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

Inspected by: Moira McRae
Type of inspection: Unannounced
Inspection completed on: 5 March 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>
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<tr>
<td>Quality of Care and Support</td>
<td>2</td>
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<tr>
<td>Quality of Environment</td>
<td>3</td>
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<tr>
<td>Quality of Staffing</td>
<td>N/A</td>
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<tr>
<td>Quality of Management and Leadership</td>
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What the service does well

The decor and design of the service includes special features to help service users (residents) find their way around the service. These include sky lights to keep hallways bright and gardens that have even and wide paths and raised flower beds.

There are small units called “Streets”. As these are small it is easier for residents and visitors to get to know each other.

What the service could do better

Staff must take more care to ensure that residents’ health assessments are carried out and that they always get enough help with their day-to-day care. The service’s systems to monitor and care for service users’ health and well being were not applied properly in all parts of the home. We have told the service that the oversight of health and support needs must improve.

What the service has done since the last inspection

The cleanliness of the small kitchens has significantly improved. New staff shift patterns and the recruitment of staff to fill vacancies has helped to create a more consistent staff group. This means that service users are less likely to be cared for by temporary staff they do not know.
Conclusion

This service building is attractive and well planned and has many good features. Although new ways of working are still being put into practice, the service must improve the accuracy of health and well being plans and records and make sure that staff always carry out planned care and support.

Who did this inspection

Moira McRae
1 About the service we inspected

The Care Inspectorate regulates and checks care services in Scotland. Before 1 April 2011 this was carried out by the Care Commission. Information on care services is available on our website www.scswis.com. This care service was registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations
If we are concerned about some aspect of a service, or think it needs to do more to improve, we may make a recommendation or a 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 based on best practice or National Care Standards.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation under the Act or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Newbyres Village is a care home in Gorebridge, Midlothian. It is registered to provide accommodation for up to 60 older people and one bedroom is set aside to offer short breaks (respite). The home is all on one level in five separate residential wings named “streets”. There is also a wing that houses the kitchen and laundry. The home has been planned in a “village” layout with five streets, named First, Second, Third, Fourth and Fifth Street. Each street can accommodate up to 12 residents and has a sitting/dining room, a small sitting room, small kitchen area and bathrooms and toilets. Each resident has a bedroom with en-suite shower and toilet and a patio door to the gardens. The home is within walking distance of local services such as shops, churches, the library and bus stops.

The aims and objectives of the service included:

- To identify and understand the social care needs of the residents
- To ensure that residents are central to the care planning process
- To continuously seek to improve service standards.

Based on the findings of this inspection this service has been awarded the following grades:
Quality of Care and Support - Grade 2 - Weak
Quality of Environment - Grade 3 - Adequate
Quality of Staffing - N/A
Quality of Management and Leadership - Grade 2 - Weak

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.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

This report was written after an unannounced inspection on Thursday 21 February 2013 (9:30am to 5pm), Tuesday 26 February 2013 (2:50pm to 6:15pm). The inspection was carried out by Care Inspectorate Inspector Moira McRae. On Tuesday 5 March 2013 we visited the service again and told the manager and the Head of Older Peoples Services, Midlothian Council what we had found at the inspection, what we thought the service did well and what could be improved.

We gathered information from many places. We looked at the environment and observed staff practice in caring for residents. We talked with staff and residents. The Inspector spoke with ten residents individually and spent time with individuals and groups of residents in the sitting and dining rooms.
We also spoke with:
Manager
Assistant Unit Manager
Care Team Supervisor
Four Social Care Workers
Two Home Care Workers

We looked at the care home’s policies, procedures and a wide range of records including:
The Participation Strategy
The home’s Aims and Objectives
Midlothian Council Policies and Procedures
Records of staff meetings
Records of relatives meetings
Six residents’ personal plans
Care charts including food and fluid recording charts
Medicine Administration Records
Accident and incident records
Complaints records
Records of checks (audits) of medicines, the environment, personal plans,
Records of checks to equipment (Lifting Operations and Lifting Equipment Regulations)
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
It is a requirement that there is a system to ensure that residents’ personal plans are reviewed every six months and where appropriate, after the review revise the personal plan.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 (2)(c) Personal Plans.

What the service did to meet the requirement
Action taken on this requirement is described under Quality Theme 1, Statement 1.

The requirement is: Not Met

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

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (b) (i) Staffing.

