Care service inspection report

Newbyres Village
Care Home Service Adults
20 Gore Avenue
Gorebridge
EH23 4TZ

Inspected by: Jan Ferguson
Type of inspection: Unannounced
Inspection completed on: 7 February 2012
Contents

Summary
1 About the service we inspected
2 How we inspected this service
3 The inspection
4 Other information
5 Summary of grades
6 Inspection and grading history

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2007167115

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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

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>3</td>
<td>Adequate</td>
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<td>Quality of Environment</td>
<td>3</td>
<td>Adequate</td>
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<tr>
<td>Quality of Staffing</td>
<td>3</td>
<td>Adequate</td>
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<tr>
<td>Quality of Management and Leadership</td>
<td>2</td>
<td>Weak</td>
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What the service does well

The home has a pleasant outlook on to gardens with special features for the people who use the service. The residents and relatives spoke highly of the accommodation.

What the service could do better

The residents spoke of wanting continuity of care. A stable management team would make things better for residents and staff.

What the service has done since the last inspection

The provider has made a lot of changes to systems and processes and brought in senior staff to assist in implementing the changes.

Conclusion

Once the new systems and processes have been implemented this should improve the gradings of the service. There needs to be a period of stability of the management of the home.

Who did this inspection

Jan Ferguson
1 About the service we inspected

Newbyres Village consists of a Care Home which offers accommodation for 60 older people (plus one respite room) all on one level in five separate residential wings, a service wing and a community cafe and shop. The overall concept is a village with five streets, each wing being named first, second, third, fourth and fifth street. Each wing has its own communal sitting/dining area, small kitchen, quiet room/library, assisted bathrooms and toilets. Each bedroom has an ensuite facility and its own back door to the gardens and patio area. The home is within walking distance of local amenities and provides secure gardens paved for walking with seating and lighting. There were 52 residents accommodated in the home on the day of the inspection.

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) 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, SCSWIS is now known as the Care Inspectorate.

The aims and objectives of the service included:
“To identify and understand the social care needs of the residents
To ensure that residents are central to the care planning process
To continuously seek to improve service standards.”

There had been a restructuring of the management team since the last inspection. An experienced manager from another of the provider’s services was acting as the care home manager at the time of the inspection.

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

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 was written following an unannounced visit on 6 and 7 February 2012. The inspection was carried out on each of these days by Jan Ferguson, Inspector, and Andrea Herkes, Inspector. Feedback was given to the current management team. An action plan was developed and submitted by the Provider shortly after this inspection.

During the inspection we gathered evidence from:
- observing how staff work
- personal plans of people who use the service
- medication administration records
- staff training records
- accident and incident recording
- minutes of meetings
- discussion with the acting manager, the resource manager for Midlothian Council’s Older People Services, residents, relatives, staff and visiting health professionals.
- observation of the environment.

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
You must put in place a system for the purpose of ensuring that at all times the number of suitably qualified and competent staff on duty is sufficient to meet the health and welfare needs of service users and to protect service users from avoidable risk or harm. The system must make provision for, but not be limited to, ensuring that there are sufficient, suitably qualified staff to provide individual support to service users who need help to eat; to supervise service users in lounge areas and to meet the social and emotional needs of service users by providing suitable activities.

This is to comply with SSI 2011/210 15(a) - Staffing and takes account of the National Care Standards Care Homes for Older People: Standard 5.7
Timescale: 30 November 2011

What the service did to meet the requirement
We have reported on this under Quality Theme 1 Quality Statement 1.

The requirement is: Met

The requirement
You must ensure that the records that are in place for recording the staffing in the home are completed correctly in order to ensure that there is an accurate record of the names and numbers of staff on duty at all times.

This is to comply with SSI 2011/210 15(a) - Staffing and takes account of the National Care Standards Care Homes for Older People: Standard 5.7
Timescale: within 24 hours of receipt of this report.

What the service did to meet the requirement
We have reported on this under Quality Theme 1 Quality Statement 1

The requirement is: Met

The requirement
It is a requirement that the personal plans are reviewed every six months. This is in order to comply with: SSI 2002/114 Regulation 5 (2) (b) (ii) - Personal Plans.
Timescale: The initial programme of reviews must be carried out within 3 months of this report and be continued on an ongoing basis.

