

## Care service inspection report

# Cargenholm Care Centre

## Care Home Service Adults

New Abbey Road

Dumfries

DG2 8ER

Telephone: 01387 250609

Inspected by: Linda Wheatley

Clive Pegram

Type of inspection: Unannounced

Inspection completed on: 6 June 2013



HAPPY TO TRANSLATE

# Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	18
4 Other information	42
5 Summary of grades	43
6 Inspection and grading history	43

## Service provided by:

Canterbury Care Homes Limited

## Service provider number:

SP2005007835

## Care service number:

CS2005113821

## Contact details for the inspector who inspected this service:

Linda Wheatley

Telephone 01387 734980

Email [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## Summary

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

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

### We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

### What the service does well

Residents care plans contain some very good paperwork with good evidence to show they are involving residents and relatives more in their care and support needs.

The service manager and staff continue to encourage residents and relatives to make any suggestions and comments about their individual care and support and within the homes environment.

The home now has a good maintenance and decorating plan which is being followed to ensure the home remains a safe and pleasant place to live.

### What the service could do better

The service manager and staff need to continue to address the Recommendations placed as a result of this inspection to ensure they continue to work within their current good grades.

They need to prioritise the review and up date of care plans and risk assessments routinely with residents, advocates and relatives and any other healthcare professional involved in their care.

The service manager needs to continue to use the Quality Assurance systems in place to ensure accurate and clear records are kept up to date, reviewed and evaluated to a good standard.

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

As a result of the last inspection the service received six Requirements and six Recommendations

During this inspection they have met all Requirements and all Recommendations, with some new Recommendations in place to support them to ensure best practice is followed at all times.

This has resulted in an increase of grades in all Quality Statements and Quality Themes to 4 good.

They have had two outbreaks of Noro Virus infection which they have responded to appropriately and effectively, following current infection control guidelines.

### **Conclusion**

The service has made good progress in addressing their previous outstanding Requirements and Recommendations

As a result of this we can see that the home has a more relaxed, clean and better maintained environment. Residents and relatives are more involved in their care and support and are being provided with a good level of care.

### **Who did this inspection**

Linda Wheatley  
Clive Pegram

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Cargenholm House is a care home registered to provide a care service to a maximum of 60 older people of whom 4 may be younger adults with physical and sensory impairment.

The home is situated in a rural location close to Dumfries. Accommodation is over two floors linked by a passenger lift and a wheelchair platform.

Residents have access to an outside patio area and two enclosed garden areas at the side of the home.

The philosophy of the service states "it is our philosophy that clients are encouraged to participate in all decisions affecting their life unless there are demonstrable reasons why this is not possible. To provide services that ensure their privacy and autonomy are maximised, including private facilities and a broad range of social activities both inside and outside the home. We will encourage clients to maintain links with their local community, friends and family, whilst providing support and stimulation to assist them to maximise their physical, religious, emotional and spiritual well being regardless of ethnic, religious or cultural differences."

At the time of our visit there were 25 residents living in the home, two of whom were receiving respite care.

## Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve, we may make a recommendation or requirement.

\* A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

\* 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 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

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

**Quality of Care and Support - Grade 4 - Good**

**Quality of Environment - Grade 4 - Good**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 4 - Good**

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

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

## 2 How we inspected this service

### **The level of inspection we carried out**

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

### **What we did during the inspection**

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

We wrote this report following an unannounced inspection. This was carried out by Inspectors Linda Wheatley and Clive Pegram on Monday 3rd June 2013 between the hours of 1.45pm and 9.45pm. It continued on Thursday 6th June 2013 between the hours of 10am and 5pm, when we also gave feedback to the registered manager.

The Professional Adviser Infection Prevention and Control participated in the inspection to assess infection prevention and control practices and facilities within the care home following several recently reported outbreaks of infection.

During this inspection we looked mostly at previous Requirements and Recommendations only

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us

We sent out 25 care standard questionnaires to the manager to distribute to relatives and carers.

Relatives and carers returned 11 completed questionnaires before the inspection.

We also asked the manager to give out 20 questionnaires to staff and we received 17 completed questionnaires.

During the inspection process, we gathered evidence from various sources, including the following:

We spoke with:

Nine Residents

One Relative

Two Registered nurses

Two Senior carers

Twelve Carers  
Two domestic staff  
Maintenance man  
Service manager  
Regional manager

We looked at:

Care plan folders including:

Two out of four care plans for residents who had recently been involved in an outbreak of infection.

Health assessments

Risk assessments

Individual care plans

Daily progress notes

Reviews

Notebooks in residents' bedrooms

Daily checklists

Residents and Relatives meeting minutes

Comment books for relatives and residents to use.

