Louisebrae
Care Home Service Adults
Tulloch Hill
Perth
PH1 2PN
Telephone: 01738 623208

Inspected by: Averil Blair
Type of inspection: Unannounced
Inspection completed on: 28 January 2013
Summary

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

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

We gave the service these grades

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>N/A</td>
</tr>
<tr>
<td>Quality of Environment</td>
<td>4</td>
</tr>
<tr>
<td>Quality of Staffing</td>
<td>4</td>
</tr>
<tr>
<td>Quality of Management and Leadership</td>
<td>N/A</td>
</tr>
</tbody>
</table>

What the service does well

The service tries to provide a wide variety of activities and entertainments, and residents spoken with during the inspection appeared to enjoy the choices on offer. The environment is warm and welcoming and effort has been made to personalise this with arts and crafts made by residents.

What the service could do better

The service should make sure that all records relating to servicing and maintenance are signed and dated by staff. They should also ensure that where remedial action is identified on action plans that this is signed as completed when appropriate action has been carried out.

What the service has done since the last inspection

The service has improved the frequency and regularity of supervision available to all staff. Records were kept of these sessions.

Conclusion

The service and its staff have worked hard to ensure that residents have access to a range of other professionals such as GPs, Podiatrists, and Mental Health Nurses. Residents appeared happy and settled in their environment. They confirmed that they liked the staff saying that "they worked hard to make things nice" for them.
Who did this inspection
Averil Blair
Lay assessor: Not Applicable
1 About the service we inspected

Before the 1st April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), also known as the Care Inspectorate took over the work of the Care Commission, including the registration of care services. This means that from the 1st April 2011 this service continued its registration under the new body, the Care Inspectorate.

Louisebrae is a care home for older people owned by Mead Medica, a national organisation. It is situated in a residential area of Perth in a new building which can accommodate up to 61 residents on three floors, in single rooms with en-suite shower facilities.

The service, which was registered in August 2007, can provide for a maximum of:
Ground floor - 18 residents who may have dementia
First floor - 21 residents who have dementia
Second floor - 22 residents with nursing care needs.

The statement of Aims and Objectives states that Louisebrae will provide 'a highly professional and experienced staff to look after residents in a caring and sympathetic way, so that their privacy and dignity are respected and active independence encouraged wherever possible'.

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

Quality of Care and Support - N/A
Quality of Environment - Grade 4 - Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - N/A

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection
This report was written following an unannounced inspection which took place on the 28 January 2013, and was carried out by Averil Blair. Feedback was also given to the service on the 28 January 2013.

During the inspection evidence was gathered from a variety of sources, including the relevant sections of the service’s Policies and Procedures, records and other documents, including:
- the service’s self assessment
- a variety of maintenance and servicing schedules
- accident and incident records
- samples of staff files
- training records

Discussions took place with various people including
- the Manager
- care staff
- residents

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 accurate and up-to-date inventories of resident’s personal belongings are maintained. This will evidence for example, when an item requires repaired, replaced, is lost or retained for safekeeping. This should be carried out in consultation with residents and/or their relative/representative. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210, 3; 4.(1) (b). Reference is also made to the National Care Standards, care homes for older people, standard 16 (10). Timescale: within 6 weeks of receipt of this report.

What the service did to meet the requirement
The service updated resident’s inventories on a regular basis, and asked relatives to ensure that they informed staff on any new purchases.

The requirement is: Met

The annual return
Every year all care services must complete an ‘annual return’ form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment
Every year all care services must complete a ‘self assessment’ form telling us how their service is performing. We check to make sure this assessment is accurate.

The service submitted an electronic self assessment as requested by the Care Inspectorate prior to the previous inspection. This identified strengths of the service, and also some areas where the service felt they could do better.
Taking the views of people using the care service into account
People who used the service who we spoke with during the inspection were happy with the service they received. They said that staff were very supportive, and encouraged them to take part in activities within the service. They also said that the service provided good meals which were to their taste.

Taking carers' views into account
No carers were available during this inspection.
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 - NOT ASSESSED**
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
This statement was looked at in detail at the last inspection and it was not felt necessary to make any changes to the gradings awarded at that time. For more detail see Quality Theme 1 Quality Statement 1 in the last inspection report.

Areas for improvement
See Quality Theme 1 Quality Statement 1 in the last inspection report.

