

## 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

Type of inspection: Unannounced

Inspection completed on: 14 November 2012



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## 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:

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## Summary

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

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	3	Adequate
Quality of Environment	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 staff were attentive to their needs. Staff were seen to be polite and respectful towards residents and visitors. The staff we spoke with could describe residents' care needs.

### What the service could do better

We have detailed all the areas for improvement in the report. The recording of residents' information must be improved, particularly in relation to nutritional care needs.

### What the service has done since the last inspection

Since the last inspection, house managers' working hours continue to be completely supernumerary. We saw that this has allowed them more time to focus on the managerial aspects of the units such as observing and assessing staff practice and having an overview of the care and support given to residents on a daily basis. Each house manager has devised "objectives" to improve the quality of the service in the units they have responsibility for.

While some of the requirements placed at the last inspection have not been met, we saw that the service is making steady progress towards meeting these.

### **Conclusion**

While the areas for improvement mainly remain the same as at the last inspection, we did see that the service was making consistent progress in improving the quality of the service. The service is sustaining improvements identified at previous inspections. The management team were working well together and they all expressed the same determination to improve the service. The supernumerary time given to House Managers had clearly been beneficial and was allowing the management team time to consolidate improvements.

### **Who did this inspection**

Rose Bradley  
Michelle Deans

# 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](http://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 Nursing 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 112 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 to the home manager who has 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.careinspectorate.com](http://www.careinspectorate.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

The purpose of this inspection was to measure the progress made in meeting the requirements made at the last inspection of June 2012. This report should be read in conjunction with the unannounced inspection report of June 2012.

We wrote this report after an unannounced inspection that took place at the service on 14 November 2012 between the hours of 10am and 6pm. We spent time in three of the four units - Carnethy, Turnhouse and Allermuire. The outcomes of the inspection were discussed with the manager and three house managers at the end of the inspection. The inspection was carried out by inspectors Rose Bradley and Michelle Deans.

During this inspection we gathered evidence from various sources, including the relevant records and:

- A sample of residents' personal plans/care plans
- Charts used to record residents' fluid intake each day
- A sample of minutes of resident/relative/staff meeting
- Observation of two meals in Carnethy and Turnhouse unit and afternoon tea in Allermuire unit
- Observation of staff practice
- Observation of staff interaction with residents and fellow workers
- Certificate of Registration and staffing schedule
- Public Liability Insurance Certificate
- We saw many of the residents in three units during the inspection and spoke in general conversation with ten residents to gain their views about the service they received. We considered their comments as part of the inspection
- We spoke with seven relatives during the inspection and took account of their comments as part of the inspection
- We took into account the Public Services Reform (Scotland) Act 2010 and associated Statutory Instruments, the National Care Standards Care Homes for Older People, and the Scottish Social Services Council (SSSC) Codes of Practice for Social Service Workers and Employers.

Discussion with various people including:  
manager  
some registered nurses who were on duty  
house managers  
some carers who were on duty  
one activity coordinator

### **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](http://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 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 in 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

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

We sampled residents' belongings in two units, Carnethy and Turnhouse, and found that personal belongings were maintained in a hygienic way.

We observed meals in the two units and saw that hand-washing facilities were offered to all residents before meals were served.

The requirement had been met.

**The requirement is:** 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 looked at a sample of residents' mattresses in both Carnethy and Turnhouse and saw these were accurately set.  
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 November 2012

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

The timescale for the completion of this requirement had not expired at the time of the inspection. We monitored progress and the manager confirmed that while staff competency assessments and one to one staff supervision was under way to help assess staff knowledge and practice, it was still outstanding for some staff. We will make the requirement again under Quality Theme 3, Statement 3 to give the provider the allocated timescale for completion.

For this reason the requirement had not been met.

**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 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

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

The timescale for the completion of this requirement had not expired at the time of the inspection. The requirement will be made again under Quality Theme 1, Statement 3.

For this reason the requirement had not been met

**The requirement is:** Not Met

### **The requirement**

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

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

We sampled food diaries, fluid charts and residents' weight records. We saw that the recording of residents' fluid/food intake on the whole had improved. However, the monitoring of the records, evaluating the content of these and planning care accordingly was not consistent. This is discussed under Quality Theme 1, Statement 3. The requirement had not been met.