Concerns book

Staff meeting minutes

Staff training matrix

Staff rotas

Dependency levels

Individual staff files including:

Supervision notes

Disciplinary notes

Training evaluations

Recruitment Policy

Disciplinary Policy

Adult Support and Protection policy

Maintenance book

Domestic staff cleaning schedules

Cleaning records for wheelchairs, commodes, general cleaning duties and other associated documents.



Areas checked on the ground floor included:

A random selection of eight out of 25 residents rooms in use during the inspection  
Sluice rooms, lounge and dinning rooms, communal bathroom or showers rooms, communal toilets, and domestic services cupboard.

Information relating to staff training

Action plan relating to hand hygiene audit dated 28-01-13

Staff hand over book

Monthly infection records

Infection control posters and some documents

### **Grading the service against quality themes and statements**

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

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

### **Inspection Focus Areas (IFAs)**

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

### **Fire safety issues**

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

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

#### **The requirement**

The management of the care home service must make proper provision to protect vulnerable adults in their care from harm. In order to achieve this, the provider must:

Respect the views of service users and their legal representatives by adhering to their wishes in relation to how and when the service communicates with them.

This is in order to comply with:

SSI 2002/210 Regulation 3 - Principles

Timescale for implementation: Within 24 hours of receipt of this report

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

Please refer to quality statement 1.1 for progress on this requirement'.

**The requirement is:** Met

#### **The requirement**

The service manager must ensure that individual risk assessments are carried out and completed for all service users using wheelchairs. These should clearly record best practice such as use of lap straps, brakes and foot rests.

These should clearly record any discussions held with service users, relatives and healthcare professionals.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) make proper provision for the health, welfare and safety of service users; Regulation 5 (b) review the personal plan -(iii) at least once in every six month period whilst the service user is in receipt of the service;

Timescale: 2 months

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

Please refer to quality statement 1.3 for progress on this requirement

**The requirement is:** Met

### **The requirement**

The service manager must demonstrate a commitment to keep premises in a good state of repair and in good decorative order. In order to achieve this, they must prioritise the work being carried out, and provide clear detailed records of each issue, what actions have been carried out and the outcomes as a result. \* They need to review their current maintenance recording system identifying who is responsible for each action, including realistic timescales for the work to be carried out.

\* It must include Carrying out of daily temperature checks of public rooms plus a selection of bedrooms each day to record both the actual temperature and whether or not residents say they are warm enough (or too hot or cold).

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

Please refer to quality statement 2.2 for progress on this requirement'

**The requirement is:** Met

### **The requirement**

The Provider must address the issue of malodour within the care home as a matter of priority.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 10, Fitness of premises

Timescale: 1 month of the receipt of this report.

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

Please refer to quality statement 2.2 for progress on this requirement

**The requirement is:** Met

### **The requirement**

The service provider must make proper provision to protect vulnerable adults in their care from harm. In order to achieve this, the provider must:

\* Revise procedures relating to Adult Support and Protection to refer to Dumfries & Galloway Council's Multi-Agency Adult Support and Protection Procedures and include Scottish Legislation, which will include intervention when a specific situation arises that puts them and others at risk of harm.

\* Provide the Care Inspectorate with evidence that all staff have received updated training in Adult Support and Protection, and are fully conversant with Dumfries & Galloway Council's Multi-Agency Adult Support and Protection Procedures.

This is in order to comply with: SSI 2011/210 Regulation 4(1) (a) - Welfare of Users

Timescale for implementation: 1 month from receipt of this report.

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

Please refer to quality statement 3.3 for progress on this requirement

**The requirement is:** Met

### **The requirement**

The service manager should review current practice for administering of medication by all staff. She should ensure any individual or group training is accessed to ensure that medication is administered at all time by suitably qualified staff following legislation and best practice guidelines.

This is in order to comply with: SSI 2011/210 Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users.

National Care Standards, Care homes for older people  
Standard 15 - Keeping well - medication

Timescale for implementation: 1 month from receipt of this report

We signposted the service manager to the following guidance:

Nursing and Midwifery Council (MNC) Standards for medicines management  
[www.nmc-uk.org](http://www.nmc-uk.org)

Care Inspectorate Guidance about medication personal plans, review, monitoring and record keeping in residential care services.

Publication code HCR-0712-070  
[www.careinspectorate.com](http://www.careinspectorate.com)

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

Please refer to quality statement 3.3 for progress on this requirement

**The requirement is:** Met

---

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

We made the following Recommendation as a result of the previous inspection

Please refer to the following Quality Statements for progress on these.

1. The service manager should ensure that all individual Risk Assessments and Behaviour plans record clear, detailed and up to date information about risks presented and guidelines for staff to follow. All individual risk assessments and behaviour plans should take account of the views and observations of the resident, their family or representative if appropriate, and staff in the home.

Service users, their relatives or representative, should be consulted about the management of identified risks and the risk assessment and behaviour plan should include a record of that discussion and any agreements reached about how the risk is to be managed.