**What the service did to meet the requirement**

We have reported on this under Quality Theme 1 Quality Statement 1

**The requirement is:** Not Met

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**The requirement**

The Provider must ensure care staff have adequate training to meet the needs of the service users. This training must include, but is not limited to:

- nutrition
- record keeping
- effective care planning.
- medication
- pressure area care
- moving and handling
- infection control

The Provider must evidence that staff have understood this training and evidence how practice has changed as a result.

This is to comply with: SS1 2011/210 15 (b) (i) Staffing and takes into account the National Care Standards Care Homes for Older People.

Timescale: By December 16 2011 the Care Inspectorate will be provided with the training plan for all staff who work in the home.

By February 29 2012 all identified staff to have completed this training.

**What the service did to meet the requirement**

We have reported on this under Quality Theme 1 Quality Statement 3.

**The requirement is:** Not Met
The requirement
The provider must ensure that where a resident is not able to take or access fluids independently that there is an associated risk assessment in their personal plan which will provide information on how staff should monitor and evaluate fluid intake. This is to comply with:
SSI 2011/210 4 (1) (a) Welfare of Service Users and takes into account of the National Care Standards Care Homes for Older People Standard 14.
Timescale: Immediate at the time of the inspection.

What the service did to meet the requirement
We have reported on this under Quality Theme 1 Quality Statement 3.

The requirement is: Not Met

The requirement
The Provider must ensure activities are offered to service users on a regular basis. Activities offered must reflect their hobbies and interests and enhance their lifestyle. In addition activities undertaken by service users must be recorded accurately.

This is to comply with:
SSI 2011/210 4 (1) (a) Welfare of Service Users and takes into account the National Care Standards Care Homes for Older People Standard 12.
Timescale: 4 weeks from the receipt of this report

What the service did to meet the requirement
We have reported on this under Quality Theme 1 Quality Statement 3.

The requirement is: Not Met

The requirement
The Provider is required to carry out a review of the infection control policy and procedures to ensure that they meet with best practice.

This is to comply with SSI 2011/210 Regulation 4(1) (d) and takes account of the National Care Standards Care Homes for Older People. Standard 4.2

Timescale: Two weeks from receipt of this report.

What the service did to meet the requirement
We have reported on this under Quality Theme 2 Quality Statement 2.

The requirement is: Met
The requirement
The provider should ensure that all personal clothing is used only by each individual and that residents are not expected to use other people’s clothing.
This is to comply with:
SSI 2011/210 4 (1) (b)- respect the privacy and dignity of service users, and to take account of the National Care Standards Care Homes for Older People.
Timescale: immediate at the time of the inspection.

What the service did to meet the requirement
We have reported on this under Quality Theme 2 Quality Statement 4.

The requirement is: Met

The requirement
The provider should ensure that the service is provided in a manner which promotes quality. This is to comply with: SS1 2011 No 210 .3.
Timescale: 14 January 2012

What the service did to meet the requirement
We have reported on this under Quality Theme 4 Quality Statement 1.

The requirement is: Not Met

The requirement
The provider must put in place systems for “responding appropriately to staff who seek assistance because they do not feel adequately prepared to carry out aspects of their work”. This is to comply with SS1 2011/210 4.(1) (a) and takes account of the Scottish Social Service Workers Codes of Practice for Employers 3.4.

Timescale: Two weeks from receipt of this report.

Action taken on Requirement 10
We have reported on this under Quality Theme 4 Quality Statement 3.

Has the Requirement been met?
Not met.

Requirement 11
The Provider should implement its own Quality Assurance policy in the service.
This is to comply with: SS1 2011 No 210.3. - the service should be provided in a manner which promotes quality.

Timescale: 13 January 2011

**Action taken on Requirement 11**

We have reported on this under Quality Theme 4 Quality Statement 4.

**Has the requirement been met?**

Not met.

**Requirement 12**

It is a requirement that a record of all accidents is kept in the service and the Care Inspectorate is notified of any accident resulting in a GP visit, hospital admission or visit/referral to an accident and emergency department. The Care Inspectorate also requires to be notified of an allegation of abuse in relation to a person using the service, allegation of misconduct by any person employed in the service and the absence of a manager.

In addition the provider is to advise the Care Inspectorate via the eform system of all significant events which have taken place in the service since April 1 2011.