**The requirement is:** Not Met

### **The requirement**

Following a complaint investigation 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: 30 October 2012

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

We sampled a selection of fluid charts. We saw that the recording of residents' fluid intake on the whole was improved. However, we still saw instances where residents did not achieve their stated daily minimum fluid target. There was no recorded reason for this and no action identified to maintain the minimum fluid intake. This is discussed under Quality Theme 1, Statement 3 where the requirement will be incorporated into another requirement about nutrition. This will make it easier for the service to know exactly what action is required from them in order to meet residents' nutritional care needs and meet this requirement.

The requirement had not been met.

**The requirement is:** Not Met

### **The requirement**

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**

We looked at food diaries and fluid charts. We saw that the content of these were not always evaluated and care planned accordingly. We concluded there were inadequate monitoring practices to maintain residents' nutrition.

This will be discussed in Quality Theme 1, Statement 3 where the requirement will be incorporated into another requirement about nutrition. This will make it easier for the service to know exactly what action is required from them in order to meet residents' nutritional care needs and meet this requirement.

This requirement had not been met.

**The requirement is:** Not Met

### **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 November 2012

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

The timescale for the completion of this requirement had not expired at the time of the inspection. This is discussed under Quality Theme 1, Statement 2

For this reason the requirement had not been met.

**The requirement is:** Not Met

### **The requirement**

Following a complaint investigation this requirement was made:

The provider must adhere to the complaints procedure at all times.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.SSI/2011/210/18 (3) Complaints. In making this requirement National Care Standards Care Homes for Older People Standard 5.1, 5.2 Management and staffing arrangements; 11.3 Expressing your views have been taken into account.

Timescale: Within 24 hours of receipt of this report.

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

This requirement had not been met. This is discussed under Quality Theme 4, Statement 4.

**The requirement is:** Not Met

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

### Recommendation 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.

What the service did to implement the recommendation:

We saw that the menus displayed accurately reflected the meals served. This recommendation had been implemented.

### Recommendation 2

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

What the service did to implement the recommendation:

We sampled a selection of medication protocols in one unit and found these were fully completed.

This recommendation had been implemented.

### Recommendation 3

It is recommended that the manager ensures that staff follow the procedure for the recording of residents' 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 to meet the National Care Standards Care Homes for Older People Standard 5 - Management and staffing arrangements

What the service did to implement the recommendation:

We saw that the belongings of a newly admitted resident had been completed.

This recommendation had been implemented.

### Recommendation 3

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

What the service did to implement the recommendation

We did not fully examine this recommendation during this inspection. We were told that staff continue to receive training and that training records were still being updated. We will carry this recommendation forward under Quality Theme 3, Statement 3 and monitor progress at the next inspection.

### **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.

The service completed a self assessment before the last inspection in June 2012. We did not ask the service to complete another before this inspection.

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

We saw most of the residents in the three units we visited during the inspection. We spoke individually with ten residents but not all residents we spoke with were able to answer direct questions and some were less able to verbally express their views.

Therefore we observed the way they interacted with staff and their general demeanour. We saw that residents appeared comfortable and relaxed with staff who were seen to be polite and kindly in their approach. Direct comments included:

"The food is always cold."

"If I want something different to eat (from that served at meal times) I just ask."

"I am just settling in. The staff seem very nice."

### **Taking carers' views into account**

We spoke with seven relatives/visitors about their experience of the service. The views were mixed, with one relative being extremely satisfied with all aspects of the service.

The others, while on the whole satisfied, felt aspects of the service could be improved. They felt that sometimes the service was good but at other times it was not depending on the staff on duty. They felt that some aspects of communication between staff and relatives could be better. These views were shared with the manager.



## 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

As the purpose of this inspection was to measure the progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit. However, we saw that the strengths identified at the last inspection were still evident. These included:

- \* Involving residents in devising their care plans. This offers residents the chance to say what kind of care they felt they needed and how they wanted staff to give the care
- \* Involving residents in reviews of how their care was provided. This gives residents the chance to say if they want changes to the way the care is given
- \* Residents' and relatives' meetings which gives them the opportunity to influence how the service develops
- \* The use of satisfaction surveys to gather views which gives residents and relatives the chance to comment on the quality of the overall service
- \* Individual meetings with relatives and residents where they can privately discuss any aspect of the service or the care provision
- \* A service Newsletter. This keeps residents and relatives up to date about issues such as activities, committee meeting dates, participation meeting dates, how to access the service policies, names of new house managers.

In addition, we saw that residents were being involved in choosing the redecoration in one of the units.

## Areas for improvement

At the last inspection we noted that in two units (Carnethy and Careketten) meetings were not a popular method of gathering residents' and relatives' views and the house managers were considering more suitable ways to gather views. We will monitor progress at the next inspection.