National Care Standards, Care homes for older people  
Standard 1: Informing and deciding  
Standard 3: Your legal rights  
Standard 4: Your environment

This Recommendation has been partially met

Please refer to quality statement 1.3 for progress on this Recommendation

2. The service manager should review the common practice of service users sitting in wheelchairs for prolonged periods throughout the day, including mealtimes.

National Care Standards, Care homes for older people  
Standard 4: Your environment  
Standard 5: Management and staffing  
Standard 6: Support arrangements  
Standard 9: Feeling safe and secure  
Standard 13: Eating well

This Recommendation has been met

Please refer to quality statement 1.3 for progress on this Recommendation

3. Staff should ensure that care plans are reviewed at suitable intervals and that their records of care provided and reviews of this include evaluative statements.

National Care Standards, care homes for older people  
Standard 5: Management and staffing arrangements

Timescale: one month

This Recommendation has been met

Please refer to quality statement 1.5 for progress on this Recommendation

4. The service manager should ensure that all service users have easy reach access to the care call system. She should review individual arrangements in place for all service users as part of the care planning process, and clearly discuss and record how they can call for assistance at any time.

National Care Standards, care homes for older people  
Standard 1: Informing and deciding  
Standard 3: Your legal rights  
Standard 4: Your environment  
Standard 9: Feeling safe and secure

This Recommendation has been met

Please refer to quality statement 2.2 for progress on this Recommendation

5. The service manager should carry out a detailed review of dependency levels within the home. This should include day and night time care needs.  
The review must include weekly dependency levels, total care hours allocated to each service user and how they are used looking at staffing numbers, and deployment of staff.

A summary of this review must be compiled for service users and relatives to include them in this process and ensure they fully understand the implications for their individual assessed support needs.

National Care Standards, Care homes for older people  
Standard 5: Management and staffing.  
Standard 6, Support arrangements

This Recommendation has been met.

Please refer to quality statement 3.3 for progress on this Recommendation

6. The service manager should consider how she can ensure that all areas of concern discussed by service users and relatives with staff and management are acted upon,

reviewed and evaluated to ensure satisfactory outcomes for individual service users are met. This is in order to ensure that service users experience good quality support and care which is provided by staff whose professional training and expertise allows them to meet individual's needs.

National Care Standards, Care homes for older people  
Standard 5: Management and staffing.

This Recommendation has been met.

Please refer to quality statement 3.4 for progress on this Recommendation.

7. The service manager should ensure that all staff, service users and their relatives have a clear and detailed explanation of the details of each Care Inspectorate inspection and report. They should have a good understanding of the effects of these on the management of the care service, along with the new changes within the organisation and the new responsibilities of the Care Inspectorate.

National Care Standards - Care homes for older people  
Standard 1: Informing and deciding  
Standard 5: Management and staffing  
Standard 6, Support arrangements

This Recommendation has been met

Please refer to quality statement 4.4 for progress on this Recommendation.

### **The annual return**

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

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

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

The Care Inspectorate received a completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under

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

For this inspection, we received views from 10 of the people using the service.

One person gave their views via the care standards questionnaires. They strongly agreed or agreed with all questions we asked and strongly agreed that overall they were happy with the quality of service they received at the home.

We spoke with a further nine residents in the home. They all told us they were happy with the quality of service they received. They told us that the staff were very kind and helpful and would get them anything they wanted. They told us that if they called for help, staff would respond quite quickly. They told us that they were able to get up and go to bed whenever they wanted and gave us some examples of their night time routines which were followed such as: watching TV in bed and having hot drinks before settling down for the night.

We have included further comments and views from people using the service throughout the report.

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

For this inspection, we received views from 12 relatives and carers of people using the service.

Eleven people gave their views via the care standards questionnaires. Ten people strongly agreed or agreed that overall they were happy with the quality of care their relative received at the home. One person did not know.

We received the following comments:

"I am totally satisfied with the care and service given to my relatives"

"Staff are always very pleasant and helpful. There is only one nurse who never speaks, never says hello, and can't even open the door to let you in."

"The staff are so willing to listen to suggestions and try ideas. The attention my relative receives and food provided for visiting relatives is superb."

"The home is also very well managed and organised."

"The care my relative receives is excellent. The home would benefit from a secure area outside where residents could sit in a garden."

"I would like to see a more varied activities programme. The current organiser carries out 1:1 activities rather than in groups. There is no where suitable and safe for



residents to go outdoors alone. The staff helper did spend a lot of work on the outside area last summer but the grassy area had not a good surface for the residents and it is not secure. No mention of any plans in the notice of proposed work recently communicated.

The staff and manager are all very pleasant and helpful and I have no concerns about my relatives care. I observe staff treating residents with respect and kindness"

"I am very happy with my relatives care. The staff are really lovely and my relative loves them all. The place is comfortable and homely."