This is to comply with The Public Services Reform (Scotland) Act 2011, the Social Care and Social Work Improvement Scotland (Applications and Registration) Regulations 2011

Timescale: Within two weeks from receipt of this report.

**What the service did to meet the requirement**

The service has submitted notifications of all significant events as requested.

**The requirement is:** Met

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

We recommend that any meetings held with residents are minuted in order that there is a record of any outcomes or actions taken as a result of the meetings. This is to take account of the National Care Standards Care Homes for Older People Standard 11 Expressing your views
This recommendation has been met.

We recommend that a review of the seating provided for residents is carried out to ensure that it is suitable for the residents currently accommodated in the home. This is to take account of the National Care Standards Care Homes for Older People Standard 14.

This recommendation has been 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 ask for a self assessment prior to this inspection.

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

We spoke to ten people who use the service. The following were representative comments:

"lovely place, been here since it opened"

"This is a lovely place. its clean and tidy. The staff are good and my room is nice and comfortable."

"staff are very polite and respectful"

"sometimes we are asked our views about the food but do not see much change in the menus"

"problem here is that there are different carers every day. we need to have the same carers for continuity."

"staff are very good and kind."

"This is a good place"

"The rooms are lovely and the general environment"

"Don’t know who is coming on duty, this can be upsetting. having to tell different people the same things."
Taking carers' views into account

We spoke to two relatives. They spoke of there being too many agency staff, a lack of activities and a lack of communication but it had "improved."
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 were following up on the requirements and recommendations from the previous inspection report. This report should be read in conjunction with the report of the inspection on 16 November 2011.

We saw evidence that a relatives meeting had taken place since that last inspection and a further meeting was planned for March.

An activities questionnaire had been provided for residents to complete and this had been evaluated.

Areas for improvement

The following were requirements and recommendations in the previous inspection report.

1. "You must put in place a system for the purpose of ensuring that at all times the number of suitably qualified and competent staff on duty is sufficient to meet the health and welfare needs of service users and to protect service users from avoidable risk or harm. The system must make provision for, but not be limited to, ensuring that there are sufficient, suitably qualified staff to provide individual support to service users who need help to eat; to supervise service users in lounge areas and to meet the social and emotional needs of service users by providing suitable activities."

Progress:

There is a system for recording the needs of the residents in order that sufficient staff were on duty at all times. Care Supervisors were supporting staff in the delivery of care. This requirement has been met.
2. "You must ensure that the records that are in place for recording the staffing in the home are completed correctly in order to ensure that there is an accurate record of the names and numbers of staff on duty at all times."

The home has improved their system for recording staff who are on duty. This requirement has been met.

3. "It is a requirement that the personal plans are reviewed every six months."

Progress:
We looked at a sample of personal plans and we found that there were occasions where there was no review information in the residents care plans. We also noted that inconsistent information was recorded. Charts had not been evaluated to inform care planning and reviews. There was also no action or outcomes recorded from the reviews.
We have carried this requirement forward.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 1

**Number of recommendations:** 0

**Requirements**

1. It is a requirement that there is a system to ensure that personal plans are reviewed every six months and where appropriate, after any review revise the personal plan.

   This is in order to comply with: - SSI 2011/210 Regulation 5 (2) (c) Personal Plans

   Timescale: The provider agreed to address this by the end of February 2012.

**Statement 3**
We ensure that service user’s health and wellbeing needs are met.

**Service strengths**
The mealtimes in the streets had been reviewed and we saw that catering staff were now involved in serving the food. We observed that the dining experience was more organised and residents confirmed this. Staff in most of the streets were encouraging residents to take their meal. We observed that juice and fruit were available for residents in the sitting rooms. We also saw staff offering residents a choice of fluids. Menus using pictures had been
The provider was to send copies of the homes new menus to the Care Inspectorate by the end of March 2012.

The activities staff were involving residents in quizzes. Some residents had been offered a manicure.

Waterlow scoring, a type of risk assessment, has been introduced to ensure that any residents who were at risk of pressure sores could be identified and action taken.

The home had engaged the service of a Registered Nurse from the NHS. She had looked at the residents healthcare issues and had identified staff training needs.

The continence care system had been reviewed and improved.

**Areas for improvement**

We had evidence that the activities staff were unable to provide a full programme of activities due to time constraints. Residents and relatives spoke of a lack of activities at the weekend. On examining the activities programme we found that there was no evidence of some of the activities having taken place. We were told by management that there were plans to improve the activities provision. Evaluation from the providers questionnaires would inform the activity planning.