We also noted that from relatives' and residents' comments, some were not fully aware of all aspects of the service, for example, if written agreements were in place. We felt the manager should consider ways to raise residents' awareness of all aspects of the service. We will monitor progress at the next inspection.

As stated in the last report, 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. It is important that the participation strategy be developed in a way that makes sure that everyone has opportunities to have their say, including those residents who find communication more difficult. We made a recommendation at previous inspections that the participation strategy be developed. We will make this again because the strategy will need to develop over a prolonged time. (see recommendation 1)

We were told that the provider was proposing to alter aspects of the service provided in Allermuire unit and that consultation would take place with residents and relatives about this. We were told that the literature about the unit and the website would be updated to reflect any changes to the service. We will monitor this 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

As the purpose of this inspection was to measure the progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit. However, we saw that the strengths identified at the last inspection were still evident.

We saw that residents 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 staff knock on bedroom doors before entering, which showed they were respecting residents' privacy. We saw that residents' personal belongings such as hairbrushes were maintained in a hygienic way, which showed staff were treating residents with dignity.

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

Four activity coordinators were now 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 saw that there was a variety of structured activities such as tea dances, exercises to music, read aloud, day trips and visits from pets. We saw activity staff remind and encourage residents to attend a music event in the afternoon. 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. There were enough tables and chairs for all residents to sit at the tables for meals. Residents were not asked to go to the dining tables early so they did not have to wait too long for the meal to be served.

We saw that staff offered residents choice during the meal and gave them time to reach a decision. A menu was displayed which accurately reflected the meals that were served. All of this helped the residents know the meal choices. We saw that the meals were hot. Residents were offered hand washing facilities before the meal was served. We saw that residents were offered the opportunity to move from the dining table to an easy chair promptly when they had finished their meal. All of this helped created an opportunity for residents to express their meal choices and enjoy the dining experience.

We saw that the house managers had completed environmental audits and meal audits in their units. They did these audits to try to identify aspects of the service that needed to be improved to make living at the service more pleasant for residents. This is discussed in Quality Theme 4, Statement 4.

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## Areas for improvement

We made a requirement at the last inspection about activities. The timescales had not expired for the completion of this requirement and we will make it again in order to give the provider the allocated time to demonstrate they can meet this.

We monitored the progress the service was making in relation to meeting the requirement and saw they were putting measures in place to help improve how residents' social needs were addressed. We saw that one activity coordinator was now attached to each unit and the service hoped this would provide more opportunities for one to one activities with residents who did not like or benefit from group events.

In Turnhouse we saw that activity coordinators were able to spend more time with each resident on a one to one basis, so at least the residents had some kind of meaningful social interaction during the day. A "host" was now in post in Carnethy unit to help at meal times. The intention was to give care staff more time to spend socially with residents. These are all new initiatives and the manager was aware that these still need to be fully developed and embedded in staff practice to be fully effective. The service was still making arrangements as to how the activity coordinators will coordinate the formal activities and provide the one to one activities. (see requirement 1)

We saw that in Turnhouse and Carnethy some toiletry stock had not been replaced, this included a comb and toothpaste. We were unable to establish how the resident's hair had been combed. While we acknowledge that relatives were bringing toiletries in for the resident later, it would be helpful if in meantime this could be replaced from stock to ensure residents' hygiene is maintained. The managers were clear that there was no reason for the toiletries not to have been replaced. We will monitor this at the next inspection.

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

**Number of requirements:** 1

**Number of recommendations:** 0

## 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

### Statement 3

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

#### Service strengths

As the purpose of this inspection was to measure the progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit. However, we saw that the strengths identified at the last inspection were still evident.

On arrival at the service we saw that residents were clean, tidily dressed and looked well cared for. 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 resident's care. As a result, residents and relatives have an identified staff member to discuss care issues with.

We sampled a selection of residents' files and saw that the service had a system which would identify each resident's care needs and the action staff should take to make sure their health and well being was met. This included assessments of residents' needs to identify what kind of care they needed, risk assessments to identify areas which could potentially cause health problems such as nutrition and mobility. Care reviews were carried out six monthly to check if the correct care was being given to the resident.

The staff group had a variety of suitable qualifications and had received training which would help them have the knowledge to give care to the residents.

We saw that there was regular contact with a range of healthcare professionals including general practitioners, dentists, district nurses and a dementia care coordinator. This means residents have access to expert health advice and staff get guidance about how to give the care.