"The staff have been friendly and caring."

Any minor issues which we have brought up have been addressed promptly and to our satisfaction."

"We were impressed that when asked for bedroom door to be left open, it was pointed out it was a fire door. Staff had a risk assessment in place and ready for family to sign at next visits."

Some relatives told us that they did not know about the homes complaints procedure or how to make a complaint to the Care Inspectorate

Some relatives told us that they disagreed or didn't know if there were frequent social events

We spoke with a further relative individually during our inspection, who told us that they were happy with the care and support their relative received from the service. They told us that staff kept them informed and up to date with their relatives care and support, and they felt included.

Relatives' comments and references to our questionnaires are included throughout this report.

## 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: 4 - Good

#### 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

At the last inspection the service received a grade of 2 weak for this Quality Statement. During this inspection they received a grade of 4 good.

At the last inspection we asked the management of the care home service to make proper provision to protect vulnerable adults in their care from harm. In order to achieve this, the provider must:

Respect the views of service users and their legal representatives by adhering to their wishes in relation to how and when the service communicates with them.

We gave them a timescale of within 24 hours of receipt of the report to complete this.

The service manager told us in her action plan that staff now document contact details for Relatives/ Legal Representatives on all individual residents files. She told us that this would be discussed at staff meetings and through supervision.

All Trained Nurses and Senior Carers are aware that they must contact Relatives when changes occur which involve residents. The Home has also produced a document that is more detailed regarding when and why we will contact Relatives and Relatives are being asked to discuss this and sign when agreed.

We could see that the service manager had made good progress in addressing this Requirement. Care plans included a sheet which recorded when relatives/ representatives would like to be contacted, and highlighted if they would like to be

contacted in emergencies only, or with everyday concerns. Relatives/ representatives were being encouraged to check and sign these once completed.

We could see that care plan audits were highlighting where discussions and signatures with relatives/ representatives were still needed and we saw some good evidence that nursing and senior care staff were addressing this with relatives during any discussions and visits.

Residents who were unable to make decisions about their healthcare needs had up to date and appropriately signed 'Adults with Incapacity' certificates in their care plans. This meant that residents mental health needs and capacity were re assessed routinely with their General Practitioners (GPs). Advocates were encouraged to attend resident's reviews and participate in discussions about their individual care needs.

Relatives told us that staff always kept them up to date about their relative. They told us they were informed, consulted and included in their relatives support

The home had received some positive comments from relatives in the new comments book which was situated at the front door of the home. Relatives had thanked staff for care and support to their relatives who had recently passed away, commented on the décor of the home, and liked to see fresh flowers in the reception area.

The service manager continued to compile a newsletter for residents and relatives which included some good information about celebrations and activities taking place such as: the Queen's coronation celebrations and planting flowers in the homes hanging baskets. The newsletter also gave residents and relatives up dated information about staff training events, and changes within the home such as diaries in resident's bedrooms, the broken lift and the continued homes decoration plan.

Recent survey results had been collated and the service manager highlighted that relatives had asked for more activities for the residents. As a result of this request the service manager and staff had discussed the idea of memory boxes for some service users, which had been put together and were being used. Relatives had also asked for the gardens to be accessible. As a result of this the service manager had organised a residents and relatives gardening day to encourage everyone to discuss their ideas for the garden and carry out some practical work.

During the inspection one of the care staff was working with the maintenance man to make the patio area more accessible and safe, and the grass had been cut in one of the side gardens.

Residents had requested the use of tablecloths in the dining room and this had been implemented. Each tablecloth was washed after each use and additional supplies had been ordered.

The service manager continued to arrange residents and relatives meetings, despite low interest and attendance at recent meetings. We could see that she was using the opportunity to inform every one of some of the changes in the home, and ask for ideas and suggestions.

Recent meetings were used to discuss dependency and staffing levels, staff training, care plans and risk assessments and recent Care Inspectorate inspection reports. Minutes were recorded clearly and were easy to read and understand. Explanations were given about why each issue was raised and what was happening as a result.

### **Areas for improvement**

Although we saw more evidence that residents and relatives were being included in their care and support and were being consulted about their care needs, we could see that discussions about information in their care plans and signatures were still absent from some care plans, despite some relatives contacting the home regularly.

The service manager told us that she would continue to encourage residents and relatives to discuss and sign care plan information as a matter of priority.

Some relatives told us that they did not know about the homes complaints procedure or how to make a complaint to the Care Inspectorate. We suggested that this should be added to agendas for future residents and relatives meetings and discussed at individual six monthly reviews. This will ensure that residents and relatives are routinely reminded of the procedure.

Recommendation 1

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

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The service manager should ensure that she continues to encourage residents and relatives to be included in all aspects of their care and support. Care plans should clearly record discussions held with residents, relatives and advocates and signatures should be gained where requested.

