Airlie House
Care Home Service Adults
5 Victoria Park
Ayr
KA7 2TR
Telephone: 01292 262744

Inspected by: Amanda Cross
Stephen Kennedy
Sean McGeechan

Type of inspection: Unannounced
Inspection completed on: 8 March 2013
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Service provided by:
Ayr Baptist Homes

Service provider number:
SP2003000262

Care service number:
CS2003001308

Contact details for the inspector who inspected this service:
Amanda Cross
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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

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What the service does well

Staff and management knew the residents well. Residents and relatives were complimentary about the care provided within the home. Relatives told us they were kept informed of what happened within the home, and about their relative’s care.

What the service could do better

Following this inspection the Care Inspectorate has highlighted some areas for improvement which include:

- Ensure that care review meetings take place at least 6 monthly.
- Ensure that medication practice reflects best practice guidance.
- Ensure that care plans fully address the current assessed needs of service users.
- Review the procedures for the management of controlled drugs and adult support and protection.
- Ensure implementation of a robust quality assurance system.

There are requirements and recommendations made throughout the individual statements. Details of these are provided within the main report.
What the service has done since the last inspection

The service has had no Manager since early last year. This has had a detrimental effect on the quality of care and support, environment, staffing and management and leadership. This has led to a reduction in the grades awarded to the service.

Conclusion

Whilst we saw elements of positive outcomes for residents within Airlie House, the provider should recruit an appropriately qualified manager and must address the required improvements. This includes implementation of robust quality assurance systems and processes to ensure the quality of the service is improved.

There are serious areas of concern detailed within this report. South Ayrshire Council is working in tandem with the Care Inspectorate and has placed a moratorium on admissions to this service. The provider has committed to make the required improvements and work with the Care Inspectorate to achieve this.

Who did this inspection

Amanda Cross
Stephen Kennedy
Sean McGeechan
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.scswis.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Airlie House is located in Ayr and is operated by a private provider. The service is registered to provide a care service to up to 26 older people of whom 26 may have physical needs or dementia. One of the registered places may be used to provide a respite place for an older person.

The service consists of an original two storey detached stone property with single storey extensions to the side and the rear. The bedrooms are either single or double rooms, many with en-suite facilities. There is access to the accommodation on all floors by means of stairs, and a passenger lift. There is also has disabled ramp access. The building is situated within it’s own well maintained grounds and within easy access to local amenities.

The service aim in their mission statement " to provide service users care in a Christian environment committed to excellence where personal dignity is maintained, personal privacy is respected and personal needs are fully met”.

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 - Grade 2 - Weak
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
We wrote this report after an unannounced inspection by Care Inspectors Amanda Cross and Stephen Kennedy on 15 January 2012 between 10:00 and 17:00 hours. Care Inspectors Amanda Cross and Sean McGeechan visited the premises as to continue the inspection on 7 March between 20:00 and 21:30 hours and on 8 March between 08:45 and 10:15. Feedback was given on 8 March between 10:30 and 12:15 hours by Amanda Cross and Sean McGeechan of the Care Inspectorate.

We took account of the 11 questionnaires returned from the 20 we sent to residents and relatives/friends before the unannounced inspection. We spoke with 10 residents who lived in Airlie House during the inspection process.

We also gathered evidence from various sources including the relevant sections of the policies, procedures, records and other documents including:

- Resident files
- Resident Careplans
- Medication records
- Accident and Incident reports
- Minutes of residents’ meetings
- Minutes of relatives’ meetings
- Newsletters
- Staffing schedule
- Staff and Management meeting minutes
- Staff rota
- Staff supervision records
- Quality Assurance System Documentation including policies and procedures
- Complaints
- Service feedback questionnaires
- Insurance Certificate
- Certificate of Registration
- Previous Inspection Reports
- Communication systems - open door policy, communication books, notice boards
- Maintenance repair logs
Service and maintenance contracts

We conducted a review of the premises and observed staff interactions with residents and carers/family/visitors and each other.

We also spoke with:
Residents
Relatives
Care staff
Cook
The acting manager
South Ayrshire Council Review Team Representative

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

Annual Return Received: Yes - Electronic

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

Taking the views of people using the care service into account
Comments from residents via verbal feedback and feedback questionnaire returns indicated residents were more than satisfied with the care provided to them at Airlie House.
Comments included:
“I like living here. My family visit everyday and I enjoy going for walks on the seafront.”
“I enjoy the church service every week and I can attend the church every Sunday”.
“the home is friendly and always has a welcome for everyone”.
“I have got a few pals since moving here”.
“I like all the music events and I am encouraged to join in”.

