SCSWIS
social care
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improvement scotland

Care service inspection report

Boquhanran House

Care Home Service Adults

Dickens Avenue
Clydebank
G81 3EP
Telephone: 0141 952 7366

Inspected by: Isabel Purdue

Colin McCracken

Type of inspection: Unannounced

Inspection completed on: 30 January 2012

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Service provided by:

West Dunbartonshire Council

Service provider number:

SP2003003383

Care service number:

CS2003001419

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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		N/A
Quality of Management and Leadership		N/A

What the service does well

At this inspection we could see that the meaningful participation of residents and their relatives has been promoted and supported to a good standard. The staff team are experienced and residents' health and wellbeing needs are well managed.

What the service could do better

Improvements are needed in relation to the activities programme, the environment, residents' personal plans and medication records. We have made two requirements and two recommendations to support these improvements under quality statements 1.3 and 2.3 in this report.

What the service has done since the last inspection

A new personal planning system has been introduced and this has improved the quality of these records.

Conclusion

Boquhanran House provides a personalised service where the meaningful involvement of residents and their families is welcomed and valued. Staff also work well together to meet the needs of residents. However, action needs to be taken to address the issues identified at this inspection to improve the quality of the service, especially the provision of meaningful activities and the quality of the environment.

Who did this inspection

Isabel Purdue
Colin McCracken

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. It awards grades for services based on the findings of inspections. These grades, including any that services were previously awarded by the Care Commission, are available on www.careinspectorate.com

Boquhanran House Park provides a care home service to a maximum of 30 older people. The service operates from a purpose built care home located in a residential area of Clydebank.

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, the 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 scrutiny body, the Care Inspectorate.

The service aims to provide a homely environment that upholds an individual's right to privacy, choice and safety.

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 - N/A
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 after an unannounced inspection that took place over the morning and afternoon of 30 January 2012. The inspection was carried out by Care Inspectorate Inspectors Isabel Purdue and Colin McCracken. There were 28 people using the service on the day of the visit.

As requested by us, the provider sent us an annual return. The provider also sent us a self assessment form.
We sent 30 questionnaires to residents and their relatives. Eight completed questionnaires were returned by relatives before the inspection.

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

- questionnaires that had been requested, filled in and returned by residents' relatives
- participation information including meeting minutes, newsletters and surveys
- the revised personal plan format
- personal plans including resident and relative involvement, needs assessments, care plans, risk assessments and reviews
- healthcare systems
- formal care reviews
- social activities records
- staff training and development records
- staff rotas and meeting minutes
- observation of how staff work including their interactions with residents
- health and safety records
- quality audits
- inspection of equipment and the environment
- menus
- cleaning schedules
- the kitchen comments book
- accident and incident records

- complaint records
- registration certificate
- insurance certificate
- discussions with various people including:
  - six residents
  - four visiting relatives
  - eight staff including the cook, care staff, team leaders, the manager and the depute manager

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 following requirement had been made since the last inspection:

The provider must demonstrate that policy and practice comply with the Manual Handling Operations Regulations (1992) as amended (2002).

What the service did to meet the requirement

Staff had received Moving and Assistance training suitable to meet the needs of the residents they were supporting. The personal plans we looked at detailed the assistance that residents needed and risk assessments had also been carried out. We observed staff practice on the day of our visit and found this to be satisfactory.

The requirement is: Met

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 receive a self assessment document from the service provider.

Taking the views of people using the care service into account

We spoke with six of the 28 residents on a one to one basis and also had more informal conversations with residents in the lounge and dining rooms. Positive comments were made about the manager and staff, the care and support, consultation and food. Areas where residents felt improvements could be made included activities and the environment. Some of the comments we received included:

"No complaints - it's splendid because you get good care."

"They get me up early but it's no problem as you're better up."

"The food is good."

"You get the occasional half!"

"Staff are first class - you couldn't ask for more."

"In the summer you can get out and about."

"You're not asked if you'd like your room decorated."

"We're not asked about the décor."

"The place needs a bit of work done to it."

"Staff encourage me to walk."

"It's very boring - you sit and watch television."

"It would be good to have more to do to pass the time."

"The staff sometimes try to organise activities."

"I'm better in here than at home."

"If you have a complaint they will listen to you."

"I don't think there's much you could improve on."

"I'm very happy here - the staff take good care of me and my family are happy about that."