Residents who were able told us they felt that staff looked after them well and felt that staff would provide the appropriate care.

When we asked staff questions about residents care needs, they could confidently answer. This showed us that staff knew residents' health care needs. It was beneficial to residents' health that they had access to appropriately qualified staff who could describe their care needs.

At the last inspection we made a recommendation that all sections of medication protocols be completed. The recommendation was met because the protocols we sampled were fully completed.

We did not see any out of stock medication which means residents could be given their medication as prescribed.

Following the last inspection we made a requirement that all pressure relieving mattresses be accurately set. This requirement had been met because the mattresses we checked were correctly set.

### **Areas for improvement**

At the last inspection and following a complaint investigation, we made requirements about nutrition and the completion and evaluation of charts which staff kept to monitor residents' daily fluid and food intake. The requirement had not been met. This is because when we sampled food diaries, fluid charts and residents' weight records we saw that while the recording of residents' fluid/food intake on the whole had improved, the monitoring of the records, evaluating the content of these and planning care accordingly was not consistent. The charts are only useful if the content is assessed and actively used to inform decisions about how future care is given. The requirements will be incorporated into one requirement about nutrition. This will help make it easier for the service to understand what action they need to take to demonstrate that residents' nutritional needs are being met. (see requirement 1)

We found miscalculations of MUST (Malnutrition Universal Screening Tool) which would not help staff maintain residents' nutritional care needs. This is despite staff receiving training in the use of MUST. We were told that additional training was being given to registered nurses. (see requirements 1 and 2)

Following the last inspection we made a requirement that care plans be developed. The timescale for the completion of the requirement had not expired at the time of inspection and we will make the requirement again in order to give the service the allocated time to implement the requirement. We sampled some care plans to monitor progress. While we saw that the content of some plans had improved and were written in a very person centred way, especially in Carnethy unit, on the whole the issues remained as stated in the previous report. (see requirement 2)

We were told that a new care plan system is being introduced which staff feel will be easier for them to complete and for residents to follow. We were told it will cut down on the amount of duplicated information and be less cumbersome. At the last inspection we said we would follow up how Power of Attorney information was recorded in care plans and we will monitor this at the next inspection under the new

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recording system.



At the last inspection we made comment that staff seemed so focused on their tasks that they did not hear or see residents asking for assistance. While we did not see this during this inspection, we were concerned that in Turnhouse unit, because of the noise level, staff could not hear two residents asking for assistance. We had to alert staff who promptly assisted. We have highlighted in previous reports that staff need to be aware of how high noise levels can negatively affect the quality of a resident's life. We will monitor this at the next inspection.

We saw that fresh fruit was in bowls in the units. The idea of this is that because residents can see the fruit they may be tempted to have a snack and take the fruit independently. For this to be fully effective it would be better if the fruit is easy for the resident to lift and eat without relying on staff to be available to cut it up. The manager agreed to discuss this with the kitchen. We will monitor progress at the next inspection.

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

**Number of requirements:** 2

**Number of recommendations:** 0

### Requirements

1. The provider must ensure there are appropriate support and monitoring practices to maintain a healthy nutritional status for service users. In order to do so the manager must ensure that:
  - a) service users receive adequate fluid intake as assessed at all times.
  - b) staff evaluate the content of all charts including fluid and weights and plan care accordingly.
  - c) if a service user does not receive the minimum assessed fluid intake, a full evaluation must be undertaken which records the reasons for this and the 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 Regulation 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: to commence within 24 hours of receipt of this report and be fully effective by 30 December 2012

2. 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 is 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 30 December 2012

## 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.

#### Areas for improvement

The recommendations and areas for improvement noted in Quality Theme 1, Statement 1 are also 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

As the purpose of this inspection was to measure the progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit. However, we saw that the strengths identified at the last inspection were still evident. These included:

- \* A clean environment with no obstructions so that it is safe for residents to live in
- \* Contracts for the maintenance of equipment to make sure the equipment is fit for purpose
- \* Policies to guide staff about keeping the environment safe for residents
- \* Training such as infection control to help staff maintain a safe environment for residents

At the last inspection we noted that there was an odour in Turnhouse unit. At this inspection we saw that the service had tried various methods to try to eradicate the odour without success. Therefore new flooring in several bedrooms and en-suites was being laid. The service was hopeful this would help. A different deep cleaning process was also being used on the stair and hall carpets to try to remove the odour and, if not successful, the flooring will be replaced. This showed that the service was taking the matter seriously and trying to improve the environment for residents.