Taking carers’ views into account
Comments from carers:
Carers indicated a high degree of satisfaction in the quality of the service through verbal feedback and through feedback questionnaires. Comments included:
“We cannot praise the staff at Airlie House highly enough - they are all so compassionate and professional. It is a great relief to all of us that Margaret is so well looked after and so happy and contented. Thank you all so sincerely.”
“the care my mum gets in Airlie House is 2nd to none. I can’t speak highly enough about ALL the staff.”

“my mum enjoys living at Airlie House. The staff are great. The home is clean and always welcoming.”
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**

The grade awarded for this quality statement at the last inspection on 13 December 2010 was 5 - Very Good. The evidence we sampled during this inspection attained the grade of 3 - Adequate.

We reached this conclusion after we spoke with residents, relatives, staff and temporary manager. We also reviewed feedback questionnaires and a number of relevant documents.

We saw how the service had recently updated their participation strategy and were working to try to ensure that people were involved in the planning and delivery of services within the home.

The methods used by the service encouraged residents and relatives to express their views about individual care arrangements and more general aspects of the service provided. These methods included: suggestions and complaints, keyworker system, questionnaires, review meetings and the newsletter. The temporary manager had recently issued questionnaires in an attempt to obtain feedback.

Bi-monthly newsletters were distributed which ensured residents, carers and staff were able to remain informed on life, events and activities within Airlie House.

Each resident had a keyworker. Some residents and carers that we spoke to confirmed that they had a named member of staff who coordinated aspects of their care. One resident told us "staff know me well and know what I like".
**Areas for improvement**

The service had a range of methods to encourage residents and relatives to express their views about individual care arrangements and more general aspects of the service. We found this should be more supported by statutory requirements. This particularly related to 28 day and 6 monthly care reviews. We found evidence to suggest that there was sometimes poor attendance by service user and carers at these meetings. This means there is inconsistent evidence of resident/carer involvement in care assessment and planning. (See Requirement 1 of this Quality Statement).

During discussion with residents, a few told us that they had been "told to stay within the lounge" environment in which they were sitting. The service should ensure that residents have freedom to move within the home environment as they choose unless specific restrictions have been discussed and detailed within the personal plan. (See requirement 2 and recommendation 1 of this quality statement).

We saw through review of the newsletter that there were family review evenings. These events provided an opportunity for discussion with the Directors of Airlie House. Relatives were invited to 'review the running of the house and plans for the future development of the house'. This feedback could contain more specific details and evaluation of the outcomes of the meetings. This would allow involvement in preparation of action planning from which to implement the development the service.

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

**Number of requirements:** 2

**Number of recommendations:** 1

**Requirements**

1. The provider must ensure that each resident has a full and appropriately completed personal plan within 28 days of them receiving the service and thereafter on at least a 6 monthly basis. This is to comply with SSI 2011/210 Regulations 5(1) and 5(2) Personal Plans.
   - Regulation 5(1)
     A provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service prepare a written plan ("the personal plan") which sets out how the service user’s health, welfare and safety needs are to be met and
   - Regulation 5(2)(b)
     The provider must conduct reviews to focus on service users’ needs as required. In order to achieve this, the provider will:
     (i) put in place a personal plan within one month of a service user first using the
(ii) review the plan at least once in every six month period
(iii) review the service users care plan when asked to do so by the service user or their representative

Timescale within three months on receipt of this report.

2. The provider must ensure service users have choice in where they wish to go within the home environment. This is to comply with SSI 2011/210 Regulation 3 Principles.
A provider of a care service shall provide the service in a manner that promote quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

Timescale within 24 hours on receipt of this report.

Recommendations

1. As detailed within personal plans, residents should have freedom to move around easily in the house and its grounds.
   National Care Standards Care Homes for Older People: Standard 4 - Your environment.

Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
The evidence we sampled during this inspection attained the grade of 2 - weak.
We reached this conclusion after we spoke with residents, families, staff, the temporary manager and representatives form the local authority review team. We also reviewed a number of relevant documents.