What the service did to meet the requirement
Action taken on this requirement is described under Quality Theme 4, Statement 4.

The requirement is: Not Met

The requirement
The provider must ensure that where a resident is not able to take or access fluids independently that there is an associated risk assessment in their personal plan which will provide information on how staff should monitor and evaluate fluid intake.
This is to comply with The Social Care and Regulation 4 (1) (a) Welfare of Service Users.

**What the service did to meet the requirement**
Action taken on this requirement is described under Quality Theme 1, Statement 3.

**The requirement is:** Met

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

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) (a) Welfare of Service Users

**What the service did to meet the requirement**
Action taken on this requirement is described under Quality Theme 1, Statement 2.

**The requirement is:** Not Met

**The requirement**
The provider must ensure that the service is provided in a manner which promotes quality.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3.

**What the service did to meet the requirement**
Action taken on this requirement is described under Quality Theme 4, Statement 4.

**The requirement is:** Not Met

**The requirement**
The service provider must ensure that residents receive sufficient help to maintain the health and hygiene of teeth and dentures. The service provider must put in place systems to monitor the quality of oral care residents receive in the service.
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) make provision for the health, welfare and safety of service users.

**What the service did to meet the requirement**
Action taken on this requirement is described under Quality Theme 1, Statement 3.

**The requirement is:** Met

**The requirement**
The provider must ensure that residents at risk of not eating or drinking enough receive enough help to reduce the risk of poor nutrition and dehydration. In order to achieve this the provider must ensure that:
(i) residents have regular assessments of their nutritional risk (Malnutrition Universal Screening Tool - MUST)
(ii) where a resident is not able to take or access fluids independently that there is an associated risk assessment in their personal plan that provides information on how staff will monitor and evaluate their fluid intake
(iii) food and fluid charts are accurately completed and evaluated
(iv) a system to monitor the quality and accuracy of risk assessments and food and fluid monitoring charts is implemented.

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) make provision for the health, welfare and safety of service users.

**What the service did to meet the requirement**
Action taken on this requirement is described under Quality Theme 1, Statement 3.

**The requirement is:** Not Met

**The requirement**
The provider must ensure that there is enough information in personal plans and any other associated documents, such as care summaries, to help staff safely assist residents’ who need to use equipment such as hoists and stand aids.

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) make provision for the health, welfare and safety of service users.

**What the service did to meet the requirement**
The requirement:
The provider must ensure that there is enough information in personal plans and any other associated documents, such as care summaries, to ensure that residents who are at risk of discomfort or developing pressure ulcers receive the correct help. In order to achieve this, the provider must:
(i) ensure pressure ulcer risk assessments, for example, Waterlow, are carried out each month
(ii) ensure that residents who need help to change their position to protect their skin have information recorded in their personal plan that describes the frequency of repositioning when the resident is seated and in bed
(iii) implement a system to monitor the quality and accuracy of risk assessments and the implementation of repositioning assistance for residents who need this.

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) make provision for the health, welfare and safety of service users.

What the service did to meet the requirement
Action taken on this requirement is described under Quality Theme 1, Statement 3.

The requirement is: Not Met

The requirement:
The provider must ensure that all of the kitchens in the care areas are clean. In order to achieve this, the provider must:
(i) ensure kitchen cupboards and drawers are thoroughly cleaned and implement a schedule of regular cleaning
(ii) ensure that microwaves are cleaned after use and implement a schedule of regular thorough cleaning
(iii) implement a system to regularly monitor the standard of cleaning in the kitchen areas.

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) Health, welfare and safety of service users.

Action taken on this requirement
Action taken on this requirement is described under Quality Theme 1, Statement 3.

The requirement is:
**Not Met**

**The requirement**
The provider must ensure that food reheated in microwaves is safe and comfortable to eat. In order to achieve this the provider must:
(i) ensure that staff have convenient access to probes and that these are stored hygienically and cleaned before and after use
(ii) ensure that the temperature of food reheated in a microwave is checked and that a safe temperature for reheating is achieved and is at a level that is safe and comfortable for consumption.

This is to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 4 (1)(a) Health, welfare and safety of service users.