Taking carers' views into account

Carers include parents, guardians, relatives, friends and advocates. They do not include care staff.

We spoke with four relatives on an individual basis during the inspection. All were mostly positive apart from some issues about laundry, communication and the environment.

Some of the comments we received included:

"Staff are approachable and helpful."

"I had to raise an issue over other peoples' clothes but this was resolved."

"We have come in and there haven't been staff available to take dad to the toilet."

"You say something to one member of staff and it's not passed on to other staff."

"My (relative) is kept clean and shaved."

"The staff are good."

"They hold six monthly care reviews."

"They had a general meeting with relatives in October and we were told they would be sitting with us to go through care plans - they haven't yet."

"The blinds are shabby."

"The staff do things to raise money - the new TV was bought from the fundraising."

"Her care has been fine - she's only been in a short while."

"We were involved in my (relative's) care plan"

"The staff know what's important to my (relative) - they use her life history."

"My (relative) has a nice room we have personalised it with a few things from home."

"We had a review meeting for my (relative) when she came in."

"No concerns - my (relative) is well looked after - anything we ask is attended to"

"They have some good activities - chair exercises and memory boxes.

"We're aware of the newsletter and the resident and relative meetings."

"Overall, it's very good - staff are attentive and good to us as a family as well."

We also sent out 15 questionnaires and eight were completed and returned to us by relatives before our inspection. Overall, the responses were positive with some varied views about a few aspects of the service including laundry and activities.

When asked whether they were happy overall with the quality of care and support their relative received:

- three respondents strongly agreed
- four respondents agreed
- one respondent strongly disagreed

The respondent who strongly disagreed that they were happy with the quality of the overall service expressed concerns about the key worker system, assistance at mealtimes, lack of accessibility to drinking water, not knowing about their relative's care plan, the lack of activities and some personal care issues although they added that the quality of the service had improved recently.

The comments in the questionnaires were:

"I have visited friends and relatives in (various) care homes. Boquhanran is top of the table and I have observed their kindness and compassion which is comforting to me - many thanks."

"Clothing and personal items belonging to my relative have gone missing on several occasions. Also, I feel that my relative is under-nourished and is 'fobbed off' with a sandwich if they do not want what is being served up to them. On a positive note my relative's room is always clean and tidy and on most occasions is smartly dressed."

"Clothing is labelled clearly but clothing belonging to others (either labelled or unlabelled) is placed in my relative's room after laundering which often results in my relative wearing other's clothing which I consider impacts on relative's dignity. I now regularly check wardrobe. I would not want to make an official complaint because I am generally happy about all other aspects of my relative's care."

"I would like more social events, entertainment and activities. Many items of clothing in room don't belong to my mother."

"We would like more continuity over staff managing relative without agency involvement/on less regular basis. Also, more activities and better management of personal clothing and general tidiness and order of bedroom.

"The service is very good for the problems that are involved."

"Simple games/activities would be good each day to help residents keep a bit alert and fun for them."

We also received a personal letter from a relative who said:

"I've seen dedicated staff doing tasks that I couldn't and seen kindness and attention to patients who were unable to appreciate what was being done. All Boquhanran

staff are at the top of the list for kindness, cheerful and helpful to patients and visitors."

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: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we had discussions with residents, relatives and staff; looked at the relevant records and reviewed the questionnaires we received.

There was evidence to show that there had been a commitment to the meaningful participation of residents and their relatives. The following range of options had been put in place to support and promote the ways people could become involved in assessing and improving the quality of the service, including the care and support:

- individual 1-1 discussions and meetings with residents and their relatives
- involvement when writing personal plans
- care review meetings
- a key-worker system
- meetings where residents and their relatives could express their views and put forward ideas that could help the service improve
- quality assurance surveys
- a kitchen comments book
- an 'open door' policy
- newsletters
- advocacy information and involvement
- a suggestion box
- a complaint procedure

There was evidence that the manager and staff valued the involvement of residents and their relatives and respected their right to be consulted about the service provided to them. As a result, meaningful participation had been promoted to a good standard and this continued to develop.

There had been a low staff turnover and staff knew residents well. The residents and relatives we spoke to said that they had good relationships with staff.

The manager had an 'open door' policy where residents and their relatives could have an informal meeting to discuss any aspect of the service. Residents and relatives said that they found it easy to access the manager and senior staff when they wanted to.