We saw how residents had a basic outline of how staff met their care needs within their personal plans.

There was a good range of equipment throughout the home to support people’s needs.

Staff told us they used tools to monitor weights and also food and fluid intake.

The manager had responded to meet the needs of residents during an infectious diseases outbreak to minimise the spread of infection.
Areas for improvement

We observed medication administration during the inspection process and found that Medication Administration Records were not being accurately reported. Refusals for medication were not being reported to the GP or recorded within the personal plan. (See requirement 1 and recommendation 1 of this quality statement)

The medication policy should reflect best practice guidance and be supplemented by a controlled drugs policy. (See recommendation 2 of this quality statement)

Assessment tools should be used to allow identification of resident health and wellbeing needs. These should include best practice guidance tools with examples such as MUST, Waterlow. Although Airlie House does not provide nursing care, there is a requirement to ensure health and wellbeing needs are identified and interventions detailed through the personal plan. (See Requirement 2 and recommendation 3 of this quality statement)

We saw discrepancies where GPs had made recommendation for residents to be referred to the Care Home Liaison Nurse and this had not been actioned. (See Requirement 3 of this quality statement)

Grade awarded for this statement: 2 - Weak

Number of requirements: 3

Number of recommendations: 3

Requirements

1. The provider must ensure that Medication Administration Records are completed in accordance with best practice guidance. Records must include the reason for non administration or refusal and referral to the GP to ensure appropriate monitoring and advice is sought.
   This is in order to comply with:
   SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.
   Timescale: within 24 hours on receipt of this report.

2. The provider must improve the assessment and care planning process to reflect the current assessed needs of residents in line with best practice guidance and evidence how the plan is being followed on a daily basis.
   This is to comply with SSI 2011/210 Regulation 4(1)(a) a requirement to make the proper provision for the health, welfare and safety of service users.
   Timescale: within 4 weeks of receipt of this report.

3. The provider must ensure that access to health professionals is made available on request.
This is to comply with SSI 2011/210 Regulation 4(2) - a provider of a care home service must make arrangements as are necessary for the provision to service users of adequate services from any health professional. Timescale: within 24 hours on receipt of this report.

Recommendations

1. The service should implement a formal auditing system of medication administration and recording practice within the home. National Care Standards Care Homes for Older People Standard 5: Management and Staffing arrangements
   National Care Standards Care Homes for Older People Standard 6: Keeping well - medication

2. The service should review the policy in the management of medication including controlled drugs in accordance with best practice guidance.
   National Care Standards Care Homes for Older People Standard 5: Management and Staffing arrangements
   National Care Standards Care Homes for Older People Standard 6: Keeping well - medication

3. Personal plans should include individual health needs of service users and how these are to be met.
   National Care Standards Care Homes for Older People Standard 6: Support arrangements, and Standard 14: keeping well - healthcare
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
The evidence we sampled during this inspection attained the grade of 3 - Adequate. We reached this decision after we spoke to residents, families, staff and temporary manager. We also reviewed feedback questionnaires and a number of their relevant documents.

Residents told us of how they had recently been consulted about the colour scheme for a new carpet and subsequent paintwork and were happy with the outcome.

This statement was considered alongside the information in statement 1.1.

Areas for improvement
Some residents requested to have a T.V in the quiet lounge but had not yet received feedback on this possibility. The provider should ensure this feedback is provided.

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
The evidence sampled during this inspection attained the grade of 3 - Adequate.

The service had a wide range of service and maintenance contracts in place to promote a safe environment for residents.
A current certificate of insurance was displayed within the home. The service had employed additional staff to ensure they appropriately complied their staffing schedule.

There was a secure door entry system and visitors to the home were required to sign in/out. Residents and relatives that we spoke to confirmed that they felt safe and secure in the care home.

Records of accidents and incidents were maintained.

Records showed that staff received training in areas appropriate to this quality statement.

The environment within the home was clean and tidy. We observed the domestic staff adhering to their cleaning schedules whilst taking time to interact with residents.

We spoke with staff who understood their responsibility in maintaining a safe environment for residents. Most staff had undertaken at least the foundation level training in Adult Support and Protection procedures and could discuss the importance of reporting suspicions to protect residents.
**Areas for improvement**

The installation of a new boiler system had impacted on regulation of temperature throughout areas of the home. The water temperatures upstairs were found to be cooler than downstairs. Temperatures should be recorded to monitor heating to promote the comfort of residents. (see recommendation 1 of this quality statement).