The homes complaints procedure should be discussed routinely with residents and relatives to ensure they know how to make a complaint or raise a concern.

National Care Standards, Care homes for older people.

Standard 6: Support Arrangements.

Standard 11: Expressing your views.

---

### Statement 3

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

#### Service strengths

At the last inspection the service received a grade of 2 weak for this Quality Statement. During this inspection they received a grade of 4 good

At the last inspection we asked the service manager to ensure that individual risk assessments are carried out and completed for all service users using wheelchairs. These should clearly record best practice such as use of lap straps, brakes and foot rests. These should clearly record any discussions held with service users, relatives and healthcare professionals. We gave them a timescale of within two months to complete this.

We also asked the service manager to review the common practice of service users sitting in wheelchairs for prolonged periods throughout the day, including mealtimes.

The service manager told us in her action plan that individual risk assessments have been completed for all individual residents who use wheelchairs and these identify measures to minimise risks that may occur when they are using wheelchairs.

New care plans have been completed for each resident who uses a wheelchair and these plans include the use of footrests, brakes and lap straps. Residents have been included in discussions regarding wheelchair usage where at all possible. Relatives have been asked for their input regarding wheelchairs. Residents are not being left sitting in wheelchairs for prolonged periods throughout the day and this includes mealtimes. This has been discussed at staff meetings and at individual supervisions with staff. If a resident has requested that they sit in their wheelchair, staff are aware that they must document this in the care plan evaluation.

We could see that the service manager had made good progress to address this Requirement and Recommendation.

Residents had their own designated wheelchairs which were being cleaned and maintained on a regular basis. Wheelchairs were kept in individual residents rooms. Staff told us this made it easier to access and use them quickly.

We observed staff supporting residents to move from wheelchairs into dining chairs, sitting rooms chairs, garden chairs and into their beds throughout the inspection.

Risk assessments were in place for residents who used wheelchairs. They recorded the potential hazard, the measures in place to control the risk, likelihood of harm, extra measures in place and persons involved in the discussion. Each risk assessment recorded individualised information such as use of specifically designed chairs. All assessments accessed during inspection clearly stated that footrests and lap straps were to be in place at all times. Training for staff and regular maintenance was also

recorded with areas for staff, residents and relatives to sign once discussed and agreed.

Individual care plans were in place clearly recording each resident's specific wheelchair use. They clearly recorded if wheelchairs were needed for long or short distances, and transfers inside and outside the home

Staff told us that their recent care plan training had helped them to realise the importance of better recording procedures and had made it helpful to write more detailed care plans. They told us that the information in wheelchair risk assessments was easier to understand as a result of this.

We observed two residents eating meal in their wheelchairs during the inspection. They told us they were given the option and had requested to stay in their chairs. We could see that this had been clearly recorded in one residents care plan, stating that they should be asked where they would like to sit after each transfer and they will make the decision.

At the last inspection we also asked the service manager to ensure that all individual Risk Assessments and Behaviour plans record clear, detailed and up to date information about risks presented and guidelines for staff to follow. All individual risk assessments and behaviour plans should take account of the views and observations of the resident, their family or representative if appropriate, and staff in the home. Service users, their relatives or representative, should be consulted about the management of identified risks and the risk assessment and behaviour plan should include a record of that discussion and any agreements reached about how the risk is to be managed.

The service manager told us in her action plan that all risk assessments and behaviour care plans have been re written and now offer more detailed and clear information about risks presented and guidelines for staff to follow. Staff were involved in rewriting the risk assessments and care plans. Service Users and Relatives input has also been sought and documented where possible.

We could see that the service manager had made good progress to address this Recommendation.

We looked at risk assessments for: moving and handling, falls out of bed, continence and behavioural risk assessments and behavioural plans.

Risk assessments and behaviour plans had been reviewed and either re written or information added to clearly detail any risks involved and how these should be managed. We could see that information in specific risk assessments recorded the description of the risk, frequency of risk, control measures required, monitoring of control, frequency, method and responsible person. We could see that where one resident was at risk of falls from their bed, this had been clearly recorded including

how the resident would fall and where they would land. We could see that a crash mattress was in place to prevent injury to the resident if they fell, care call was always in easy reach and staff would use the hoist to help them back into bed. Hourly checks/ observations had been included in the assessment and care plan to ensure the resident was monitored whilst they were in bed.

Moving and handling assessments included more detailed information about: the residents diagnosis, and ability to weight bear, use limbs along with their level of capacity understanding, and hearing to assess how they could to help staff when being supported to move.

Behavioural risk assessments included more personalised detailed information. We could see that where a risk assessment had highlighted a concern this was accompanied by a more detailed care plan and behavioural chart. Staff used the behavioural chart to record changes in behaviour, recording the behaviour and how they had responded and how the resident had responded to the staff as a result. Staff told us that these were in place to show new staff how some residents may react in certain situations. They also told us they were used to look at common behaviours and discuss with social workers as part of their reviews.