The residents and relatives we spoke to said that they had been consulted about the care and support provided and confirmed that staff had involved them when making plans or decisions that affected them. Relatives also said that staff always kept them well informed and up to date with what was happening.

Formal reviews of the care and support provided had been held at least once every six months and more often where there was a need for this. This was to make sure that the service continued to meet the needs of individual residents.

There had been independent advocacy involvement. Staff knew how to access advocacy services for individual residents when the need arose and they had done this. There was also information about advocacy on display.

There was a key-working system in place and some of the residents and relatives we spoke to knew about this and were aware of who their key worker was.

Staff had held meetings with residents and their relatives. A range of topics had been discussed including the new care plans, laundry, activities and the environment.

Residents and their relatives had been consulted about the food and menu choices. There was also a kitchen comments book where comments and suggestions about the food could be recorded. This had been used to make positive comments and suggestions for improvement.

The provider had developed a satisfaction survey and this had been used to get feedback from residents and relatives about the quality of the service provided.

The newsletter was going to be issued every three months. The ones we looked at had been used to give information about what was happening in the home, staff training and so on.

The new personal plan format had been introduced and the quality of the information recorded had improved. This work was ongoing.

The participation policy had been discussed with staff.

Areas for improvement

The information recorded in residents' personal plans should continue to be improved and monitored. We have made a recommendation about this under quality statement 1.3 in this report.

Where residents and their relatives make suggestions for developing and improving the quality of the service via meetings, surveys and reviews, action plans should be used to follow these through.

Awareness of the key worker system should be raised so that residents and their relatives know how this works.

A localised participation strategy was being developed for Boquhanran House. This should detail the ways that residents and their families can become involved, how this will benefit them and how feedback will be provided about the way their participation has developed and improved the service.

The results of the provider's satisfaction survey had been fed back collectively for a number of homes in the area. Action should be taken to break down the responses to show what the strengths and areas for improvement were for each individual service so that more targeted action can be taken.

The kitchen comments book should included a section for recording the action taken in response to the comments received.

In addition to the provider's annual questionnaire, consideration should be given to introducing local quality surveys, especially where issues arise in relation to specific aspects of the service like laundry, food, activities and so on.

The newsletter should continue to be developed to further promote and support meaningful participation.

Grade awarded for this statement: 4 - 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

We found this service had performed to an adequate standard in the areas covered by this statement. We concluded this after we had discussions with residents, relatives and staff, looked at the relevant records; observed staff at work and reviewed the questionnaires we received.

There had been a low turnover of staff and this supported good continuity of care for residents and relatives. The staff team were experienced and they knew individual residents well. The residents and relatives we spoke to were very positive about staff.

The staff we spoke to were knowledgeable, motivated and professional with a caring attitude. We saw that staff worked well with residents during our visit and they treated each individual with respect. Staff also said that they enjoyed their work and felt well supported by the management team.

The training programme included topics that informed and supported staff to meet residents' health and wellbeing needs. Staff told us that they could ask for training that was specific to the needs of individual residents and this had happened, for example, training on diabetes. The training plan for the coming year included the management of challenging behaviour, palliative care and infection control.

The provider had introduced new personal plan records and staff had been given training on how to use these. The new system supported a more person centred way of recording information about residents. This had improved the quality of residents' personal plans. Most of the records we looked at contained detailed information about residents' needs, choices and preferences. Their abilities and the way that independence was to be promoted had also been included. This work was ongoing.

Staff had carried out risk assessments to identify the level of healthcare support residents needed. This had included areas like falls prevention, skincare and nutrition. Staff had linked these with care plans that stated the actions planned to meet residents' needs.

There were well established links in place with staff from the local community healthcare network. We saw that staff had accessed a range of specialised advice and support for residents in response to their individual needs. As well as GP's and District Nurses, this had included services like speech and language therapy, the falls team, dieticians and psychiatrists. This had benefited the residents concerned by reducing risks and improving their health.

Staff recognised the importance of good food and nutrition. This had been well

managed including any special diets that residents needed. We also saw that staff monitored residents' weight and took action to address any weight loss that caused concern.

We saw that lunch was a positive experience for residents who were offered choice from the daily menu. Food was hot and well presented. Residents spoken with said that the food was very good and that they enjoyed mealtimes. Staff gave appropriate help to residents where this was needed and equipment that supported residents to eat their meals independently was available, for example, lipped/hot plates and special cutlery.

