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Care service inspection report

Pentland Hill Nursing Home

Care Home Service Adults

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

Inspected by: Rose Bradley

Michelle Deans
Emma Tracy
Joanne Shaw

Type of inspection: Unannounced

Inspection completed on: 18 June 2012

Contents

Service provided by:

BUPA Care Homes (CFHCare) Limited

Service provider number:

SP2003002226

Care service number:

CS2003010660

Contact details for the inspector who inspected this service:

Rose Bradley
Telephone 0131 653 4100
Email enquiries@scswis.com

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	4	Good
Quality of Staffing	3	Adequate
Quality of Management and Leadership	3	Adequate

What the service does well

The service is provided in a comfortable environment with ample public rooms for dining, relaxing and recreational activities. Residents looked well cared for and we saw that in general staff were attentive to their needs. Staff were seen to be polite and respectful towards residents and visitors.

What the service could do better

We have discussed the things which need to be addressed to improve the service throughout this report. In summary, the recording of information, aspects of the way staff care for residents and the level of stimulation available to residents on a daily basis all need to be improved.

What the service has done since the last inspection

Since the last inspection the vacant house manager posts have been filled. The house managers' working hours are now completely supernumerary and are to be used to address the managerial aspects of the units. This means that potentially unit managers have more time to observe and assess staff practice and have an overview of the care and support given to residents on a daily basis. This should also give them the chance to assess and review clinical documents and personal plans.
The new managers have given staff direction about the expected standards of care that is to be given to residents. Staff have attended a mixture of training that should give them more understanding about the best ways to care for the residents.

Conclusion

Mainly the areas for improvement remain the same as at the last inspection, although we did not see any further deterioration in the quality of the service provided. The management team were aware of most of the issues identified in this report and were making serious efforts to rectify these. They feel that now that they have a full management team there is the potential to address the issues identified and sustain any improvements made. They know that the future development of the service will be affected if the issues identified in this report are not addressed.

Who did this inspection

Rose Bradley
Michelle Deans
Emma Tracy
Joanne Shaw

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.
The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.
Requirements and recommendations
If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.
- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate."
Pentland Hill Care Home (referred to in the report as 'the service') is owned and Managed by BUPA (referred to in the report as "the provider") and was registered to provide a care service to a maximum of 120 older people (referred to as "residents" in the report). There were 110 people living at the service at the time of the inspection. .

The service is situated within a residential area of South West Edinburgh near to local amenities and public transport links. The building has gardens to the front and rear of the building.

The accommodation is on two floors accessed by a lift and stairs and is divided into four units accommodating up to 30 people within each unit. All rooms are for single use and all have en-suite facilities. Each unit has two communal lounges and a dining area within one of those lounges.

The service overall states that they aim to "provide our customers with the highest quality care service. We will use our health and care knowledge, specialist skills and values to deliver an individual service to our customers".

Each unit has a house manager who reports directly the home manager who has the

overall responsibility for the management of the service. There is a team of carers and registered nurses with varying degrees of skill, expertise and qualifications. The service aims to offer a home which would not entail moving. However, the service recognised that there are some aspects of care that might require residents to move, for example, if a resident required more specialised care in relation to progressive mental health or advanced disease process.

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

Quality of Care and Support - Grade 3 - Adequate
Quality of Environment - Grade 4 - Good
Quality of Staffing - Grade 3 - Adequate
Quality of Management and Leadership - Grade 3 - Adequate

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

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

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

We wrote the report after an unannounced inspection that took place at the service on the 12 June 2012 between the hours of 10:30am and 5pm. The inspection was carried out by Rose Bradley, Michelle Deans, Emma Tracy and Joanne Shaw. An announced visit was carried out by Rose Bradley on the 14 June 2012 between the hours of 9:30am and 4pm. Rose Bradley and Michelle Deans carried out a concluding announced visit on the 18 June 2012 between the hours of 9am and 3:30 pm. During this final visit, the outcomes of the inspection were discussed with the home manager and three of the house managers.
The focus of this inspection was to monitor progress made in meeting the requirements made at the last inspection.
During this inspection we spent time in each of the four units. We gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documentation including evidence from:

-The services most recent annual return and self assessment which we asked them to complete before the inspection
-The service's most recent action plan to address the requirements and recommendations made at the last inspection and following other regulatory activity
- A sample of residents' personal plans/care plans
- Minutes of staff and resident meetings
- Accident and incident records
- Activities programme
- Maintenance records
- Observation of staff practice
- Observation of staff interaction with residents and fellow workers
- Observation of meal times and morning and afternoon teas
- Examination of the environment and equipment
- Medication administration records
- Certificate of Registration
- Public Liability Insurance Certificate
- Consideration of residents and relatives comments made during the inspection
- Consideration of the content of Care Standard Questionnaires which some relatives completed and returned to us before the inspection
- Consideration of the National Care Standards, Care Homes for Older People

Discussion with various people including:
the home manager
three house managers
The maintenance person
care staff who were on duty
registered nurses who were on duty
twenty residents individually
one activity worker
five relatives individually
two healthcare professionals either verbally or be letter/email

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

The requirement

The provider must ensure that staff can demonstrate how they will meet residents' social needs which are recorded in their personal plans.
This is in order to comply with SSI 2011/210 Regulation 5 - Personal plans.
This also takes into account National Care Standards, Care Homes for Older People, Standard 17- Daily Life, Standard 6 - Support arrangement and Standard- 8.1, Making choices Timescales: 30 May 2012

What the service did to meet the requirement

This requirement is not met. This is discussed further in Quality Theme 1, Statement 2 where the requirement will be made again with an amended timescale for completion.