On the day of inspection there were no residents known to have infection.

Two out of four care plans and care evaluation sheets of residents who had been involved in the recent outbreak who did not use continence aids were checked. Information relating to infection prevention and control relevant to their care was appropriate.

All infections within the service were recorded and the manager reviewed the information on a monthly basis to identify possible trends and ensure appropriate action, if required was taken.

Hand over book for staff was checked and this clearly recorded all incidents of infection including actions required.

Residents equipment such as wheelchairs were labelled and records relating to cleanliness and checks of fitness for use were completed.

### **Areas for improvement**

Although we could see more evidence that residents and relatives had been involved in some discussions about their risk assessments this was not always clearly recorded.

Some risk assessments did not clearly record residents and relatives signatures.

Although the service manager told us that some health care professionals had been

asked to look at some of the risk assessments this was not clearly evidenced within the risk assessments and care plans and it was not always clear how staff reviewed behavioural charts with the involvement of other specialists such as community psychiatric nurses, and psychologists.

### Recommendation 1

Consideration should be given to developing a standardised care plan for infection prevention and control which could incorporate specific needs for each resident as currently exactly the same information is hand written.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The service manager should ensure that service users, their relatives or representative, and other healthcare professionals should be consulted about the management of identified risks. The risk assessment and behaviour plan should include a record of that discussion and any agreements reached about how the risk is to be managed.

National Care Standards, Care homes for older people.

Standard 1: Informing and deciding

Standard 3: Your legal rights

Standard 4: Your environment

### Statement 5

We respond to service users' care and support needs using person centered values.

### Service strengths

At the last inspection we asked the service manager to ensure that care plans are reviewed at suitable intervals and that their records of care provided and reviews of this include evaluative statements. We gave them a timescale of one month to complete this.

The service manager told us in her action plan that all staff have been made aware that they must evaluate care plans at the monthly or sooner to reflect any changes to the planned care. Care plan training is ongoing to ensure all staff understand how to do this and the training is also highlighting the importance of writing accurate and detailed evaluative statements that are relevant to individual residents.



We could see that the service manager and staff had made good progress with this Recommendation

We could see that staff had attended recent care planning training. They told us that they had found the training helpful. They were clearer about their responsibility to ensure accurate details were recorded in care plans and the importance of regular reviews of information.

Staff worked in small key teams taking responsibility for reviewing a core team of residents care plans on a routine basis. Care plans included daily progress sheets which staff recorded in daily, care plan evaluations, and risk assessment profile reviews were being reviewed as changes arose or at least monthly. We could see that reviews and evaluations were taking place more based on staff discussion and feedback from their observations of resident's behaviours, and discussions held with relatives and residents throughout their support.

We could see that staff recorded more information including how residents were feeling and responding to their care, and how changes they were making resulted in better results for individuals. For example: one care plan evaluation recorded how a resident had been verbally aggressive towards other residents and staff and had fallen whilst attempting to stand up. Medication had been given to help the resident feel calmer and the care plan had been rewritten to include more detail for staff to follow in future.

Staff were also respectfully recording conversations they had with residents about their care needs and how they had responded. We could see that residents were being asked what the matter was when they were upset or angry; they were being asked what they would like to do. Residents who were unable to calm down with staff support were being asked if they would like to be left alone and staff returned later to see how they were feeling.

We could see that staff were following record keeping best practice when recording information in care plans. Information was clear, easy to understand and contained factual information which was respectfully written.

### **Areas for improvement**

The service should continue to work to a good level within Quality Statement.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service strengths

During this inspection the service received a grade of 4 good for this Quality Statement.

The service strengths have been discussed in Quality statement 1.1.

#### Areas for improvement

The service areas for improvement have been discussed in Quality statement 1.1

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

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

#### Service strengths

At the last inspection the service received a grade of 4 good for this Quality Statement. This was maintained during this inspection.

At the last inspection we asked the service manager to demonstrate a commitment to keep premises in a good state of repair and in good decorative order. In order to achieve this, they must prioritise the work being carried out, and provide clear detailed records of each issue, what actions have been carried out and the outcomes as a result.

\* They need to review their current maintenance recording system identifying who is responsible for each action, including realistic timescales for the work to be carried out.

\* It must include carrying out of daily temperature checks of public rooms plus a

selection of bedrooms each day to record both the actual temperature and whether or not residents say they are warm enough (or too hot or cold).

The service manager told us in her action plan that she had improved the system by introducing a new maintenance book. She told us that staff record any maintenance tasks in this book as soon as they identify any issues. The Handyman checks this book daily and then carries out any identified maintenance tasks. Timescales have been added to this book and the Manager then checks to see that the work has been completed within the set timescales. Any tasks that the Handyman is unable to rectify are then highlighted to the Manager who will then request an outside contractor to complete the task.