Where staff had identified that equipment was needed to reduce risks, promote safety and support independence they had organised this.

There had been a good approach to the way challenging behaviour had been managed. Staff knew residents well and this had helped them to support residents who were anxious or agitated with minimal use of 'as required' medicines that could have unwanted side effects.

The medication records we looked at were satisfactory overall with some areas for improvement identified as detailed below.

There were plans to develop a member of staff as an activities 'champion' and create a room where activities could be carried out. Both of these were good ideas that should be taken forward. Also, an activities focus group had been set up recently. The aim of the group included evaluating the current service, highlighting good practice and forming an action plan to resolve the issues around activities provision. Staff from several homes had attended the focus group meetings to share their ideas and experiences. Good ideas had been discussed including community involvement, activity resources, how to make sure activities were happening and to record these properly - see areas for improvement.

A guest speaker had been present at one of the meetings for residents and their relatives to discuss dementia. This was intended to raise awareness and inform and support people, which was a good initiative. The service planned to continue with this.

Areas for improvement

The feedback we received from residents and relatives showed that they felt there was a lack of meaningful activities. Staff recognised the importance of regular activities and had tried to deliver these when they could. However, due to the level of residents' care and support needs, activities tended to be fitted in when staff had time as opposed to being part of day to day life in the home. There was no budget to support the delivery of activities and this was dependent on staff fundraising which the provider needs to review. We saw that concerns about this had been raised at one

of the resident/relative meetings. Although we saw that action had been taken recently to improve activities, a programme of regular, meaningful social and recreational activity was not in place for residents. We made a requirement about this - see requirement 1.

Work was ongoing to complete the new personal plans for residents so that the quality of these records would improve. The management team should monitor and audit residents' personal plans regularly until the new records become fully established. We made a recommendation to support the continued improvement of residents' personal plans - see recommendation 1.

There were a few gaps in the medication recording sheets which meant that staff had either not signed the sheet or had not entered the code explaining why the medicine had not been given/taken. We have made a recommendation about this so that medication records will be fully accountable and the management team should audit this regularly - see recommendation 2.

The provider had recently carried out a review of staffing. A dependency tool is needed to formally assess the physical, social, psychological and recreational needs and choices of each individual using the service on a four weekly basis. This is to inform staffing levels and deployment and must be implemented in accordance with the document 'Records Registered Services Must Keep'. This was currently being explored by the service and will be reviewed at the next inspection.

Where residents are prescribed 'as required' medicines for the management of anxiety or agitation, staff should follow the good practice guidance in the publication 'Remember I'm Still Me' issued by the Care Commission and the Mental Welfare Commission in relation to the way this should be recorded in care plans.

Potato and vegetable options should be specified on the menu planners and daily menus to reflect the variety and nutritional content of the meals being provided.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider must devise and implement a programme of regular and meaningful social and recreational activity informed by the needs, choices and preferences of residents.

   This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare of Users.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5(1) Personal Plans.

The following National Care Standards - Care Homes for Older People, were taken into account when making this requirement:

Standard 5: Management and Staffing Arrangements
Standard 6: Support Arrangements
Standard 8: Making Choices
Standard 12: Lifestyle - Social, Cultural and Religious Belief or Faith
Standard 14: Keeping Well - Healthcare
Standard 17: Daily Life

Timescale for achievement: Eight weeks from the date of receipt of this report.

Recommendations

1. Resident's personal plans should continue to be improved and the management team should audit this to establish and maintain satisfactory standards of record keeping.

   National Care Standards - Care Homes for Older People, Standard 5: Management and Staffing Arrangements; Standard 6: Support Arrangements.
2. Medication administration records should be fully and accurately completed and these records should be audited on a regular basis.

   National Care Standards - Care Homes for Older People, Standard 5: Management and Staffing Arrangements; Standard 15: Keeping Well - Medication.

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

We found this service had performed to an adequate standard in the areas covered by this statement. We concluded this after we had discussions with residents, relatives and staff; looked at the relevant records, inspected the environment and reviewed the questionnaires we received.

In addition to the related strengths detailed under quality statement 1.1:

We saw that residents' bedrooms had been personalised using their own belongings. Residents and relatives were very positive about this.

Residents had helped to choose the flooring for the dining room.

The quality of the environment had been discussed at meetings.

The provider's annual questionnaire included questions about the quality of the environment.