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 was able to provide good evidence in support of this statement. During the inspection we sampled some staff files, which included new staff as well as more experienced staff. We could see that the service had followed its recruitment and selection policy and procedures, and new staff had had two references followed up prior to any offer of employment, one of which was the most recent employer. The service also ensured that all staff were members of the PVG scheme which ensured that they were not barred from work with vulnerable adults.
The service kept records of all maintenance schedules and servicing visits. This included regular servicing of systems such as water testing, gas systems, fire safety systems, and moving and handling equipment such as hoists and slings.
Additional records were kept of checks carried out by staff, such as medication audits, and visual inspections of equipment.
Areas for improvement
At the time of the inspection the service had a vacancy for a handyman, but a replacement had been appointed and was due to start employment shortly after the inspection. Some records were out of date due to this, and the service should ensure that alternative methods of checking systems were in place. The new handyman should have comprehensive training to ensure that all records are fully completed. This includes confirmation that actions identified are carried out to a satisfactory level.

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

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

Service Strengths
This statement was looked at in detail at the last inspection and it was not felt necessary to make any changes to the gradings awarded at that time. For more detail see Quality Theme 1 Quality Statement 1 in the last inspection report. In addition the service was carrying out stakeholders questionnaires for example, GPs, podiatrists and contractors, and had already taken action on some comments made.

Areas for improvement
See Quality Theme 1 Quality Statement 1 in the last inspection report.

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 was able to provide good evidence in support of this statement. During the inspection we sampled staff files and this showed us that staff were well supported by senior staff. Supervision was available to staff and records were kept of issues discussed. This gave staff an opportunity to discuss any areas of training they felt they would like to access, as well as any issues relating to the care of individual residents.
Full team meetings took place every three months, or more frequently if the service felt it necessary. These were minuted and minutes displayed in the staff room for all staff to read. Senior staff of all departments also met on a monthly basis and these meetings were also minuted.
Staff met daily for a full handover meeting, and this allowed staff to ensure they were up to date regarding the care needs of residents, as well as any other events happening in the service.
Staff met with felt supported, and said that they could access training either online or in-house, as well as external training and assessment such as SVQ qualifications.

**Areas for improvement**

The manager identified in the service’s self assessment that a new staff questionnaire had been produced and distributed, and any actions identified as a result would be carried out.

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

**Number of requirements:** 0

**Number of recommendations:** 0
Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED
4 Other information

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

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information
None noted.

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 SCWIS 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

<table>
<thead>
<tr>
<th>Quality of Care and Support - Not Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Environment - 4 - Good</td>
</tr>
<tr>
<td>Statement 1</td>
</tr>
<tr>
<td>Statement 2</td>
</tr>
<tr>
<td>Quality of Staffing - 4 - Good</td>
</tr>
<tr>
<td>Statement 1</td>
</tr>
<tr>
<td>Statement 3</td>
</tr>
<tr>
<td>Quality of Management and Leadership - Not Assessed</td>
</tr>
</tbody>
</table>

## 6 Inspection and grading history

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Jun 2012</td>
<td>Unannounced</td>
<td>Care and support 4 - Good, Environment Not Assessed, Staffing Not Assessed, Management and Leadership 4 - Good</td>
</tr>
<tr>
<td>14 May 2012</td>
<td>Re-grade</td>
<td>Care and support 2 - Weak, Environment Not Assessed, Staffing Not Assessed, Management and Leadership Not Assessed</td>
</tr>
<tr>
<td>19 Dec 2011</td>
<td>Unannounced</td>
<td>Care and support 4 - Good, Environment Not Assessed, Staffing 4 - Good, Management and Leadership 4 - Good</td>
</tr>
<tr>
<td>15 Jul 2011</td>
<td>Unannounced</td>
<td>Care and support 3 - Adequate, Environment 4 - Good, Staffing 4 - Good, Management and Leadership 4 - Good</td>
</tr>
<tr>
<td>Date</td>
<td>Type</td>
<td>Care and support</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>------------------</td>
</tr>
<tr>
<td>13 Oct 2010</td>
<td>Unannounced</td>
<td>3 - Adequate</td>
</tr>
<tr>
<td>5 Jul 2010</td>
<td>Announced</td>
<td>3 - Adequate</td>
</tr>
<tr>
<td>25 Mar 2010</td>
<td>Unannounced</td>
<td>3 - Adequate</td>
</tr>
<tr>
<td>7 Jan 2010</td>
<td>Unannounced</td>
<td>2 - Weak</td>
</tr>
<tr>
<td>1 Dec 2009</td>
<td>Re-grade</td>
<td>2 - Weak</td>
</tr>
<tr>
<td>6 Aug 2009</td>
<td>Announced</td>
<td>3 - Adequate</td>
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<tr>
<td>19 Nov 2008</td>
<td>Unannounced</td>
<td>2 - Weak</td>
</tr>
<tr>
<td>17 Jun 2008</td>
<td>Announced</td>
<td>2 - Weak</td>
</tr>
</tbody>
</table>

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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