**Action taken on this requirement**
Action taken on this requirement is described under Quality Theme 2, Statement 2.

**The requirement is:**
Met

**The requirement**
The provider must ensure that all lifting equipment in the home has had a thorough examination as described in the Lifting Operations and Lifting Equipment Regulations 1998. In order to achieve this the provider must:
(i) keep an accurate list of all slings in the service including an identifiable serial number or other number
(ii) check that all slings in the home have received 6 month LOLER examination
(iii) arrange for LOLER examination of any sling not checked within the past 6 months

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) Health, welfare and safety of service users.

**Action taken on this requirement**
Action taken on this requirement is described under Quality Theme 2, Statement 2.

**The requirement is:**
Met

**The requirement**
The provider must ensure that incidents such as unexplained bruising or injury that may indicate a risk to service users are investigated and risk assessed. In order to achieve this the provider must put in place:
(i) procedures to describe and record unexplained bruising in the resident’s personal plan and the home’s incident recording procedures
(ii) procedures to monitor the incidence and type of injury.

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) health, welfare and safety of service users.

What the service did to meet the requirement
Action taken on this requirement is described under Quality Theme 4, Statement 4.

The requirement is: Not Met

What the service has done to meet any recommendations we made at our last inspection
We made nine recommendations at the last inspection. Two were met. Actions taken on recommendations is described under the relevant Quality Theme.

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

Annual Return Received: Yes - Electronic

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

We did not request a further self assessment for this inspection.

Taking the views of people using the care service into account
We spent time in the company of residents during our visit. Some residents were not able to tell us their views of the service. We watched how these residents were cared for by staff so that we could consider the quality of care received. Residents seemed at ease with staff and were happy to accept the care offered. We saw that staff were caring and polite in their approach.

We spoke with ten residents individually. Residents were generally happy with their care. They told us that they were able to make choices about how they spent their day. Comments included:
"as far as I can tell its pretty good"
"(staff are) kind enough, can share a joke"
“place is pretty good, I’d like a bit more freedom”
“nice here, staff are very friendly”
“good place, very clean........mustn’t grumble”.

**Taking carers' views into account**

We did not meet any carers at 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
Grade awarded for this theme: 2 - Weak

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths
There was a document that described the ways Midlothian Council would involve service users and their family members in assessing and improving the quality of their care services. This was called the Service User Participation Strategy. Relatives’ meetings were held to keep relatives up to-date with any changes or improvements planned to the home and to give relatives the opportunity to make suggestions or comment about the quality of the service. We looked at the records of the last meeting. The meeting discussed ways to increase relatives and residents involvement in the decisions about the running of the home. The meeting had decided that meetings should be held every three months. There were notice boards in each Streets’ sitting room. These boards had information on activities for the week and entertainment or outings that were planned. There was information about advocacy. Advocacy services are independent of the health and social care services and can help people to think about and voice their views and opinions. There was a large display in the entrance hall. This had information about community events, activity and entertainment in the home and how to make a complaint or suggestion.

An information sheet that described the range of activities planned over the next two weeks was given to each resident. Copies of this were also displayed on notice boards through out the home. These strengths showed that residents and their visitors could give their views on the quality of the service, but that they were not routinely involved in the future development of the care service.
Areas for improvement

We found that the home had started to implement plans to increase the involvement of residents, their relatives and of staff in decisions about the running of the home. A committee of residents, relatives and staff was planned to look at general areas such as fund raising and improvements needed. We will look at progress at future inspections.

There was no formal way to give residents information about the home and future development such as residents meetings or newsletters. The manager told us this was an area they hoped to develop. We will look at progress with this at future inspections.

At the last inspection we required that a system must be put in place to ensure that residents’ personal plans were reviewed every six months. Previous review dates had been gathered to identify those reviews that were overdue. We found that some were still overdue with no dates scheduled. We have carried forward this requirement to allow the home to complete their work in this area (see requirement 1).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 0

Requirements

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

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 (2)(c) Personal Plans.

In making this requirement National Care Standard 6 Care Homes for Older People - Supporting Arrangements is taken into account.

Timescale: To commence on receipt of this report and for completion by the 31 May 2013.

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

Overall we saw that residents were adequately supported to make individual choices in most aspects of day-to-day care and how they spent their time.
Strengths identified under Quality Theme 1, Statement 1 apply to this statement.