To allow appropriate risk management, the manager should ensure that outcomes from accidents/incidents are evaluated with action planning where appropriate. (see recommendation 2 of this quality statement).

The provider should consider the use of a Dependency Assessment Tool to enable monitoring of resident needs with ability to respond through appropriate staffing levels.

The manager should employ an effective audit system to ensure risk assessment process ensures a safe environment for residents.

Policies and procedures should be updated and reflective of current legislation and best practice guidelines to ensure the provision of a safe environment including Adult Support and Protection. The issue with policies and procedures is addressed within statement 4.4. (see recommendation 3)

The service should consider contingency planning in the event of an emergency. This should include personal evacuation plans for residents.

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

**Number of requirements:** 0

**Number of recommendations:** 3

**Recommendations**

1. The provider should monitor the temperature throughout the home including bedroom areas.
   National Care Standards Care Homes for Older People Standard 4: Your environment

2. The service should ensure that accident/incident records are consistently followed up and detail information about follow up actions to minimise risk of reoccurrence.
   National Care Standards Care Homes for Older People Standard 5: Management and staffing arrangements and Standard 9: Feeling safe and secure.

3. The service should ensure appropriate policies and procedures in accordance with legislation and best practice guidance.
   National Care Standards Care Homes for Older People Standard 3: Your legal rights.
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 2 - Weak

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

Service Strengths
The evidence we sampled during this inspection attained the grade of 3 - Adequate. We reached this decision after we spoke with residents, relatives, staff and the interim manager. We also reviewed feedback questionnaires and other relevant documentation.

Feedback from residents was complimentary about staff during discussions with us. Feedback questionnaires from residents and relatives indicated they strongly agreed or agreed that they were happy overall with the quality of care provided. Comments included:

“the staff are good to me in here. they know what I like and what I don’t”.
“if I am not happy about anything I just say and the manager gets to hear about it”.

This statement was considered alongside the information in statements 1.1 and 2.1.

Areas for improvement
The service should continue to develop their methods to obtain feedback to improve the quality of staffing in order to develop the service.

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

Statement 3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths
The evidence we sampled during this inspection attained the grade of 2.
We reached this decision after we spoke with residents, relatives, staff and the interim manager. We also reviewed relevant documents including feedback questionnaires and staff training records.

The service had a commitment to facilitating SVQ training for staff. This is to ensure the appropriate qualifications for staff to register with the Scottish Social Services Council.

Staff were aware of the National Care Standards which was reflected in examples of good practice where residents were observed to be treated with respect and dignity. Residents confirmed that they were treated with respect and dignity and were complimentary about the quality of staffing within this service.

We saw scheduled training for staff. We saw that staff were keen to attend training as they had all requested to attend on the relevant training document.

We found that despite issues and lack of guidance through careplanning, there was a degree of commitment from staff. They worked hard and tried to work as part of a team to ensure the needs of service users were met.

**Areas for improvement**

We reviewed staff training and induction processes and found there were gaps in training. These were deemed to be minimally sufficient to allow staff to safely meet the needs of residents. (see requirement 1 of this quality statement).

Through discussions with staff, we found that morale was low and there was a mistrust that if issues were raised then they would not be supported. Some staff felt this may lead to a negative impact on outcomes for service users. (See recommendation 1 of this quality statement)

People told us that this was further exacerbated by what they described as unhealthy relationships within the staff team leading to a “blame culture”. Some staff told us that they were afraid to take things to people in their professional roles for fear of repercussions. An example of this was through supervision. (see requirement 2 of this quality statement)

There were infrequent team meetings to allow staff to discuss issues. Supervisions were not deemed to be open and supportive when they did occur.

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

**Number of requirements:** 0

**Number of recommendations:** 0
Requirements

1. The provider must ensure that all staff receive the appropriate level of refresher and induction training to provide them with the skills to meet the needs of service users. This training must address but should not be limited to:
   Health and Safety induction
   Moving and Handling Training
   Adult support and protection training
   Infection control
   fire training including evacuation procedures
   Care planning and records keeping including use of assessment tools.

   Additional training should be considered as needs of service users are assessed. Some consideration should also be given to use of the Promoting Excellence Framework, Scottish Government 2011.