There was an occasion on one of the streets when we observed staff interacting with each other during a mealtime and were not including the residents. A resident said that following adverse comments about the menus new ones were to be provided. This was to be completed by the end of March 2012 and copies sent to the Care Inspectorate.

The home used the Monitored Dosage System (MDS) for administering medication. Some medications were still in the system with no explanation in the records as to why the medication was not given.

We saw that there were gaps in the recording of creams. Some medications had been given and not signed for. We have made a recommendation about this.

The above issues had been brought up in a simultaneous audit carried out by a representative from the provider.

The following were requirements in the previous report:

1. The Provider must ensure care staff have adequate training to meet the needs of the service users. This training must include, but is not limited to:
   - nutrition
   - record keeping
   - effective care planning
   - medication
pressure area care
moving and handling
infection control

The Provider must evidence that staff have understood this training and evidence how practice has changed as a result.

Progress:
We saw examples where some of the staff had done some of this training. The staff said that the training had met their needs to support residents but other training needs were identified to us such as Diabetes and Palliative Care. We were informed by the provider that training was ongoing and had identified further training needs for the staff. When this requirement was made the provider had given a timescale of the end of February 2012 for completion. As this was within its timescale at inspection we have carried it forward.

2. “The provider must ensure that where a resident is not able to take or access fluids independently that there is an associated risk assessment in their personal plan which will provide information on how staff should monitor and evaluate fluid intake."

Progress:
We did not observe any of the residents on a fluid balance chart and therefore we could not determine if this was met. This requirement will be carried forward.

3. “The Provider must ensure activities are offered to service users on a regular basis. Activities offered must reflect their hobbies and interests and enhance their lifestyle. In addition activities undertaken by service users must be recorded accurately."

Progress:
We observed the activity plan and the individual activities records. As described previously in the report we found that there was an inconsistency in the records and action was to be taken by the provider.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 3
Number of recommendations: 1

Requirements
1. The Provider must ensure care staff have adequate training to meet the needs of the service users. This training must include, but is not limited to:
   - nutrition
   - record keeping
   - effective care planning
   - medication
pressure area care
moving and handling
infection control
The Provider must evidence that staff have understood this training and evidence how practice has changed as a result.

This is to comply with: SS1 2011/210 15 (b) (i) Staffing and takes into account the National Care Standards Care Homes for Older People.

Timescale: By December 16 2011 the Care Inspectorate will be provided with the training plan for all staff who work in the home.
By February 29 2012 all identified staff to have completed this training.

2. The provider must ensure that where a resident is not able to take or access fluids independently that there is an associated risk assessment in their personal plan which will provide information on how staff should monitor and evaluate fluid intake.
This is to comply with:
SS1 2011/210 4 (1) (a) Welfare of Service Users and takes into account of the National Care Standards Care Homes for Older People Standard 14.

Timescale: This will be reviewed at the next inspection visit.

3. The Provider must ensure activities are offered to service users on a regular basis. Activities offered must reflect their hobbies and interests and enhance their lifestyle. In addition activities undertaken by service users must be recorded accurately.

This is to comply with:
SS1 2011/210 4 (1) (a) Welfare of Service Users and takes into account the National Care Standards Care Homes for Older People Standard 12.

Timescale: This will be reviewed at the next inspection visit.

Recommendations
1. The service should operate a medication recording system in accordance with recommended best practice, for example the Royal Pharmaceutical Society of Great Britain (RSPGB) “The Handling of Medicines in Social Care” October 2007. To do this the service should adhere to the following:
   - that where a regular medicine is not given as prescribed a reason for this must be clearly recorded
   - there is a consistent approach to the recording of creams and ointments.

This is to take account of the National Care Standards Care Homes for Older People Standard 5.12 and 15.9.
Quality Theme 2: Quality of Environment
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 environment within the service.

Service strengths
A new carpet had been provided in Second Street following comments from people who use the service.

Comments identified in Quality Theme 1 Quality Statement 1 are also relevant to this statement.

Areas for improvement
Comments identified in Quality Theme 1 Quality Statement 1 are also relevant to this statement.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 0
Number of recommendations: 0

Statement 2
We make sure that the environment is safe and service users are protected.