The requirement is: Not Met

The requirement

The provider must ensure that the content of all personal plans provides clear guidance for staff to enable appropriate and up to date care to be given to service users.
In order to achieve this the manager must:
a) ensure personal plans accurately reflect the settings for pressure relieving aids such as mattresses
b)ensure guidance from healthcare professionals and agreements reached during reviews of care and discussions with relatives are accurately incorporated into personal plans
c) ensure information resulting from incidents and accidents is reflected in assessments and care plans
d) ensure body mass index are correctly calculated
e) ensure the care plans contain enough information to direct staff in how to deliver all aspects of the care
f) where appropriate, skin integrity assessment must take account of the effects of residents sitting for long period in wheelchairs
g) care plans for medication must give clear instruction for the application of creams. If medication is administered in disguised form, clear direction about which medication is involved and administration details must be recorded. The effectiveness of the care plan must be evaluated taking account of how/if medication was administered.
This is in order to comply with SSI 2011/210 Regulation 5- Personal plans, Regulation

4(1)(a) Welfare of users. This also takes into account National Care Standards Care Homes for Older People Standard 6.3 Support Arrangements and Standard 14 - Keeping well-healthcare. Timescales: By the 30 May 2012

What the service did to meet the requirement

We sampled a selection of residents' care plans across all four units. We saw that in general terms the content of plans was improving and were written in a more person centred way that reflected residents' preferences. Care plans contained clear instructions about which medication was administered in disguised form or crushed form and evaluation took account of how/if the medication was administered. This aspect of the requirement is met. However we still saw that inaccurate or conflicting information was recorded and there was lack of direction to staff about how to provide the care. The evaluations of plans did not take account of changing circumstances or the content of recording charts. Mainly the issues remained as identified at previous inspections. Therefore while we acknowledge that some progress has been made it is not sufficient to have met the requirement. The requirement is not met. This is discussed further under Quality Theme 1, Statement 3 where an amended requirement and timescale for completion will be made.

The requirement is: Not Met

The requirement

The Provider must ensure that all staff who complete observation charts such as location charts do so consistently and accurately. Staff must evaluate the content of all charts including fluid and weights and plan care accordingly. Staff must not complete location chart before the checks have been completed.
This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users and takes account of The National Care Standards Care Homes for Older People Standard 5 - Management and staffing arrangements Timescale for implementation: to commence within 24 hours of receipt of this report and be completed by 15 March 2012

What the service did to meet the requirement

We examined a selection of charts across the four units. We saw that there was significant improvement in how the charts were completed and on the whole the content was more accurate. Location charts were not completed in advance of checks being carried out. Those aspects of the requirement were met. However we still saw that the content of the charts were not be sufficiently evaluated and did not consistently inform the management of residents care. The requirement is partially met. This is discussed further in Quality Theme 1, Standard 3 where an amended requirement and timescale for completion will be made.

The requirement is: Not Met

The requirement

The provider must ensure that all pressure relieving mattresses are set accurately.
This is in order to comply with SSI 2011/210 Regulation 4(1)- Welfare of users
Particularly Regulation 4(1)(a) - a provider must make proper provision for the health, welfare and safety of service users
Timescale: to commence within 24 hours and for completion within 48 hours of receipt of this report.

What the service did to meet the requirement

We sampled five mattresses in Turnhouse and Careketten units and these were not correctly set. The mattresses were appropriately set before the conclusion of the inspection. This is discussed further under Quality Theme 1, Statement 3 where the requirement will be made again with amended timescales.

The requirement is: Not Met

The requirement

The provider must ensure that all incidents such as allegations of missing property are fully documented and investigated. The manager must notify us of the outcome of the investigation into the incident detailed in this report.
This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users and takes account of The National Care Standards Care Homes for Older People Standard 5 - Management and staffing arrangements
Timescale for implementation: to commence within 24 hours of receipt of this report and be completed by 15 March 2012

What the service did to meet the requirement

The manager notified us of the outcome of the investigation. Examination of incident records and discussion with the manager showed allegations of missing property was investigated.
The requirement had been met.

The requirement is: Met

The requirement

The provider must continue to evaluate staff knowledge and practice. Staff must be able to demonstrate how their learning has influenced their work practice.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - Welfare of users, and the National care standards, Care homes for older people, Standard 4 -Your environment. Timescale: 30 May 2012

What the service did to meet the requirement

This requirement was not met. This is discussed further under Quality Theme 3, Statement 3 where the requirement will be made again along with an amended timescale for completion.

The requirement is: Not Met

The requirement

Following other regulatory activity this requirement was made
The provider must ensure appropriate support and monitoring practices to maintain a healthy nutritional status for residents.

This is in order to comply with The Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011, Scottish Statutory Instrument 2011/210, 3; 4.1(a). Reference is also made to the National Care Standards, care homes for older people, standard 13 (5), (6); 14 (6). (Timescale on receipt of this report)

What the service did to meet the requirement

From reading the content of residents nutritional care plans we were unable to establish that the current monitoring practices would maintain healthy nutritional status for residents.
This requirement is not met. This is discussed further under Quality Theme 1, Statement 3 where an amended requirement will be made with amended timescales.

The requirement is: Not Met

The requirement

Following other regulatory activity this requirement was made
The provider must ensure that service users receive adequate fluid intake as assessed at all times. If a service user does not receive the minimum assessed fluid intake a full evaluation must be undertaken which records reasons for this and interventions necessary to maintain minimum fluid intake.

This is to comply with the Social Care and Social Work Improvement Scotland

(Requirements for Care Services) Regulations 2011. SSI/2011/210/4 (1)(a) Welfare of users. In making this requirement National Care Standards Care Homes for Older People Standard 13.6 Eating well have been taken into account.

Timescale: Within 24 hours of receipt of this report

What the service did to meet the requirement

We saw that new systems had been developed to ensure that residents' fluid intake was properly assessed and was adequate for them. This included averaging the resident's fluid intake over a number of days and using the residents weight as a guide. Training was being provided to staff. However the system was not fully implemented at the time of the inspections and we were unable to assess how beneficial this would be to residents or if the requirement would be met. We will make the requirement again with extended timescale for completion under Quality Theme 1, Statement 3.

Following other regulatory activity this requirement was made

The provider must ensure that decisions affecting the wellbeing of residents are fully supported by the use of all known information in a systematic manner. The outcome of the assessment and review of care must be documented in the personal plan.
This is to comply with the Social Care and Social Work Improvement (Registration) Regulations 2011 (SSI 2011/210), regulation 5(2)(b)(ii) review the personal plan when there is a significant change in the service user or any representative. Time scale: four weeks after receipt of this letter.

Action
We looked at some residents files. It was not always easy to track information and we saw some examples of conflicting and inaccurate information recorded. We conclude this requirement is not met. This is discussed further under Quality Theme 1, Statement 3 where it will be incorporated into a requirement about care plans.
This also takes account of the National Care Standards - Care Homes for Older People, Standard 4 - Management and Staffing Arrangements

The requirement is: Not Met

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

Recommendation 1
It is recommended that the manager review the format for advertising the location, date and times of activities to ensure the size of print is suitable to be read by the

service users.
This is in order to meet the National Care Standards, Care Homes for Older People, Standard 8 - Making choices, Standard 12 - Lifestyle

Action taken to meet the recommendation
From the programme prominently displayed on the notice board in each unit, it was clear when and where each formal activity was taking place. From this we concluded that the manager had reviewed the format for advertising the location, date and time of activities.
This recommendation had been implemented.