   This is to comply with
   SSI2011/210 Regulation 4(1)(a) - a provider must make proper provision for the health, welfare and safety of service users; and
   SSI 2011/210 Regulation 15(b)(i) Staffing a requirement to ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

   Timescale: within twelve weeks on receipt of this report.

2. The provider must address issues with staff morale, communication issues and team working amongst all staff within the home.
   This is to comply with SSI 2011/210 Regulation 15(a) Staffing - a requirement to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users; and
   SSI 2011/210 Regulation 15(b)(i) Staffing - a requirement to ensure that persons employed in the provision of the care service receive appropriate training appropriate to the work they are to perform

   Timescale: from the date this report is received by the provider.

Recommendations

1. The provider should establish and promote procedures for staff to report poor practice and deal with concerns promptly, effectively and openly.
   Scottish Social Services Council Codes of Practice for Social Services workers and Employers

2. Supervision should be provided on a regular basis with the emphasis on support and development of each individual staff member.
   National Care Standards Care Homes for Older People Standard 5: Management and staffing arrangements.
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 2 - Weak

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

Service strengths
The evidence we sampled during this inspection attained the grade of 3 - Adequate. We reached this decision after we spoke with residents, families, staff, temporary manager and South Ayrshire Council Review Team.

Feedback from residents and family members through discussion and feedback questionnaires indicated a high degree of satisfaction with the quality of leadership and management. They felt they were routinely asked for their opinion on how to improve the service.

This statement should be considered alongside information within quality statements 1.1, 2.1 and 3.1

Areas for improvement
A complaint had been made relating to the record keeping of resident belongings. (see recommendation 1)

The service should continue to seek feedback from all stakeholders to promote development of the service.

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

Recommendations
1. As a result of complaint activity which was upheld, a recommendation was made which states
   “The provider should make clearer the responsibility of relatives/ visitors to inform staff of any additional belongings brought into the service following admission”. In order to do this the provider should:
   (i) add this information to the written information provided during admission to the service
Statement 4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths
The evidence we sampled during this inspection attained the grade of 2 - Weak. We reached this decision after we spoke with residents, families, staff, temporary manager and the South Ayrshire Review Team.
The service had a manual which contained a range of policies and procedures. The temporary manager had began seeking advice and guidance on completion of notification procedures to relevant bodies.
The service had actively sought feedback from residents and their families.
Residents and families confirmed they had knowledge of how to raise a complaint.
We saw that the service had a range of best practice documents available as a resource to inform staff practice.

Areas for improvement
We looked at the service’s written Adult Support and Protection Procedure which did not clearly indicate the actions to be taken should staff members suspect an adult protection issue. (See requirement 1 for this quality statement).

Many of the policies and procedures we reviewed were out of date and did not reflect best practice guidance. (See requirement 2 of this quality statement)
There was a lack of outcomes from audits of the service being implemented through action planning. (see requirement 2 of this quality statement)
We found that the temporary manager had not had sufficient training nor had adequate support whilst undertaking the role as temporary manager. (see recommendation 1 of this statement)

Grade awarded for this statement: 2 - Weak
Number of requirements: 2
Number of recommendations: 1

Requirements
1. The provider must develop the service’s written Adult Support and Protection procedure to clearly indicate the actions to be taken should staff members suspect an adult protection issue.
This is to comply with: SSI 2011/210 - Regulation 4(1) (a) - Make proper provision for the health, welfare
and safety of service users.
Timescale: with immediate effect.

2. The provider must review quality assurance systems and processes to ensure the quality of this service is improved.
   This is in order to comply with:
   SSI 2011/210 Regulation 3 - Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.
   Timescale for implementation: within six months of this report being received by the service.

Recommendations

1. The provider should ensure the interim manager receives training appropriate to the role she is undertaking.
   National Care Standards care Homes for Older People:Standard 5 - Management and Staffing arrangements.
4 Other information

Complaints
There has been a recommendation made as a result of complaint activity during this inspection process, detailed within statement 4.1. This will be considered as part of the next inspection.

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

Additional Information

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in 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

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6 Inspection and grading history

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<td>17 Feb 2009</td>
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<td>4 - Good</td>
</tr>
<tr>
<td>8 Jul 2008</td>
<td>Announced</td>
<td>3 - Adequate</td>
</tr>
</tbody>
</table>

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