We looked at a small sample of residents’ personal plans to find out if there was enough information to help staff consider whether each resident’s particular social needs were met. Residents’ had a care plan that described the type of help residents may need to meet their social and recreational needs. There was a small team of activities staff who organised and planned activity, entertainment and outings. A fortnightly plan of activities was displayed in each unit. We also saw copies of this in residents’ bedrooms. This meant that it was easy for residents and their visitors to see in advance the range of activities on offer.

Each resident was allocated a key worker from the team of care staff caring for them. Key workers oversee the personal care of the resident and make sure that they have everything they need for their day-to-day care. They can also help residents to think about the care they need and plan reviews of their personal plan. Some residents were less able to give their views and opinions about the service they received. Staff gathered information from residents’ relatives about residents’ preferences in day to day life, hobbies and about important life events (a life story). This helped staff to identify residents’ preferences in leisure and activities and to understand each resident’s background and interests.

Some residents were also less able to make some decisions or choices about their health care. We saw that this was considered and in some cases residents’ decision making abilities had been medically assessed (a certificate under the Adults with Incapacity (Scotland) Act 2000 in order to authorise some health care and treatments). This is important as care home staff and medical staff may need to consider health care treatments and liaise with residents’ relatives or representatives regarding important decisions.

At the last inspection we recommended that the home provide a range of ways for residents to get themselves drinks. We saw that drinks were available in the sitting rooms of each Street. Staff regularly offered drinks throughout the day. All but one of the residents we visited in their bedrooms had a drink near at hand. The recommendation was met.

Residents that we spoke with told us they got enough help to maintain their appearance in the way they wished. We saw that on the whole residents’ wardrobes and drawers were tidy and their clothes were neatly folded. This showed that staff were treating the residents and their belongings with care and respect.

Areas for improvement

We noted that cups of drinks were available when residents were in their bedrooms, but for more able residents there was no supply of juice or water to allow residents to choose when to help themselves without having to ask a member of staff.
A resident remarked to us that sometimes they felt rushed at meal times especially when they wanted to spend a bit of time at their table to finish their drink or have a cup of tea. Over our visits we observed lunches being served in all of the Streets. Although we found that staff were caring and attentive, we also noted that at times it was hard for staff to give undivided one to one attention to residents who needed a lot of help with their meal. We saw that medicines were given at meal times which meant that some residents had to stop eating to take medicines. In some Streets there was a delay in serving some courses as staff had to wait for the staff member shared between more than one unit to come to help. In all of the units we saw that staff began to clear table cloths at a point when residents although finished eating were still drinking their drinks. This could give residents the impression that staff were keen to clear up and therefore feel rushed. Meal times should be a social and pleasant experience for residents where staff can give help in an unhurried way (see recommendation 1).

At the last inspection we required that the provider ensure that activities are offered to residents on a regular basis. A new activities coordinator had been recruited. Care staff remarked to us that the range of activities had improved. Progress had been made but we noted that the service had not completed all of the actions described in their action plan. We have carried forward the requirement to allow the service to complete their work in this area (see requirement 1).

We recommended that the service develop ways for information from residents’ relatives about residents’ preferences in day to day life, hobbies and about important life events (a life story) be used to plan individual care and support. We did not look at this at this inspection. The recommendation is carried forward (see recommendation 2).

We recommended that the service develop the menu to offer choices in lunches and evening meals. A new cook had been recruited. The service was in the process of reviewing menus. We have carried forward the recommendation to allow the service to complete their work in this area (see recommendation 3).

There was a notice in each resident’s bedroom to identify their key worker, their night worker and the person responsible for the running of the Street they lived in, referred to as “Manager”. Many of these notices were not fully completed. We made a recommendation about this at the last inspection. The recommendation is carried forward (see recommendation 4).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 4
Requirements

1. The provider must ensure activities are offered to service users on a regular basis. Activities offered must reflect their hobbies and interests and enhance their lifestyle. In addition activities undertaken by service users must be recorded accurately.
   This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) Health, welfare and safety of service users.
   In making this requirement National Care Standard 12 Care Homes for Older People - Lifestyle - Social, Cultural and Religious Belief or Faith is taken into account.
   Timescale: To commence on receipt of this report and for completion by 31 May 2013.

Recommendations

1. The home should audit meal times to determine ways to improve the dining experience for residents. This should include but is not restricted to:
   - reviewing the availability of staff at mealtimes
   - reducing unnecessary interruptions at meal times
   - allowing sufficient time for residents to finish all parts of their meal.