Recommendation 2
It is recommended that the manager continues to raise staff awareness of how to offer residents choice without inadvertently influencing the outcome. Staff should be reminded not to speak about care tasks within residents hearing.
This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangement and Standard 16 - Private life

Action taken to meet the recommendation
We observed staff practice in each of the four units. We observed staff practice and saw that staff offered residents choice and did not inadvertently influence the choices they made.
We concluded that this recommendation had been implemented.

Recommendation 3
The service should ensure staff are aware of best practice guidance on disposal of medicines such as that in The Handling of Medicines in Social Care, 2007, http://www.rpharms.com/support-pdfs/handlingmedsocialcare.pdf, and that practice reflect this guidance.
This is in order to meet the National Care Standards Care Homes for Older People, Standard 5.12 - Management and staffing arrangement and Standard 15.6 - Keeping well - medication.
Action taken to meet the recommendation
We were told that all registered nurses had received training in the disposal of medication. Registered nurses could explain the process. We examined records of the disposed of medication which showed the procedure followed good practice.
From this we concluded that the recommendation had been implemented.

Recommendation 4
Where the dose of an existing drug is changed this entry should be discontinued and a new entry created with the new dose
This is in order to meet the National Care Standards - Care Homes for Older People, Standard 5.12 - Management and staffing arrangements and Standard 15.9 - Keeping well - medication.

Action taken to meet the recommendation
We examined medication recording records in one unit (Allermuire) were medication dose changes had been made. We saw that the original medication entry was changed and a new entry created with the details of the new dose.
We concluded that this recommendation had been implemented.

Recommendation 5
It is recommended that the manager ensures that staff follow the procedure for the recording of resident's belongings on admission. In addition the manager should ensure that all staff are familiar with the procedure and the timescales for completing the belongings list.
This is in order to meet the National Care Standards Care Homes for Older People Standard 5 - Management and staffing arrangements

Action taken to meet the recommendation
The procedure was being developed. The recommendation had not been fully implemented. This recommendation will be made again under Quality Theme 2, Statement 2.

Recommendation 6
The provider should be able to evidence that all staff working in the service are suitably trained for the work they are to perform and should ensure the training matrix is updated promptly to give an accurate overview of all training received by all staff. All staff should sign training attendance records and clearly identify which service they work in. The training advertisements/notices should detail the year the training is provided in order that training provisions can be tracked.
This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements

Action taken to meet the recommendation
The service continues to make progress toward implementing this recommendation. Because of the volume of information to be imputed onto the training record and the volume of training provided this has taken the staff longer to complete than they anticipated. The recommendation will be made again under Quality Theme 3, Statement 3.

Following other regulatory activity these recommendations were made.
Recommendation 1
It is recommended that additional specialist advice and guidance is sought without delay when additional needs are identified; in this case from the dementia coordinator, to ensure staff have the knowledge and skills they need in relation to their role in supporting people with dementia.

Reference is made to the National Care Standards, care homes for older people, standard 5 (3) - Management and Staffing Arrangements. Reference is also made to the Standards of Care for Dementia in Scotland June 2011.
Action taken to meet the recommendation
From examination of documentation we saw that additional specialist advice was sought particularly in relation to the dementia coordinator. We also spoke with the dementia coordinator who is satisfied that she is contacted appropriately and staff follow the guidance given.
The recommendation is implemented.

Recommendation 2
It is recommended that care plan information be further developed to reflect support and care needs; personal preferences and sets out how these will be met.

Reference is made to the National Care Standards, care homes for older people, standard 6 - Support Arrangements. Reference is also made to the Standards of Care for Dementia in Scotland June 2011.

Action taken to meet the recommendation
As recommended we saw that staff continued to develop care plan information.
This recommendation had been implemented.

Recommendation 3
It is recommended that the administration of medication is closely monitored for the complainant's relative to ensure his medication needs are being met.
Reference is made to the National Care Standards, care homes for older people, standard 15, Keeping well - medication.

Action taken to meet the recommendation
The information provided to us by the house manager in relation to a specific resident led us to conclude that medication was being administered appropriately and met the resident's medical needs.
The recommendation had been implemented.

Recommendation 4
It is recommended that the service maintains a clear and honest approach with service users, family members and carers.

Account should be taken of the National Care Standards for Care Homes for Older People Standards 5, 6 and 17 and
Scottish Social Services Council - Codes of Practice - Social Services Workers section 1 and 2.

Action taken to meet the recommendation

We could find no examples which evidenced that the service did not maintain a clear and honest approach with resident, family carers and carers.
The recommendation was implemented.

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 manager. The manager identified what they thought they did well, some areas for development and any changes they planned. The manager's assessment of the quality of the service mostly corresponded with our findings at this inspection. Our grading for the Quality Statements reflects the evidence we found during the inspection.

Taking the views of people using the care service into account

We issued 60 Care Standard Questionnaires directly to the service for distribution to residents before the inspection. Eight residents chose to complete a questionnaire and return this to us before the inspection.
We also saw most of the residents during the inspection and spoke with twenty individually about their experience of living at the service. From the comments made by residents who spoke with us during the inspection and the content of the Questionnaires we concluded that they were satisfied with the service provided to them.

Direct comments included:
"I like it here, staff are very good and I like them" (a number of residents said similar things)
"The care is good"
"Great. They (staff) always respond to any requests"
"I don't get out at all"

Some residents were not able to answer specific questions about the care received. We made a judgement about these residents' well being by looking at how they spent their time and their responses when approached by staff. We found that residents were at ease with staff.

The content of questionnaires showed that there were aspects of the service which some residents were not aware of. For example, five residents were not aware of the service's complain procedure and six did not know they could complain directly to us. Five residents did not know if they had a written agreement. From this we concluded that the service could continue to work toward raising residents' awareness of these aspects of the service. This is discussed under Quality Theme 1, Statement 1.

The questionnaires also showed that some residents disagreed that some aspects of their care needs were met. For example, one resident disagreed that staff would assist them to eat their meal if required. One resident disagreed that staff knew their likes and dislikes. One disagreed that they were encouraged to discuss care issues with their keyworker and another resident did not know if they were encouraged. We took account of these comments during the inspection especially while considering Quality Theme 1, Statements 2 and 3.