We checked a sample of bedrooms and saw that all call bells were in place in Turnhouse, which means residents can call for staff assistance. Where call bells were not in place in Carnethy, the residents' care plans stated the reason for this and how staff would help the resident to access staff help and stay safe.

### Areas for improvement

We will continue to monitor the odour in Turnhouse unit at future inspections.

A large refurbishment is about to begin in Allermuire unit. We were told that residents will be consulted about the decor. We will monitor progress at future inspections.

We still saw some things which impacted negatively on the quality of the environment. In Turnhouse we saw a burst bumper in use. Bumpers cover metal bedrails which are used to help keep residents safe while in bed. Potentially burst bumpers are an infection control issue because the tear cannot be cleaned properly. Staff should have noticed the tear when cleaning the bumper and reported this. In Turnhouse and Carnethy units we saw loose wardrobe doors and drawers. We felt that staff had missed an opportunity to make the environment safer for residents by not reporting these things for repair. (see requirement 1) Action was being taken to address these areas by the end of the inspection.

Environmental audits should have identified these as action areas and this is addressed under Quality Theme 4, Statement 4.

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

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. The provider must ensure that the environment is safe for service users. In order to do so all broken wardrobe doors and drawers and burst bedrail bumpers must be repaired.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users  
Timescales ; within 48 hours of receipt of this report

## 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.

### Areas for improvement

The recommendations and areas for improvement noted in Quality Theme 1, Statement 1 are also 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

As the purpose of this inspection was to measure progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit. However, we saw that the strengths identified at the last inspection were still evident. These included:

- \* There was a selection of policies and procedures which gave staff direction about how the service should operate
- \* Systems were in place to support staff in obtaining the necessary qualifications to register with the Scottish Social Services Council
- \* Carers were either registered or in the process of registering with the Scottish Social Services Council
- \* The manager and registered nurses were registered with the Nursing and Midwifery Council
- \* Team meetings and staff supervisions were taking place which gave staff the opportunity to discuss work practice and training needs.

All of the above systems helped support staff in developing good work practice and knowledge. We observed staff practice and saw that staff were polite, respectful and patient toward residents. We saw staff used competent moving and handling techniques when using equipment or helping a resident to move position. We saw that staff used safe practices, for example, when serving hot drinks these were placed on tables within reach of residents.

When asked for information, staff could speak confidently about residents' care needs which showed they knew these.

#### Areas for improvement

While staff had received training in the use of the Malnutrition Universal Screening Tool (MUST) we still saw this was incorrectly used. Additional training had been organised. We will continue to monitor progress at the next inspection.

We made a requirement about the evaluation of staff knowledge and practice at the last inspection. The timescale for completion of this requirement had not expired at this inspection, but we monitored the progress made toward meeting this. In other statements in this report we have given examples where staff practice and knowledge did not always evidence competency or that learning from training had been put into practice. While staff supervision and the monitoring of staff competency had commenced, some were still outstanding. These need to be completed for all staff to make sure they are competent in the work they are to perform. The requirement will be made again to give the provider the allocated time to meet the requirement. (see

requirement 1).

We made a recommendation at the last inspection about training and records. We did not fully examine the recommendation during this inspection. We were told that staff continued to receive training and that training records are still being updated. We will carry this recommendation forward and it will be followed up at the next inspection. (see recommendation 1)

While a format had been introduced to record the agreed actions and timescales for completion from meetings, we saw that these were not 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



### Statement 4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

### Service strengths

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

When we spoke with staff in the service they talked about residents, relatives and their colleagues in a respectful manner.

The interactions we saw were relaxed, polite and respectful. We did not observe any disrespectful exchanges between staff and residents.

Residents who spoke with us spoke warmly about the staff who provided their care.

The language and terminology used in the records we saw were respectful and appropriate.

We saw that staff were courteous to visitors who were made welcome in the units.

Staff discretely offered residents assistance so maintaining their dignity.

All of the above showed that staff understood the principles of respect and were trying to work in a way that showed this.

### Areas for improvement

Staff need to consider how some of their actions impact on how respectfully they deliver residents' care; for example by creating a noisy environment and not replacing residents' toothpaste and combs promptly, they are missing an opportunity to deliver the care in an even more respectful manner. These are discussed under Quality Theme 1, Statement 2.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## 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.

#### Areas for improvement

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

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

### Service strengths

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

We saw that the service had a system in place that should promote leadership and decision-making skills within the staff team. The management team in the home had been stable now for five months and this consistency was helping the whole staff team to consolidate practices and promote consistent decision-making. We saw that the teams were working more cohesively and there was clearer responsibility for decision-making.