   National Care Standards Care Homes for Older People
   Standard 8 - Making Choices
   Standard 13 - Eating Well
   Standard 17 - Daily Life.

2. The home should develop ways for life story to be used to plan individual care and support. Information from life story work should be used to consider and plan reminiscence activity. Residents who participate in life story work should be offered a copy of their life story document or equivalent.
   National Care Standards Care Homes for Older People
   Standard 12 - Lifestyle and National Care
   Standard 18 Care Homes for Older People - Staying in Touch.

3. The home should develop the menu to offer choices in lunch and evening meals. The menu and alternatives to the regular meal options should be clearly displayed in a manner that is appropriate to the needs of the residents.
   National Care Standards Care Homes for Older People
   Standard 13 - Eating Well.

4. The home should implement a system to keep residents informed of the name of their key worker and what help they can expect from them.
   National Care Standards, Care Homes for Older People
   Standard 5 - Management and Staffing Arrangements.
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
We looked at the ways the home helped residents to stay as healthy as possible and to care for health conditions and illnesses. Each resident had a personal plan that had information on their health care needs and included health assessments such as:

- Malnutrition Universal Screening Tool (MUST). A tool that helps staff identify residents who are at risk of putting on too much weight or losing too much weight
- Pressure Ulcer Risk Assessment. An assessment that helps staff to identify residents who are at risk of developing skin damage or wounds from pressure to the skin.

We saw that staff were good at reporting health concerns such as skin redness to the Community Nurse.

At the last inspection we required that residents received enough help to care for their teeth and dentures. We found that toothbrushes and other dental care equipment was well maintained with evidence of use. Training had been given to staff to help them identify residents who may need extra or specialist help to keep their mouth and teeth healthy. The requirement was met.

Staff approached residents in a caring and considerate way. We noticed that staff had good relationships with residents.

Residents who needed to use a hoist or a stand-aid had their own personal sling to use with the equipment. This helped make sure the correct sling was used and was more hygienic. We made a requirement about this at the last inspection. The requirement was met.

Although there were systems to monitor residents’ health and wellbeing these were not consistently applied.

Areas for improvement
At the last inspection we required that the provider ensure that residents at risk of not eating or drinking enough receive enough help to reduce the risk of poor nutrition. We found that staff did not always accurately complete food and fluid charts for residents who needed these to check their dietary intake. This meant that it was hard to judge whether these residents were eating enough to stay healthy. The MUST assessment was not regularly completed for all residents. Some residents did not have their weight checked often enough. When we asked staff about the help some residents needed to improve or maintain their weight and nutrition we found staff very clear in some units and in others we found staff were not able to describe the care. We were concerned that the monitoring of residents’ nutritional
health varied greatly from unit to unit. This meant some residents may not receive the help they needed all of the time. The requirement was not met and is made again (see requirement 1).

At the last inspection we required that the provider must ensure that residents who are at risk of discomfort or developing pressure ulcers receive the correct help. We found that risk assessments to help staff identify residents who might need more help were not always up-to-date. When we talked to staff about the help some residents needed, they were not always clear on the residents’ risk and the help needed. Again we found the quality of care varied from unit to unit. The requirement was not met and is made again (see requirement 2).

We looked at the Medicine Administration Records (MAR). We found that the records had many gaps where there was no signature to show that medicine including tablets, liquids and medical creams had been given or not. Medicines that were given "as required" did not always have a time of administration recorded. This is important as some medicines cannot have repeated dosed given too close together. There were changes to prescriptions that were not written clearly and in keeping with the guidance issued by the Care Inspectorate. It is important that proper care is taken with all aspects of medicine administration to make sure that residents receive their medicine correctly. We made a recommendation that the records of medical creams in use be improved. As we have found evidence that administration and record keeping of medicines needs to be significantly improved we have made a requirement (see requirement 3).

At the last inspection we required that enough information was in personal plans and any other associated documents, such as care summaries, to help staff safely assist residents’ who need to use equipment such as hoists and stand aids. Although we found many had been up-dated, we found some personal plans/ care summaries that needed up-dating again as residents needs had changed. We found that staff were able to tell us the correct type of help even though the records were not always up-to-date. We have carried forward the requirement to allow the service to complete their work and establish a routine for up-dating moving and assisting information (see requirement 4).