Taking carers' views into account

We issued 60 Care Standard Questionnaires directly to the service for distribution to relatives before the inspection. No relatives returned these. The manager confirmed these were distributed. We will consider alternative ways of accessing relatives' views at future inspections. This is discussed under Quality Theme 1, Statement 1.

We spoke with five relatives either during the visit or by telephone.

All were satisfied with the quality of the service provided. They felt staff were very helpful and caring. They said communication was good and they were kept informed of all aspects of their relatives care. They were confident that healthcare needs would be met and felt their relatives were well looked after.

Two relatives spoke particularly highly of staff and the quality of care that was given to their relative. They said staff were excellent and their relatives were treated with dignity and respect at all times. They said they could not ask for better care for their relatives.

A relative said that when their relative first started living at the service, staff had helped them settle in. The relative said that staff had made sure that they had enough information about the running of the service.

One relative said that the number of staff changes in the unit was not good for residents who liked and needed familiar faces around them. They said the changes to unit managers was not good for either staff or residents.

Another relative made comment about the amount of clothing that had recently disappeared when this had never been an issue in the past. They had been reimbursed by the provider. We asked the manager about this and an additional system had been introduced for labelling clothes (see Quality Theme 1, Statement 1)

We had contact with two healthcare professionals who provide services to residents. One told us they were satisfied with the service and felt staff contacted them appropriately and followed any guidance given to them.

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 evidence to show that the service helped people to express their views and participate in some decisions about the service.
The service demonstrated the following strengths in the areas covered by this Quality Statement.

The provider has a participation strategy which outlined their commitment to residents' being involved in developing the service and the methods they use to achieve this. The principles of the strategy are: taking part and being involved, keeping you informed, caring together and planning our future.
The methods used to gather residents and relatives views included: resident involvement in developing their own care plans, attending their reviews of care, satisfaction questionnaires, resident meetings, individual meetings, newsletters and verbal comments.
Residents could be involved in devising their own care plans and this offered them the opportunity to say what kind of care they felt they needed and how they wanted staff to deliver this. Reviews of care took place at least six monthly and gave residents the chance to express their views about the care given to them.
Advocacy information was displayed and gave residents the option of using an independent service that would help them tell the staff their opinions about what is important to them.

The provider sent questionnaires to residents and relatives each year to ask them about the service, including the quality of care. The questionnaires gave residents the chance to comment on the overall service and make suggestions about improvements which could be made. The results for this year showed resident satisfaction with the service had improved on 2010 with a 3% increase in residents who felt the service was excellent.

A newsletter is produced quarterly and distributed to all residents and relatives. As a result they were kept up to date on issues such as activities and staff information. Each unit held resident and relative meetings and we could see from the minutes that they took part in the discussions and were able to influence the agenda for the meetings. Topics discussed at these meetings included food and menus, and activities and outings. There was also participation group which met quarterly to discuss how the whole service could be developed. The group have influenced how residents clothing is labelled. As a result of the groups comments the laundry now has "open times" when relatives can take clothing to the laundry areas to be labelled immediately and potentially this will reduce the likelihood of new clothing going missing prior to being labelled. There was a gardening committee which residents could join if they wanted to influence how the garden was developed. The times of all meetings were prominently displayed on the notice board so that residents and relatives could plan ahead if they wanted to attend.

In one unit a relative support group has been developed and the purpose of this is to offer support to relatives who have loved ones living with dementia.
There was a written complaints policy and this created an opportunity for staff and residents to raise concerns about the service. The procedure was displayed so we concluded that anyone entering the building would be able to see the process for raising concerns/placing a complaint. Residents could tell us who they would speak to if they had a concern. We viewed the complaint records and saw that the complaints logged since the last inspection had been responded to.

Areas for improvement

While residents and relatives meetings took place because of changes to management personnel, the way matters arising from these meetings were dealt with was harder to evidence. The manager is hopeful that now house managers are in post a more consistent approach toward the meetings will take place. We could see that in two units (Allermuire and Careketten) meetings were not a popular method of involving residents and relatives. The unit managers will continue to consider alternative methods of gathering views. We will monitor progress at the next inspection.

Overall, we found that the service created some opportunities for residents and relatives to influence the way the service was provided and how it would develop in the future. We discussed with the manager the importance of developing the participation strategy in a way that makes sure that everyone had opportunities to have their say, including those residents who found communication more difficult. We made a recommendation at previous inspections that the participation strategy be developed and we will make this again as the strategy will need to develop over a prolonged time. (see recommendation 1)

We issued 60 each of Resident and Relative Care Standard Questionnaires directly to the service for distribution to residents and relatives. The manager confirmed these were issued. Because only eight residents chose to complete and return these to us before the inspection we will consider how best to distribute these questionnaires at future inspections. From the content of the questionnaires returned to us by the residents we saw that some were not fully aware of all aspects of service for example if they had a written agreement. The manager should consider ways to raise residents' awareness of all aspects of the service they receive. We will monitor progress at the next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the provider continues to develop the participation strategy to ensure that methods are in place to enable all residents and relatives to assess the quality of the service including quality of care, quality of environment, quality of staffing and quality of management. All staff should continue to receive training in how to deliver the participation strategy. The strategy should be developed to take account of the cognitive abilities of all residents.
   This is in order to meet the National Care Standards, Care Homes for Older People, Standard 11- Expressing your views

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service strengths

The service demonstrated the following strengths in the areas covered by this Quality Statement.

Residents told us they could personalise their rooms, could have a key to their bedroom and could lock the bedroom door if they chose. They had secure storage facilities in their bedrooms where they could store personal items. This created an opportunity for residents to consider how they wished to keep their belongings and personal areas safe. This potentially increased their sense of security.

Residents told us they could choose when to go to bed at night and rise in the morning. We saw that those who were able were free to move around the building independently and without restrictions. This contributed to encouraging residents to follow their own daily routines.

We saw that staff knocked bedroom doors before entering which showed they were respecting residents' privacy.

Residents told us that special days such as birthdays were celebrated. Their spiritual needs were supported by local churches who visited the service. Residents could meet privately with their visitors and staff were seen to make visitors welcome. Staff helped residents vote in local and national elections. All of this helped residents to maintain links with their personal and cultural interests.

Activity coordinators were in post and organised structured activities during the week and some weekends and evenings. Residents could opt into these activities as they pleased. An activity programme was prominently displayed and detailed what activities were on each day, the times and location of the activities. This information potentially helped residents to plan their day because they knew what activity was available and when. It also made staff more accountable because residents and relatives would be able to question them if activities did not take place as stated on the programme. Activities were discussed at residents meetings and were changed to take account of their views. We concluded that activity staff were making efforts to take account of residents need for social stimulation and maintaining their interest and hobbies.