The systems that helped staff identify their roles within the team and who to approach if guidance was needed are:

- \* Each unit now had a manager who is supernumery. This means managers are not included in the number of staff on duty each day who are needed to meet residents' direct care. The managers now have time to focus on the managerial aspects of the units and help support staff to deliver good quality care. While the house managers report directly to the home manager, they are responsible for leading their staff team and making decisions on a daily basis about their unit. The house managers who spoke with us were clear about their role and responsibility.

- \* Registered nurses are responsible for leading and directing care staff on a daily basis about how to give care to the residents. We saw that registered nurses were able to delegate tasks appropriately to the team and make decisions about the running of the shift and residents care.

- \* Senior Care Assistants had completed additional training which equipped them with the necessary knowledge to take on additional responsibilities including leadership skills.

- \* There was a system of staff supervision and team meetings to help support staff in delivering good care, by identifying the provider's own values.

Because the roles in the team are clearer and more stable, the decision-making process is easier to define. Leadership within the team is becoming more stable and consistent.

### Areas for improvement

Based on our findings as detailed in Quality Theme 1, Quality Theme 2 and Quality Theme 3, aspects of the service show that further work is needed to make sure staff continue to demonstrate leadership skills that results in improving the quality of the service.

**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

As the purpose of this inspection was to measure progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit. However, we saw that the strengths identified at the last inspection were still evident. These included:

- \* A quality assurance system was used to monitor the quality of the service and identify areas which needed to be developed
- \* The manager and house managers worked with all staff on a daily basis. We were told this helped them to monitor staff practice and hear staff and residents' views which contributed to developing the service.
- \* Action plans for improvements arising from our inspections were submitted promptly.
- \* The manager was aware of her responsibility to inform the Care Inspectorate and Scottish Social Service Council of stipulated events.

### Areas for improvement

The service continues to use a system of audits to monitor aspects of the service to identify areas of improvement. Each house manager completes these for their unit which helps promote their responsibility for the operation of their unit's own quality assurance system. At this stage while we are seeing continued improvement in the use of audits and an understanding of their purpose, these are still not always resulting in consistent improvements at the service. It was not always clear how the completed audits were monitored or what action was taken when issues were identified. The audits should have identified some of the areas for improvement identified in this report which would have allowed the service to rectify these. In discussion with the house managers it was clear they understood that the quality assurance system needs to be fully embedded and evidence clearly that it results in improved outcomes for the service. (see recommendation 1)

As previously noted in reports, the service should consider sharing some information from audits with other parties who might have an interest in the service for example residents and relatives, because this will help create a culture of openness and transparency in the service, and encourage people to comment and make suggestions.

Following a complaint investigation, we made a requirement that the service must adhere to the complaint procedure at all times. Part of the action plan submitted to us to meet this requirement was that all registered nurses in Allermuire unit would receive themed supervision around the complaints procedure. One registered nurse told us they knew the complaints procedure and had been reminded about this. They

could not remember if this had been done through a themed supervision session. As we were unable to access staff records during this inspection we will carry this requirement forward and it will be examined at the next inspection. (see requirement 1)

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

**Number of requirements:** 1

**Number of recommendations:** 1

### Requirements

1. The provider must adhere to the complaints procedure at all times.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.SSI/2011/210/18 (3) Complaints In making this requirement National Care Standards Care Homes for Older People Standard 5.1, 5.2 Management and staffing arrangements; 11.3 Expressing your views have been taken into account.

Timescale: Within 24 hours of receipt of this report

### 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

One complaint 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

No additional information was identified at this inspection.

### 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

<b>Quality of Care and Support - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 3	3 - Adequate
<b>Quality of Environment - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	4 - Good
<b>Quality of Staffing - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 3	3 - Adequate
Statement 4	4 - Good
<b>Quality of Management and Leadership - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 3	4 - Good
Statement 4	3 - Adequate

## 6 Inspection and grading history

Date	Type	Gradings
18 Jun 2012	Unannounced	Care and support      3 - Adequate Environment          4 - Good Staffing                3 - Adequate Management and Leadership   3 - Adequate
20 Feb 2012	Unannounced	Care and support      3 - Adequate Environment          3 - Adequate Staffing                3 - Adequate Management and Leadership   3 - Adequate



## Inspection report continued

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 Management and Leadership	3 - Adequate 4 - Good 4 - Good 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	4 - Good

## Inspection report continued

		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	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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