New documentation is now in place where the Manager or the Administrator checks the Home on a daily basis, this includes all bedrooms. The checklist includes asking the residents whether they are warm enough or not. The temperature of a selection of rooms are now being checked and documented on a daily basis.

Decorators have commenced the interior decorating of the home and this will continue. A decorating programme is in place which has prioritised the areas that need to be completed first. The residents will be given an opportunity to choose the colour scheme for their own bedrooms.

We could see that the service manager had made good progress in addressing this Requirement.

The new maintenance system was working well. We could see that the new maintenance book was in place and staff were recording any outstanding repairs on a daily basis.

The maintenance man was checking the book daily to find out which repairs needed carried out. He was discussing outstanding repairs with the service manager and together they agreed which jobs would take priority and discuss realistic timescales for completion.

The maintenance man was carrying out and recording routine health and safety checks of water tanks for legionella and fire equipment. We could see that he was contacting external contractors to attend to any maintenance and repairs which needed specialist input such as repairs to the lift.

We spent some time talking to care staff and the maintenance man about the new system which had been recently introduced. They told us that it was working well and repairs were being carried out quickly. When repairs were outstanding due to ordering of parts or external contractors needed, staff had a better understanding of this process and knew which equipment to use or not to use in the meantime.

Since the last inspection the main lift to the upstairs floor had broken down. The

service manager had contacted external contractors who were waiting for parts to be delivered before being able to fix it. As a short term measure the service manager had spoken to residents and relatives who were using bedrooms upstairs. They had all agreed that they would prefer to be relocated to downstairs bedrooms until the lift had been fixed.

Some residents told us that they had asked to stay in their rooms downstairs even after the lift was fixed. The service manager told us that some relatives had also requested to keep their residents new rooms. Other residents due to move back would be given the opportunity to discuss which room they would prefer to be in.

External decorators had made a good start with general decoration of some of the homes communal areas and residents bedrooms. The home looked and smelled better as a result of this. The service manager told us that she had discussed colour schemes and décor of bedrooms with residents and their relatives which were confirmed by some of the residents we spoke to.

Some relatives told us that they disagreed that their relative could not move freely around the home and gardens. Other relatives told us that the home would benefit from a secure area outside where residents could sit in a garden. They were concerned that there was no where suitable and safe for residents to go outdoors alone.

The maintenance man had enlisted the help of one of the care staff to work with him one day each week to continue with general maintenance and upkeep of the home. As a result of this we could see that the home was looking tidier the overall general upkeep of the home and grounds was being much better maintained.

Old and worn carpets were being replaced throughout communal areas within the home and the outside garden areas were being weeded and the grass was being cut. Faulty extractor fans were being replaced instead of trying to fix them. The manager confirmed that 20 extractor fans in service users ensuites, we saw an e-mail confirming this.

At the last inspection we also asked the service provider to address the issue of malodour within the care home as a matter of priority. We gave them a timescale of 1 month of the receipt of this report to complete this Requirement.

The service manager told us in her action plan that the issue of malodours is to be discussed with all grades of staff who will then be made aware of their responsibility for identifying malodours and the process in place to rectify them. Continence care plans have all been rewritten for the individual Service Users and offer a more individualised continence plan for each Service User.

The domestic staff cleaning practices will be reviewed by the Manager daily to

monitor and address any areas that do not meet the expected standards. Relatives told us they were aware of the malodour which varied at different times of the day and that there was an aroma in the corridor past the reception, but it may be cleaning products. The manager did discuss at a recent meeting ways in which they were addressing the issue of malodour within the home.

In general the environment of resident's rooms, the majority of corridors, all lounge and dining areas, communal toilets and bathroom/shower facilities were tidy, clean and free from malodours. However windows were open in all rooms and corridors where available.

Clean wall mounted liquid soap and paper towel dispensers with appropriate contents were available throughout the ground floor. With the exception of sluice areas foot operated lined general waste bins were available throughout the ground floor.

Of equipment in use six out of eight commodes and four out of 10 wheelchairs inspected were clean and signed records of cleaning were available.

In one resident's room the mattress cover were damaged and the mattress was creating a malodour within the room. Staff immediately replaced the mattress with cover during the inspection.

Care and domestic staff correctly described a range of infection prevention and control procedures accurately when questioned.

Environmental health had visited in November 2012 and provide summary of new guidance in a letter in December 2012.

Cleaning policies, procedures, schedules, checklists and audit documents were in place. Cleaning information sheets were now more detailed and cleaning was signed as completed after each task.

An infection prevention and control audit plan for 2013 was available and was in use.

At the last inspection we also asked the service manager to ensure that all service users have easy reach access to the care call system. She should review individual arrangements in place for all service users as part of the care planning process, and clearly discuss and record how they can call for assistance at any time.