The dining rooms were pleasant, the tables were nicely set and napkins and condiments were available. We saw that staff offered residents choice during meal times and gave them time to reach a decision. A menu was displayed and we also saw staff tell residents individually what food was available. All of this helped the residents know the meal choices. The serving of meals was well organised and efficient but residents were not rushed. There was no excessive time between meals and residents who needed assistance to eat their meal received this promptly. Staff were patient while assisting residents with their meals and conversations took place between staff and residents. This made the meal a more sociable event.

Residents told us that they could choose to have their meals served in their bedrooms or in the dining room. All of the above created an opportunity for residents to express their meal choices and enjoy the dining experience.

Areas for improvement

We made a requirement at the last inspection about activities. At this inspection we still saw that outwith the formal activities there was little for residents to do. We saw that residents who could not attend group activities were offered few alternative forms of stimulation. We would have liked to see more residents taking part in some sort of activity. While there was an expectation that carers would provide some kind of social contact/stimulation, there was no structured approach to this and they were not trained in how to provide activities. Staff were also very busy attending to residents direct care needs so had less time for social conversation outwith care tasks. The manager was aware that this aspect of care needed to improve. Recruitment was underway for vacant activity coordinators posts. The manager hoped to make the working hours more flexible so that activity coordinators would be available at different times of the day which may suit residents better. The requirement will be made again to give the service time to meet this. An amended requirement will be made about activities. (see requirement 1)

We saw that while there was an adequate supply of activity equipment such as board games, these could not be accessed by residents or their relatives without staff help. This was because in some units the equipment was locked away and in others it was out of residents reach. Potentially this meant that should a resident wish to participate independently of staff in board games or cards, for example, they would not be able to do so. This would also be the case for visitors to the service who would have to ask staff for access to equipment they might wish to use when visiting their relative. The manager agreed to review this. We will monitor progress at the next inspection.

The content of "Maps of Life" and social care plans, which record the resident's interest and hobbies, did not always correspond so it was difficult to know which information was accurate. Activities were not evaluated to establish if these met the residents' interests. This is taken account of in Quality Theme 1, Statement 3 where a requirement about the content of care plans has been made.

We sampled a selection of residents bedrooms and saw that some toiletries were not always clean. Hairbrushes and some toiletry baskets/bags were dirty. In one instance a resident did not have a hairbrush or comb so it is difficult to understand how their hair could be combed, although it was. By the end of the inspection new combs had been purchased for residents. Residents' drawers were untidy and clothes were not always neatly folded. We saw that residents were not offered hand-washing facilities before meals. This showed that all staff did not always maintain residents' personal hygiene or their dignity and did not always show respect toward their personal belongings. (see requirement 2). We acknowledge that the new house managers have commenced environmental audits and reinforced expected standards within the units. At this stage any benefits from this are not yet evident.

While menus were displayed, on two of the inspection days the menu did not correspond with the meal served. We acknowledge that staff verbally told residents what was available but it would be useful if residents could also see for themselves the choices on offer. (see recommendation 1)

In all units, there were not enough dining tables/chairs to allow all residents to choose to have their meal at the dining table. This gave the impression that there was an expectation that at least some residents would either eat meals in their rooms or sitting in easy chairs. Additional dining tables and chairs were ordered before the end of the inspection. We will monitor progress at the next inspection.

We saw staff assist residents to the dining tables up to thirty minutes before the meals were served. This seemed an excessive time to wait for meals. We also saw that some residents sat at the dining table from after breakfast until after lunch before moving to a softer chair. Staff stated this was resident choice and they were offered the opportunity to move to easy chairs. The manager agreed to review this and we will also monitor this at the next inspection.

We saw that house managers had started completing meal audits which assess all aspects of how meals are served and staff practice during meals, to identify areas for improvement. At this stage any benefits from this are not yet evident. We will monitor progress at the next inspection.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 1

Requirements

1. The provider must ensure that staff can demonstrate how they will meet residents' social needs which are recorded in their personal plans.

This is in order to comply with SSI 2011/210 Regulation 5 - Personal plans.
This also takes into account National Care Standards, Care Homes for Older People, Standard 17- Daily Life, Standard 6 - Support arrangement and Standard- 8.1, Making choices Timescales: 30 November 2012

2. The provider must ensure that staff follow good infection control procedures and treat residents and their belongings with respect. In order to do so the manager must:
   a) ensure that staff offer all residents hand washing facilities before meals.
   b) ensure that staff maintain residents personal belongings and toiletries such as hairbrushes in a hygienic way.

   This is on order to meet SSI 2011/210 Regulation 4(1)(a)(b) - Welfare of users To commence within 24 hours of this report and be completed by 20 July 2012

Recommendations

1. It is recommended that the manager ensures that the content of the menu accurately reflects the meals that are offered.
   This takes account of National Care Standards, Care Homes for Older People, Standard 13 - Eating well and Standard 5 Management and staffing arrangements.

Statement 3

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

Service strengths

The service demonstrated the following strengths when ensuring residents health and well being.

On arrival at the service we saw that residents were clean and tidily dressed and looked well cared for. During the inspection we saw that residents' were assisted to change their clothing if it became soiled and this helped them maintain their dignity. The service operates a keyworker system. This means that a named staff member is allocated to each resident and they have responsibility for coordinating the residents care. As a result residents and relatives have an identified staff member to discuss care issues with.
We sampled a selection of residents' files. All residents had an assessment which contained information about their health and well being. Care plans were then devised based on this information. Risk assessments for nutrition, manual handling, and the use of equipment which could be considered restraint such as bed rails had been completed. Reviews of care took place at least every six months and the outcomes of these influenced how care was delivered. As a result, the service had a system which would identify each residents care needs and the action staff should take to make sure their health and well being was met.
Individual case tracking and discussion with staff and relatives showed us there was regular contact with a range of healthcare professionals including general practitioner, dentists, district nurses and dementia care coordinator. Residents told us they felt that staff looked after them well. Relatives who spoke with us were very positive about the care provided and were confident that staff would provide the appropriate care.

The staff group had a variety of suitable qualifications. Examination of the staff rota showed that at least one registered nurse was on duty at all times. Staff could explain residents' health care needs and could tell us which residents were on fluid charts and soft diets or needed assistance to eat meals. This showed us that staff knew residents' health care needs. When in our presence staff were seen to be polite and patient in their approach to residents. It was beneficial to residents' health that they had access to appropriately qualified staff who could describe their care needs.
We said in the last inspection report that we would monitor how long the morning medication round took. We observed at this inspection and found that the medication round did not last an excessive time.