We asked staff about the daily health needs for some residents. We found some staff had good knowledge. This was not the case for everyone. When this was noted we checked personal plans and care records. We found that these records did not give enough information to fill the gaps in knowledge. This included the outcome of a G.P referral. Personal plans did not always describe residents’ current care needs. For example, we found that residents who were prescribed medicine for episodes of emotional distress had very little or in some cases no information on the other ways staff were to support them at difficult times. Records of residents’ weights were not promptly transferred into their personal plan records. This meant it was hard to find accurate information. This was important as staff refer to personal plan records to
give information to other health professionals. The service had introduced a new recording system for personal plans. At the time of our inspection four residents’ personal plans had been up-dated and transferred into the new system. The service must ensure that care records are sufficient to allow staff to consistently meet residents’ current care needs and provide health professionals with relevant and up-to-date information. We have made a requirement about this (see requirement 5).

We noticed two occasions where residents comfort when sitting in their wheelchair was not properly attended to. We told staff about this so that they could make residents more comfortable.

These areas for improvement showed us that the service’s systems to monitor and care for residents’ health and well being were not applied properly in all parts of the home. We have told the service that while new staff practices are being introduced the home must still improve the current oversight of residents’ health risks and support needs.

Grade awarded for this statement: 2 - Weak
Number of requirements: 5
Number of recommendations: 0

Requirements
1. The provider must ensure that residents at risk of not eating or drinking enough receive enough help to reduce the risk of poor nutrition and dehydration. In order to achieve this the provider must ensure that:
   (i) residents have regular assessments of their nutritional risk (Malnutrition Universal Screening Tool - MUST)
   (ii) where a resident is not able to take or access fluids independently that there is an associated risk assessment in their personal plan that provides information on how staff will monitor and evaluate their fluid intake.
   (iii) food and fluid charts are accurately completed and evaluated.
   (iv) a system to monitor the quality and accuracy of risk assessments and food and fluid monitoring charts is implemented.

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) make provision for the health, welfare and safety of service users.

In making this requirement National Care Standards Care Homes for Older People Standard 6 - Supporting Arrangements and Standard 13 - Eating Well are taken into account.

Timescale: To commence on the date of receipt of this report and for parts (ii) and (iii) for completion within 24 hours and part (i) and (iv) for completion by 30 April 2013.

2. The provider must ensure that there is enough information in personal plans and any other associated documents, such as care summaries, to ensure that residents
who are at risk of discomfort or developing pressure ulcers receive the correct help.
In order to achieve this the provider must:
(i) ensure pressure ulcer risk assessments, for example, Waterlow are carried out each month.
(ii) ensure that residents who need help to change their position to protect their skin have information recorded in their personal plan that describes the frequency of repositioning when the resident is seated and in bed
(iii) implement a system to monitor the quality and accuracy of risk assessments and the implementation of repositioning assistance for residents who need this.
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) make provision for the health, welfare and safety of service users.
In making this requirement National Care Standards Care Homes for Older People Standard 14 Keeping Well - Healthcare and Standard 6 - Supporting Arrangements are taken into account.
Timescale: To commence on the date of receipt of this report and for completion by 30 April 2013.

3. The provider must ensure that medicines are given safely and correctly. In order to achieve this the provider must ensure that:
(i) medication is administered as currently instructed by the prescriber. Records should be kept of any instance where this is not the case and describe the reason
(ii) handwritten entries in the Medicine Administration Record (MAR) correspond to guidance contained within the Royal Pharmaceutical Society of Great Britain, Handling Medicines in Social Care and SCSWIS Health Guidance Maintenance of Medication Records, Publication code: HCR-0311-027
(iii) the application of topical creams is consistently is recorded
(iv) when "as required" medication is administered, the time of administration must be recorded
(v) medicine stock must be managed to ensure that medicine prescribed for the service user is available for use and that there are no unnecessary delays in the supply of medicine
(vi) staff must be correctly advised on the procedure for recording information in the MAR, this includes but is not restricted to the correct use of abbreviated codes listed on the MAR.

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) make provision for the health, welfare and safety of service users.

In making this requirement National Care Standards Care Homes for Older People, Standard 15 - Keeping well - Medication is taken into account

Timescale: To commence on the date of receipt of this report and for completion within 72 hours.
4. The provider must ensure that there is enough information in personal plans and any other associated documents, such as care summaries, to help staff safely assist residents’ who need to use equipment such as hoists and stand aids.
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) make provision for the health, welfare and safety of service users.
In making this requirement National Care Standards Care Homes for Older People Standard 14 Keeping Well - Healthcare and Standard 6 - Supporting Arrangements are taken into account.
Timescale: To commence on the date of receipt of this report and for completion by 30 April 2013.