Service strengths
We asked the provider at the last inspection to review the provision of seating in the home to ensure that there were different heights of chairs available for the residents. This had been achieved and should continue to be reviewed.

The following was a requirement in the previous report:

“The Provider is required to carry out a review of the infection control policy and procedures to ensure that they meet with best practice.”

Progress:
Aprons and gloves were now provided in the resident’s rooms. Infection control training for staff was ongoing. We observed staff carrying out good infection control procedures during the inspection and equipment had been improved. The laundry policy had been updated. There was a plan to carry out a deep clean of the home. This requirement had been met.
Areas for improvement
When sampling personal plans we found that the recording of resident’s falls risk assessments was not comprehensive. The provider told us that work was ongoing with the local Falls Coordinator. New equipment was being sourced for monitoring falls.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 0
Number of recommendations: 0

Statement 4
The accommodation we provide ensures that the privacy of service users is respected.

Service strengths
Some of the bathroom and toilet doors had been altered to improve the privacy for residents who used these areas.

The bedrooms were observed to be personalised.

Areas for improvement
The following was a requirement in the previous report:

“The provider should ensure that all personal clothing is used only by each individual and that residents are not expected to use other people’s clothing.”

Progress:
The provider has improved its procedures for ensuring the residents clothing is personal.

This requirement has been met.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 0
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 3 - Adequate

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths
Comments identified in Quality Theme 1 Quality Statement 1 are also relevant to this statement.

Areas for improvement
Comments identified in Quality Theme 1 Quality Statement 1 are also relevant to this statement.

Grade awarded for this statement: 3 - Adequate

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
A new member of staff told us that the content of the training and induction programme was very useful. Another spoke of feeling that the training that was given supported staff in meeting their needs.
Areas for improvement

We spoke to staff about their knowledge of diabetes. We found that the staff had not had formal training and that they used information leaflets as their source of knowledge. We discussed this further with management and were advised that training was planned.

We had evidence that the contingency arrangements when staff were off sick could be improved. The use of Agency staff continued to be a concern for residents and relatives. The provider told us that seven new staff were to be recruited. We have made a recommendation about this.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. We recommend that the provider continues to look at methods for ensuring that there is continuity of staff for the residents. National Care Standards Care Homes for Older people Standard 5 Management and Staffing Arrangements.
Quality Theme 4: Quality of Management and Leadership
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 management and leadership of the service.

Service strengths
Comments identified in Quality Theme 1 Quality Statement 1 are also relevant to this statement.

Areas for improvement
The following was a requirement in the previous report:

“The provider should ensure that the service is provided in a manner which promotes quality.”

Progress:
The provider has implemented a Care Home Quality Assurance tool and visits to the home will include monitoring the quality of care. The timescale given by the provider was the end of March. This requirement will be carried forward.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 1
Number of recommendations: 0

Requirements
1. The provider should ensure that the service is provided in a manner which promotes quality. This is to comply with: SS1 2011 No 210 .3.

Statement 3
To encourage good quality care, we promote leadership values throughout the workforce.

Service strengths
The provider has systems for staff appraisals, supervision and staff meetings.

Areas for improvement
The following was a requirement in the previous report:
“The provider must put in place systems for “responding appropriately to staff who seek assistance because they do not feel adequately prepared to carry out aspects of their work”.

There have been Care Supervisors deployed to support staff in the streets. Staff we spoke to said that there had been good training and this was ongoing. A few said that they had not been able to attend some courses and we had evidence of this at the inspection. Staff also reported a lack of support if the Assistant Unit manager was off and there was no replacement. We had evidence that this occurred on occasions. There has been a change of staff in senior roles. This requirement has been partially met and will be amended and carried forward.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 1
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
The provider has a Care Home Quality Assurance audit tool which is to be incorporated into the Quality Assurance policy.

Areas for improvement
The following was a requirement in the previous report.

“The Provider should implement its own Quality Assurance policy in the service.”

Progress:

The provider has told us that the audit tool to incorporated into the quality assurance policy will be implemented by the end of March 2012. This requirement will be carried forward.

Grade awarded for this statement: 2 - Weak
Number of requirements: 0
Number of recommendations: 0
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

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<thead>
<tr>
<th>Quality of Care and Support - 3 - Adequate</th>
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<tr>
<td>Statement 1</td>
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<thead>
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<th>Date</th>
<th>Type</th>
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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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