We also said we would monitor aspects of medication. We did this and saw no examples of eye drops used past their expiry date and medication was mainly given as prescribed.

Areas for improvement

At the last inspection we made a requirement that care plans be developed. We examined care plans and from the content we concluded that the requirement was not met. An amended requirement will be made to include outstanding aspects from other regulatory activities and additional issues identified at this inspection. Generally the issues remained as previously identified and the service needs to improve the way they plan and document care for residents.
Care plans often did not give enough specific detail to direct staff in how to actually deliver care. For example care plans for the application of topical creams did not consistently direct staff about where on the body the cream had to be applied or how often. Care plans did not consistently record the settings for pressure relieving mattresses. Body mass index were not correctly calculated. Care plans often contained conflicting information or were not updated to take account of changing circumstances, relatives comments, the outcomes of care reviews, incidents and accident. This could lead staff to give inconsistent care to residents. We still saw examples where a resident sat in a wheelchair for long periods and still have concerns about the comfort of sitting in wheelchairs and the effect on resident's skin even although this was intact. (see requirement 1)
The QUEST which is the document staff used to assess residents care needs did not always accurately identify residents care needs. For example one resident was prescribed anti- depressant medication. The QUEST recorded that the resident had depression, but assessed that they had no need for support in this area and a care plan was not developed. This means that there is no guidance to staff about how to support the resident or monitor changes in the resident's mood. Potentially this could lead to a delay in the resident receiving the care they need. (See requirement 1)
There was little effective evaluation of care plans, to consider if staff were helping residents to achieve their goals, or if there was more that could be done to help them to do this. (see requirement 1)
The manager was aware of the areas that needed to improve. The unit managers had begun auditing care plans and were identifying similar issues as we did. The manager was confident that now the unit mangers were in post they would be able to support staff in developing the care plans.

A new system was being devised to record when Power of Attorney was in place so that staff could access the information quickly. We will monitor progress at the next inspection.

We made a requirement at the last inspection the completion and evaluation of charts that staff used to record and monitor some aspects of residents' care, such as observational charts and fluid charts. While we saw that these had been completed correctly, we did not find any evidence that staff had evaluated the information they provided, and did not use the information to inform the way care was planned. The

requirement is partially met and an amended requirement will be made to reflect progress and the outstanding areas for improvement. (see requirement 2)

We made a requirement at the last inspection that pressure relieving mattresses be set correctly. We sampled five mattresses in Turnhouse and Careketten units and these were not correctly set. The mattresses were appropriately set before the end of the inspection. Residents' skin was intact. We will make the requirement again. (see requirement 3)

We observed some nice staff practice and staff were attentive and interacted well with residents. However, we also saw that at times staff were so focused on completing care tasks that they did not always show that they were considering each resident as an individual. For example in Turnhouse unit we saw a resident who constantly called out loudly for staff attendance. While staff were attentive in so far as constantly reassuring the resident, it seemed that they had stopped listening to what the resident was actually shouting because they did not hear them ask for assistance. In Carnethy unit staff did not see a resident almost fall asleep in their soup even although they were passing by. In one instance, while staff verbally prompted a resident to eat their meal no one sat beside them to offer assistance when they saw the resident was not eating. The manager was firm that this was not acceptable practice. Each unit manager gave a commitment to ensure that staff show more awareness in this area. We will monitor progress at the next inspection.

We saw one example where a resident's topical cream could not be administered because it was not delivered at the start of the cycle. The delay in following this up with the supplying pharmacy resulted in the cream being out of stock. We saw that the manager had already addressed this with staff and made them aware of the procedure for contacting the pharmacist if medication was not supplied at the start of the cycle. We will monitor progress at the next inspection.

Following other regulatory activity we made a requirement about the monitoring of residents fluid intake. We saw that new systems had been developed to ensure that residents' fluid intake was properly assessed and was adequate for them. This included averaging the resident's fluid intake over a number of days and/or using the resident's weight as a guide. Training was being provided to staff. However the system was only recently been implemented and at the time of the inspection we were unable to assess how beneficial this would be to residents or if the requirement would be met. We will make the requirement again with extended timescale. (see requirement 4)

Following other regulatory activity a requirement was made about maintaining a healthy nutritional status for residents. From reading the content of residents nutritional care plans we were unable to establish that the current monitoring practices would maintain healthy nutritional status for residents. We found miscalculations of MUST (MaInutrition Universal Screening Tool) scores and variable evaluation of residents fluid and food intake. Whilst staff spoken with could discuss how they supported residents who were at risk nutritionally, this was not always adequately documented. Because this requirement is not met we will make it again (see requirement 5)

We examined medication records and care plans and saw that Blood Monitoring was not carried out as directed in the care plan. Staff gave a satisfactory explanation and explained that these were currently being reviewed by the GP. We will monitor progress at the next inspection.

Some protocols for the administration of "when required" medication did not detail the maximum dose or minimum time between doses. Consequently there was not enough information to guide staff in the consistent use of the medication. (see recommendation 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 5

Number of recommendations: 1

Requirements

1. The provider must ensure that the content of all personal plans provides clear guidance for staff to enable appropriate and up to date care to be given to service users.
   In order to achieve this the manager must:
   a) ensure personal plans accurately reflect the settings for pressure relieving aids such as active mattresses
   b)ensure guidance from healthcare professionals and agreements reached during reviews of care and discussions are accurately incorporated into personal plans
   c) ensure information resulting from incidents and accidents is reflected in assessments and care plans
   d) ensure body mass index are correctly calculated
   e) ensure the care plans contain enough accurate information to direct staff in how to deliver all aspects of the care including but not limited to mental health, social interests and oral hygiene
   f) where appropriate skin integrity assessment must take account of the effects of sitting for long periods in wheelchairs
   g) ensure the care plans must accurately reflect the outcome of the assessment of care needs
   h) ensure that care plans are comprehensively evaluated
   This is in order to comply with SSI 2011/210 Regulation 5- Personal plans, Regulation 4(1)(a) Welfare of users. This also takes into account National Care Standards Care Homes for Older People Standard 6.3 Support Arrangements and Standard 14 -Keeping well-healthcare. Timescales: By the 30 December 2012
2. The Provider must ensure staff evaluate the content of all charts including fluid and weights and plan care accordingly.
   This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users and takes account of The National Care Standards Care Homes for Older People Standard 5 - Management and staffing arrangements Timescale for implementation: to commence within 24 hours of receipt of this report and be completed by 15 July 2012
3. The provider must ensure that all pressure relieving mattresses are set accurately.
   This is in order to comply with SSI 2011/210 Regulation 4(1)- Welfare of users Particularly Regulation 4(1)(a) - a provider must make proper provision for the health, welfare and safety of service users
   Timescale: to commence within 24 hours and for completion within 48 hours of receipt of this report.