Areas for improvement

In addition to the related areas for improvement detailed under quality statement 1.1:

When residents and relatives make suggestions or raise concerns about the environment, as they had done, they should be provided with feedback about what has happened as a result. This could be done via meetings or newsletters to show that a responsive approach has been taken to the feedback received so people can see they have been taken seriously.

During the visit we were told that the provider had plans to improve the quality of the environment. Residents and their relatives should be kept informed about this. They should also be asked for their views and be involved in making decisions where possible. The management team should keep evidence of this.

The involvement of residents and relatives should be promoted where possible when carrying out environmental audits.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found this service had performed to a weak standard in the areas covered by this statement. We concluded this after we inspected equipment and the environment; had discussions with residents, relatives and staff; looked at the relevant records and reviewed the questionnaires we received.

Residents had their own bedrooms and the rooms we saw had been personalised.

There were different lounge/dining areas where residents could choose to spend their time.

The home was warm and was not noisy.

The corridors were free from obstacles that could pose a risk to residents.

Residents could lock their bedroom door where this was their choice.

The staff we spoke with had a good awareness of their responsibilities in relation to the maintenance of a safe environment for residents.

There were arrangements in place to keep the home secure and safe from intruders.

Where staff had identified that equipment was needed to reduce risks, promote safety and support independence they had organised this.

We were told that new dining furniture, curtains and bed linen had been ordered.

Areas for improvement

The residents and relatives we spoke to said that the environment needed to be improved. Concerns about the condition of the home had also been raised at resident/relative meetings.

Our inspection of the environment identified a number of concerns about the quality of the environment. These related to:

- standards of cleanliness and hygiene
- maintenance and repairs
- décor
- safety
- storage

- general presentation and appearance

Standards of cleanliness were not satisfactory. The cleaning records in place were not sufficient to show what was to be done and there were gaps in the records we looked at. Cleaning schedules that cover all areas of the home needed to be developed. These must state the specific tasks that have to be carried out and how often they need to happen. Staff need to use the schedules and the management team need to make sure these records are filled in and used properly. The management team also need to check the environment regularly to make sure that the home is clean.

There were a significant number of maintenance and decorative issues that needed to be addressed. These made parts of the home look neglected.

The provider, manager and staff were aware of the issues with the environment. We were told during the visit that there were plans to improve the quality of the environment, inside and out. We made two requirements so that quality of the environment would improve for residents - see requirements 1 and 2.

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must ensure that the premises are kept in a good state of repair internally and externally to protect service users and make the home a safe and pleasant place to live.
   This is in order to comply with:

   The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles.

   The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a)(d) Welfare of Users.

   The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 10(2)(b)(d) Fitness of Premises.

   The following National Care Standards - Care Homes for Older People, were taken into account when making this requirement:

   Standard 4: Your Environment
   Standard 5: Management and Staffing Arrangements

Timescale for achievement: An action plan must be submitted to the Care Inspectorate within four weeks of the date of receipt of this report detailing the areas for improvement; the action to be taken; the responsible persons and the timescale for achievement.

2. The provider must ensure that satisfactory standards of cleanliness and hygiene are maintained to protect service users, promote effective infection control and make the home a safe and pleasant place to live.

   This is in order to comply with:

   The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles.

   The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a)(d) Welfare of Users.

   The following National Care Standards - Care Homes for Older People, were taken into account when making this requirement:
   Standard 4: Your Environment
   Standard 5: Management and Staffing Arrangements

   Timescale for achievement: Suitable and sufficient cleaning schedules must be devised and implemented within one week of the date of receipt of this report.

Quality Theme 3: Quality of Staffing - NOT ASSESSED

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

4 Other information

Complaints

There has been one complaint partially 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

There has been no enforcement action taken against this service since the commencement of the Care Inspectorate on 1 April 2011. Since the service was last inspected there had been no enforcement action taken by the Care Commission.

Additional Information

No 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 - 3 - Adequate	
Statement 1	4 - Good
Statement 3	3 - Adequate
Quality of Environment - 2 - Weak	
Statement 1	3 - Adequate
Statement 3	2 - Weak
Quality of Staffing - Not Assessed	
Quality of Management and Leadership - Not Assessed	

6 Inspection and grading history

Date	Type	Gradings	
21 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed Not Assessed
6 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
2 Nov 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
22 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed

27 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
29 Sep 2008	Announced	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.

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