5. The provider must ensure that each service users’ personal plan and associated records accurately sets out how the service user’s health, welfare and safety needs are to be met. This includes but is not restricted to:
(i) maintaining up-to-date records of referrals and outcome of contact/ referral with other health professionals
(ii) ensuring that the personal plan and associated records are promptly up-dated when health, welfare and safety needs change.

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) make provision for the health, welfare and safety of service users.
In making this requirement National Care Standards Care Homes for Older People Standard 14 Keeping Well - Healthcare and Standard 6 - Supporting Arrangements are taken into account.
Timescale: To commence on the date of receipt of this report and for parts (ii) and (iii) for completion within 24 hours and part (i) and (iv) for completion by 30 April 2013.
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 3 - Adequate

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

Service strengths
Strengths described under Quality Theme 1, Statement 1 apply to this statement. Residents had personalised their bedrooms with mementos, pictures and ornaments.

There was some evidence that residents and relatives had made suggestions about improvements to the environment and that this had been acted on.

Areas for improvement
Areas for improvement described under Quality Theme 1, Statement 1 apply to this statement.

We noticed that the sound of staff conversations considerably raised the noise level in the hallways and sitting rooms. We noticed this in most of the units we visited. We told the management team about this so that staff could be reminded to be more aware of the impact of their day-to-day work and conversations on the residents’ environment.

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

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

Service strengths
We looked around public areas and some residents' bedrooms to see how the home made sure that the environment was safe for residents. We also looked at some of the equipment used in the home to see if it was maintained. Overall the maintenance of the home was satisfactory.
The home checked the environment for things that could be harmful or hazardous. This was so that ways to lower the risk or stop harm could be identified (Risk
Assessments). There were regular environmental checks to make sure that all parts of the home were clean, fresh and maintained properly. There was a maintenance person who worked in the home who could carry out day-to-day maintenance and repairs. Regular checks were carried out on residents' bedrooms to make sure that lights and call bells were working. There was a range of policies and procedures that helped staff to keep the environment and service users safe. This included an adult protection procedure that helped staff know how to act on any concern about a resident’s welfare.

At the last inspection we required that all of the kitchens in the units were clean. We found that the cleanliness of the kitchens, the kitchen cupboards and microwaves was significantly improved. The requirement was met. We required that the temperature of food reheated in microwaves was checked to make sure it was safe to eat. Each unit now had food thermometer probes. Staff knew about the procedure to use these and confirmed that temperatures were checked. The requirement was met.

We required that all slings for use with hoists and stand aids have a regular six month examination in keeping with the Lifting Operations and Lifting Equipment Regulations (LOLER). A sling log had been created that listed each cling in the home. The manager told us that LOLER examinations had been carried out. The requirement was met.

We recommended that the home carry out regular checks on wheelchairs to ensure that chairs were maintained to a good standard. We saw records of regular checks. The wheelchairs that we saw were clean and in good order. The recommendation was met.
Areas for improvement

Although LOLER examinations were carried out, there was no record to show that slings had been checked and were assessed as fit for use. The manager told us that they would contact the contractor who carried out the examinations and ask for records to be sent. Once these are received the service should forward copies to the Care Inspectorate.

On two occasions we reminded staff to use food tongs when serving cakes or biscuits at tea/coffee times. We found a number of combs and hairbrushes that were dirty. We told the management team about this so that cleaning could be arranged.

We recommended that the bed rail risk assessment be developed to include more information to help staff assess risks. This was still in development as part of the homes plans to implement new personal plan records. The recommendation is carried forward (see recommendation 1).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The bed rail risk assessment should be developed to include more information to help staff complete an effective risk assessment. Information in Managing Falls and Fractures Resource Tool 2 available on the Care Inspectorate web site should be taken into account.
   National Care Standard Care Homes for Older People Standard 5 - Management and Staffing Arrangements.
Quality Theme 3: Quality of Staffing - NOT ASSESSED
Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

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

Service strengths
Strengths described under Quality Theme 1, Statement 1 apply to this statement.