4. The provider must ensure that service users receive adequate fluid intake as assessed at all times. If a service user does not receive the minimum assessed fluid intake a full evaluation must be undertaken which records reasons for this and interventions necessary to maintain minimum fluid intake.

   This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI/2011/210/4 (1)(a) Welfare of users. In making this requirement National Care Standards Care Homes for Older People Standard 13.6 Eating well have been taken into account.

   Timescale: 30 October 2012

5. The provider must ensure appropriate support and monitoring practices to maintain a healthy nutritional status for residents.

   This is in order to comply with The Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011, Scottish Statutory Instrument 2011/210, 3; 4.1(a). Reference is also made to the National Care Standards, care homes for older people, standard 13 (5), (6); 14 (6). (Timescale on receipt of this report)

Recommendations

1. It is recommended that the manager ensures that all sections of medication protocols are fully completed and give staff enough direction about the maximum dose of medication and the minimum time between doses.
   This is in order to meet the National Care Standards Care Homes for Older People, Standard 15 - Keeping well - medication

Quality Theme 2: Quality of Environment

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 environment within the service.

Service strengths

The strengths stated in Quality Theme 1, Statement 1 are relevant to this Statement. The service was demonstrating good practice in areas covered by this Quality Statement.
As a result of residents and relatives comments additional seating areas had been made in the garden. This helps demonstrate that the provider is taking account of and responding to residents and relatives comments about the environment.

Areas for improvement

The recommendations and areas for development noted in Quality Theme 1, Statement 1 are relevant to this Statement.

Grade awarded for this statement: 4 - Good

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

The service demonstrated the following strengths in ensuring the environment was safe and residents were protected.
On arrival at the service we saw that the building was generally clean and comfortably furnished. Residents told us the environment was comfortable. The garden area was well maintained and secure. Residents could deposit valuables for safe keeping with staff. All of this contributed to a pleasant and safe environment for residents to live in.

Equipment used by residents and staff had undergone Portable Appliance Testing (PAT) as legally required. There were maintenance contracts for gas appliances and equipment such as manual handling hoists. A maintenance person was employed at the service to make sure repairs were attended to quickly. Recorded checks were carried out on all equipment including wheelchairs, bed rails, widow restrictors, call bells and we saw that any defects were fixed. There was a selection of equipment such as hoists, stand-aids and slings for residents use. The equipment was seen to be clean. There was a plentiful supply of disposable gloves, wipes and aprons and these were easily accessible to staff. There was secure access to the building and all visitors were asked to sign the visitor book to make sure staff knew who was in the building at any time. The service was subject to Environmental Health checks. All of this contributed to a safer environment for residents to live in.

There was a selection of policies and procedures that gave staff direction about how to maintain residents' safety. These included: infection control, management of medication, adult protection and risk management. Staff had received training in moving and handling and infection control which should help them maintain a safe environment for residents. Record keeping systems were in place to record all accidents, incidents and complaints and these were used correctly. We saw that the house manager audited the records to make sure she knew of events that could affect residents' safety.
The manager completed a resident dependency assessment at least monthly to make sure that the available staff hours met residents assessed direct care needs. This assessment showed that the available staff hours did meet the residents assessed direct care needs. During this visit we saw that staff were not rushing and residents' requests for assistance were attended to quickly. It looked as if the number of staff on duty could meet residents care needs at that time.

In Turnhouse unit the furniture in the sitting room had been rearranged to give more free floor space. This contributed to making the room safer for residents who wished to walk around because there was less furniture obstructing their paths. The atmosphere felt settled and calmer in all the units on all of the visits. This contributes to making the environment safer for residents.
We said at the last inspection that we would monitor how staff were allocated tasks. We saw improvement in how these were recorded. Staff could tell us which tasks they were responsible for. Additional pagers had been bought so more staff were able to respond to residents calls for assistance, meaning there was less chance of residents having to wait an excessive period of time for help, when they used the call system. We saw that systems were in place to check that residents who were in their bedrooms were well at a particular time. The records to document these checks were completed correctly. This practice helps staff make sure residents were safe without restricting their choices or freedom of movement around the building.

Areas for improvement

We made a recommendation at the last inspection that residents' property be recorded in case something when missing. The process had started but was not completed at the time of inspection. We will make the recommendation again. (see recommendation 1)

We saw that additional signage was being installed in units to help residents find their way around the building. We felt it would also be helpful if orientation boards were used to help remind residents of the day, date and month. We discussed this with the manager who will address this. We will monitor progress at the next inspection.

We saw that some call bells were not connected in some residents' bedrooms and were told this was because they were unable to operate these and that care plans detailed this. We will continue to monitor this at future inspections.

While in general the building was clean, there were aspects of cleanliness which could be improved. For example: we saw an en-suite in Carnethy unit where odd shoes and wheelchair footplates were stored. There was odour in Turnhouse unit at certain times of the day and the source was being investigated. There were also several broken toilet brush holders. There was a broken toilet lid in a bathroom in Careketten unit. The manager agreed to address these issues. We saw that the new house managers had started environmental audits to identify areas that needed improved but it was too early to establish what improvements these would lead to. A rolling programme of upgrading the environment continued to be implemented. We will monitor progress at the next inspection.

As stated in Quality Theme 1, Statement 2, residents' personal belongings were not always as clean as they should be and staff did not offer residents hand washing facilities before meals. These aspects of staff practice do not promote as safe an environment as they should and has impacted on the quality grading of this Statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the manager ensures that staff follow the procedure for the recording of resident's belongings on admission. In addition the manager should ensure that all staff are familiar with the procedure and the timescales for completing the belonging list.
   This is to meet the National Care Standards Care Homes for Older People Standard 5 - Management and staffing arrangements

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

The strengths stated in Quality Theme 1, Statement 1 are relevant to this Statement. The service was demonstrating good practice in areas covered by this Quality Statement.

