviewed. See Recommendations.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. The manager and staff needed to ensure that all assessments relating to residents health and wellbeing were fully completed, signed and dated. Where any risk is identified a care plan should be developed giving clear guidance to staff on how these risks are to be managed, what to do if circumstances change and when the assessment and care plan will be reviewed. In making this recommendation the following National Care Standards for Care Homes for Older People have been taken into account; Standard 5 - Management and Staffing Arrangements and Standard 6 - Support Arrangements.
2. The manager and staff needed to ensure that care plans were reviewed when asked to by residents or their representatives or when there are significant changes in resident's circumstances and at least once in each six month period. The service needed to evidence that review meetings are taking place within required timescales and involve the residents concerned, their relatives or representatives if appropriate, and any other professional involved. In order to do this they should take minutes of all review meetings summarising the issues discussed and the decisions arising from the discussion. In making this recommendation the following National Care Standards for Care Homes for Older People have been taken into account; Standard 6 - Support Arrangements and Standard 11 - Expressing your Views.

## Quality Theme 2: Quality of Environment - NOT ASSESSED

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

### Service Strengths

The comments made in Statement 1 under the Quality Theme for Care and Support are also relevant to this statement.

- The service have a whistle blowing policy in place
- The service had a well established complaints policy in place. Residents and relatives told us they knew how to make a complaint if they wanted to.
- Residents told us that they were comfortable in approaching the staff or the manager if they had an issue about a member of staff
- Residents and relatives are encouraged to participate in the selection of staff. The manager told us that residents and relatives views were taken into account when making new staff appointments.
- In response to relatives the comments the service have made changes to the staffing during the night to maintain the same standard as through the duty.

### Areas for improvement

The manager should consider how to involve residents and relatives in the ongoing assessment of staff performance, including the performance of management, and how this will feed into staff appraisal and mentoring systems.

**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

We found the service provided very good training opportunities and staff were motivated. We concluded this after we:

- Viewed staff training records
- Read minutes of meetings
- Considered responses to our Care Standard Questionnaires
- Spoke with the manager and staff and
- Viewed the staff training plan for 2012

The manager of the service was a registered nurse and held a relevant management qualification.

There was a very comprehensive induction training programme in place for new staff. Each element of the programme is signed off by trainer and inductee when they are considered competent.

Staff confirmed that they were aware of the Scottish Social Services Council (SSSC) and their role in regulating staff. Staff had copies of the SSSC codes of practice. Most care staff employed in the home held, or were working toward, a relevant SVQ at level 2 or 3. This is sufficient to meet the requirements for registration with SSSC. Where care staff did not hold a relevant qualification they were provided with the opportunity to obtain this. A registered nurse was available daily to support care staff.

Relevant staff had registered with the SSSC and the remaining care staff were aware of the requirements and timescales for them to become registered.

An appraisal system was in place and formal staff mentoring was being carried out. Gaps in skills and training needs were identified through staff mentoring and observation of staff practice. Staff from within the organisation are responsible for developing and delivering appropriate training packages for staff. The service also used external training when a need was identified. Statutory and non statutory training was provided within the service. The staff we spoke to during the inspection confirmed they had regular training opportunities.

Staff meetings took place on a regular basis. Information was shared and any issues brought up were dealt with appropriately.

The completed Care Standard Questionnaires we received confirmed that residents and their relatives and carers were confident that staff had the knowledge and skills to care for them.

Staff we spoke with were happy in their jobs and with the ethos of the company. Staff spoke about the opportunities for career development and improving their own professional practice.

**Areas for improvement**

The manager and provider needed to develop a system that would evidence that the nurses employed in the service had their competence to practice assessed regularly.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED

# 4 Other information

## Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

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

# 6 Inspection and grading history

| Date | Type | Gradings | |
|---|---|---|---|
| 15 Dec 2010 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 5 - Very Good<br>Not Assessed<br>Not Assessed<br>Not Assessed |
| 30 Jun 2010 | Announced | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 5 - Very Good<br>5 - Very Good<br>Not Assessed<br>Not Assessed |
| 15 Feb 2010 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 5 - Very Good<br>5 - Very Good<br>Not Assessed<br>Not Assessed |
| 12 Aug 2009 | Announced | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 5 - Very Good<br>5 - Very Good<br>5 - Very Good<br>5 - Very Good |

| | | | |
|---|---|---|---|
| 21 Nov 2008 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 4 - Good<br>4 - Good<br>4 - Good<br>Not Assessed |
| 24 Jun 2008 | Announced | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 4 - Good<br>4 - Good<br>4 - Good<br>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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