There was some information in the home about who was in charge of the service that day. This meant visitors could know who to ask for if they wished to speak to them.

Staff we spoke with told us the manager when on duty regularly visited each Street. This helped residents and their families to know who managed the overall home.

Areas for improvement
We found it hard to know who in the management team had oversight of individual Streets. The home should consider how it can inform residents and relatives about the management structure of the home (see recommendation 4 under Quality Theme 1, Statement 2).

A new staff structure had been implemented. We made a recommendation about this at the last inspection. The recommendation is carried forward (see recommendation 1).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0
Number of recommendations: 1

Recommendations
1. The home should describe the new staffing structure to residents, relatives and other stakeholders. The description should include information on the roles and responsibilities of each grade of staff.
   National Care Standards, Care Homes for Older People Standard 5 - Management and Staffing Arrangements.

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**

Strengths identified under Quality Theme 1, Statement 1 apply to this statement.

The home had ways to check the quality (audits) of some of the services in the home. This included regular checks of the environment, accident records and medication audits.

There were regular management team meetings. These meetings looked at the ways senior staff supported care staff to develop care practices. Regular meetings meant that senior staff could be clear on their management role and report and discuss any progress or problems they came across.

A member of staff had an extra responsibility for assessing and monitoring staff practice in helping residents who could not walk or stand unaided. This staff member helped other staff by checking practice and giving advice on how to apply moving and handling techniques.

At the last inspection we recommended that for the comfort and security of residents, the provider look at methods for ensuring there was continuity of staffing. A new rota system had been implemented. Recruitment of care staff had reduced the number of vacant posts. The recommendation was met.

**Areas for improvement**

At the last inspection we required that care staff have adequate training for the work they were to do. As the timescale for meeting this requirements had not passed, we have carried forward the requirement to the next inspection (see requirement 1).

We required that the provider ensure that incidents such as unexplained bruising or injury be recorded and risks assessed. A new system had not been fully implemented. We have made the requirement again (see requirement 2).

An audit of medicines management had been carried out in December 2012 by the pharmacist supplying the home. We noted there was no action plan that described the steps the management team were to take to solve the issues noted by the pharmacist’s audit. This audit identified some of the areas for improvement in this area that we found at this inspection. This showed us that an action plan should have been implemented to make sure action was consistently carried out to improve the medicine management in the home.

At the last inspection, we informed the home that action must be taken to meet requirements described under Quality Theme 1, Statement 3. Most of these requirements have not been met. The standard of record keeping in some Streets had deteriorated.
Although there were some Quality Assurance procedures in use, routine information regarding some aspects of the service was not easy to find. Regular checking of important aspects of care should be carried out so that improvements can be achieved and maintained. We have carried forward the requirement made at the last inspection (see requirement 3).

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 3

**Number of recommendations:** 0

**Requirements**

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

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

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

   This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15(b)(i) staffing.

   In making this requirement National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements.

   Timescale: To commence on the date of receipt of this report and for completion by 31 May 2013.

2. The provider must ensure that incidents such as unexplained bruising or injury that may indicate a risk to service users are investigated and risk assessed. In order to achieve this the provider must put in place:

   (i) procedures to describe and record unexplained bruising in the resident’s personal plan and the home’s incident recording procedures.

   (ii) procedures to monitor the incidence and type of injury.

   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) health, welfare and safety of service users.
In making this requirement National Care Standards, Care Homes for Older People Standard 14 - Lifestyle - and Standard 5 Care Homes for Older People - Management and Staffing Arrangements are taken into account
Timescale: To commence on the date of receipt of this report and for completion by 31 May 2013.

3. The provider must ensure that the service is provided in a manner which promotes quality.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3.

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) health, welfare and safety of service users.
In making this requirement National Care Standards, Care Homes for Older People Standard 5 Care Homes for Older People - Management and Staffing Arrangements is taken into account.
Timescale: To commence on the date of receipt of this report and for completion by 31 May 2013.
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
Not applicable.

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

<table>
<thead>
<tr>
<th>Quality of Care and Support - 2 - Weak</th>
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<tr>
<th>Quality of Environment - 3 - Adequate</th>
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<tr>
<th>Quality of Staffing - Not Assessed</th>
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<th>Quality of Management and Leadership - 2 - Weak</th>
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6 Inspection and grading history

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<td></td>
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<td>Environment 3 - Adequate</td>
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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