Areas for improvement

The recommendations and areas for development noted in Quality Theme 1, Statement 1 are relevant to this Statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

The service demonstrated the following strengths in the areas covered by this Quality Statement.
There was a selection of policies and procedures available to staff, to help guide them and promote professional practice. These included: safe recruitment; staff development; disciplinary and grievance procedures and whistle-blowing.
There was learning and development policy which detailed the provider's commitment to ensuring there was a suitably trained workforce. A selection of training was provided to support staff in their practice and maintain and develop their skills. These include: moving and handling, infection control and adult support and protection.
We spoke with the Manager about a training programme for the staff, and she described to us how she had carried out a training needs analysis and had planned training to meet the identified needs. The manager was able to demonstrate that the training provided was appropriate to the work the staff members were to carry out. For example registered nurses received additional training in clinical areas such as wound care and the verification of death.
The training programme considered the need for staff to achieve the qualifications needed to register with the Scottish Social Services Council (SSSC). To date, 83% of care staff have a gained a Scottish Vocational Qualification at level 2 or 3. The manager and senior carers were registered with the SSSC and registered nurses were registered with the Nursing and Midwifery Council.

We observed staff practice and saw that staff were generally caring and motivated in their work. We saw examples of good practice in the way staff performed their work, both in the way they carried out the delivery of care, and in most of their interactions with residents. We saw some examples of the nurses monitoring and directing aspects of care, particularly at meal times.

Areas for improvement

Team meetings and staff supervision had been less regular in some of the units because of the impact of the vacant house manager posts. This meant staff had less consistent opportunities to discuss work practice and training needs. There was also less opportunity to consistently reinforce the best ways to deliver a good service. We could see that dates for future meetings had been programmed for the remainder of the year. As such we will carry forward the requirement we made at the last inspection. (see requirement 1)

The service had recognised that staff needed more training in the use of Malnutrition Universal Screening Tool (MUST). The house managers had already received this training and dates had been set for all registered nurses and carers to attend. The manager was confident that this training would equip staff to effectively help residents to maintain healthy weights.
We will monitor progress at the next inspection.

At the last inspection we made a recommendation that the training matrix be updated to reflect all training received. While we saw that good efforts had been made in completing the matrix some information was still outstanding. This was due in part to the volume of training being provided. We will make the recommendation again.(see recommendation 1)

We still saw examples where staff practice and knowledge did not evidence competency or that learning from training was being put into practice. Examples are evident throughout this report and include: the setting of mattresses, evaluation of charts, care planning, maintaining residents' personal belongings. Staff practice needs to continue to be addressed if this quality grade is to be improved.

A new format for recording the actions arising from meetings and the timescales for completion of tasks had been developed. Because the meetings had not been consistently held we were unable to establish if this was consistently used. We will monitor progress at the next inspection.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must continue to evaluate staff knowledge and practice. Staff must be able to demonstrate how their learning has influenced their work practice.

   This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - Welfare of users, and the National care standards, Care homes for older people, Standard 4 -Your environment. Timescale: 30 November 2012

Recommendations

1. The provider should be able to evidence that all staff working in the service are suitably trained for the work they are to perform and should ensure the training matrix is updated promptly to give an accurate overview of all training received by all staff. All staff should sign training attendance records and clearly identify which service they work in. The training advertisements/notices should detail the year the training is provided in order that training provisions can be tracked.
   This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

The strengths stated in Quality Theme 1, Statement 1 are relevant to this Statement. The service was demonstrating good practice in areas covered by this Quality Statement.

Areas for improvement

The recommendations and areas for development noted in Quality Theme 1, Statement 1 are relevant to this Statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths

The service demonstrated the following strengths in the areas covered by this Quality Statement.
The provider was recently re-accredited with the Investors in People status. The service had a Quality Assurance System which was used to monitor the quality of the service and identify areas which needed to be developed. Satisfaction surveys were carried out to establish residents', relatives and staff views of the service provided.

There was a comprehensive audit system which monitored all aspects of the service including, environment, equipment and medication. When fully operational this should help identify areas which need to be improved in order to drive the quality of the service forward.

The manager worked with all staff on a daily basis and spoke with residents, visitors and staff. The manager told us this helped her monitor staff practice and hear residents and relatives' views which contributed to developing the service.
Action plans for improvements arising from our inspections and other regulatory activity were submitted promptly.
The manager was aware of her responsibility to inform Social Care and Social Work Improvement Scotland and Scottish Social Service Council of stipulated events and did so promptly when needed.
All units now have a manager. All their working hours are protected management time which has the potential of improving the managerial oversight of the service quality of each unit. They each showed an understanding of the areas that had to be improved and spoke enthusiastically about their plans to achieve this. They had each devised an Action Plan which outlined how they planned to improve the units. This is discussed further under the areas for improvement section of this report.

Areas for improvement

Although the managers' had only recently taken up post they each had devised an action plan to address practice issues in each unit. Staff were clearly supportive of and positive about the new management structure. They felt it had the potential to help them improve the quality of the service for residents. But staff also pointed out that over the last year or two there had been several changes to unit managers. They were hopeful for stability in this area. At this inspection it was too soon to evaluate how effective the new management structure would be in improving the quality of the service. We will monitor progress at the next inspection.

Although the provider has a quality assurance system, the service audits had not always resulted in any significant improvements at the service possibly due to the lack of managerial oversight in each unit because of vacant management posts. It was not always clear how the completed audits were monitored or what action was taken when issues were identified. As a result we could see no clear, retrievable audit trail that showed the audits always resulted in sustained service improvements. The Quality assurance system needs to be fully embedded and evidence clearly that it results in improved outcomes in the quality of the service. (see recommendation 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

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

4 Other information

Complaints

There have been five complaints which 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 - 3 - Adequate	
Statement 1	4 - Good
Statement 2	3 - Adequate
Statement 3	3 - Adequate
Quality of Environment - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Quality of Staffing - 3 - Adequate	
Statement 1	4 - Good
Statement 3	3 - Adequate
Quality of Management and Leadership - 3 - Adequate	
Statement 1	4 - Good
Statement 4	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings	
20 Feb 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
30 Sep 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
6 May 2011	Unannounced	Care and support Environment Staffing	3 - Adequate 4 - Good 4 - Good

		Management and Leadership	3 - Adequate
17 Jan 2011	Re-grade	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed Not Assessed Not Assessed
1 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good Not Assessed
13 May 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
26 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 3 - Adequate
10 Nov 2009	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
18 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
18 Feb 2009		Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

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

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

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Telephone: 0845 600 9527
Email: enquiries@scswis.com
Web: www.scswis.com