The service manager told us in her action plan that all residents now have a new care plan in place which detail how the individual resident can summon help when required. These include whether the individual can use and understand the care call system or whether another means of seeking assistance is required.

New accountability charts include staff checking that the care call is within easy reach

of the resident at all times. For residents who are unable to use the care call system the new accountability charts highlight how often the individual should be checked. This can be flexible to meet individual residents needs.

We could see that the service manager had made good progress in addressing this Recommendation.

Residents care plan folders included individual care plans for the use of the care call system. Care plans detailed residents individual level of understanding and where the care call should be placed when they were each in their bedrooms though the day and over night.

Daily checklists provided staff with prompts to make sure that care calls were within easy reach of each resident as part of their routine checks. We visited residents who were in their bedrooms during the inspection and we could see that they all had their care calls within easy reach and they knew where they were and how to use them. Residents told us that staff would respond relatively quickly if they rang for assistance.

The service manager had discussed the usage of signage in the home with one of the psychologists visiting the home to discuss future dementia training for all staff. They had agreed that basic signage with clear pictures would help some residents recognise certain areas and rooms. The service manager had introduced pictures of care call chords which were the same as those used in the home. These pictures had been printed off and laminated and placed near each care call chord in each of the lounge areas to ensure residents knew what these were and how to use them.

### **Areas for improvement**

Although the outside areas of the home were starting to be better maintained, we could see there were still some outstanding jobs which needed attended to as a matter of priority. The greenhouse which was situated in one of the enclosed garden areas had broken panes with the broken glass sitting inside it.

Flag stones within on of the enclosed garden areas were uneven and needed to be levelled. There were large pot holes in the main drive way leading up to the home, and there was no signage to warn drivers that residents may be walking in the grounds and to be ware. We discussed these with the service manager who agreed these were concerns and would be attended to as a matter of priority.

### **Recommendation 1**

Two bed tables were damaged on the outer edges. The manager stated that these would be replaced. One shower room not currently in use was being used for storage and was not clean as a consequence.

One communal toilet area with shower was found to be dirty at 19.30 hours. The

toilet bowl was faecally contaminated and un flushed. Faecally contaminated paper towels were lying on the floor near to the wash hand sink. Despite care staff entering the area to collect and return the laundry buggie on at least two occasions no action was taken by day staff to address the state of the toilet area which was checked by the Care Inspectorate staff four times. Concerns were expressed to night staff who agreed to rectify the situation.

Recommendation 2

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

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. The service manager should ensure that the driveway into the home and all patio areas and gardens are safe and well maintained. She should prioritise replacing the glass panes in the greenhouse, re laying the flag stones on the patio area and addressing the uneven surface and pot holes in the main entrance and car parking areas.

National Care Standards, Care homes for older people.

Standard 4: Your environment

2. The service manager should ensure that staff continue to be aware of any unpleasant smells and faecally contaminated areas, and carry out steps to eliminate these promptly and appropriately.

National Care Standards, Care homes for older people.

Standard 4: Your environment.

Standard 5: Management and staffing.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service Strengths

During this inspection the service received a grade of 4 good for this Quality Statement.

The service strengths have been discussed in Quality statement 1.1.

#### Areas for improvement

The service areas for improvement have been discussed in Quality statement 1.1

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

#### Service strengths

At the last inspection the service received a grade of 3 adequate for this Quality Statement. During this inspection they received a grade of 4 good.

At the last inspection we asked the service provider to make proper provision to protect vulnerable adults in their care from harm. In order to achieve this, the provider must:

\* Revise procedures relating to Adult Support and Protection to refer to Dumfries & Galloway Council's Multi-Agency Adult Support and Protection Procedures and include Scottish Legislation, which will include intervention when a specific situation arises that puts them and others at risk of harm.



\* Provide the Care Inspectorate with evidence that all staff have received updated training in Adult Support and Protection, and are fully conversant with Dumfries & Galloway Council's Multi-Agency Adult Support and Protection Procedures.

We gave them a timescale of one month from receipt of this report to complete this.

The service manager told us in her action plan that the company policy will make reference to local policy on Adult Support and Protection (ASP). All staff will be given a copy of both the Companies and Dumfries and Galloway's Councils Policies. Staff will receive updated training in Adult Support and Protection and will be fully conversant with Dumfries and Galloway Councils policies. The training will be assessed through evaluation sheets to determine whether all staff have fully understood the training provided.

The new Adult Support and Protection policy had been updated to include Dumfries & Galloway Council's Multi-Agency Adult Support and Protection Procedures and include Scottish Legislation.

The policy also highlighted that all staff were undergoing the Protection of Vulnerable Groups (PVG) checks. This meant previous records were checked to ensure they were competent and safe to work within the homes environment.

The service manager had compiled a spreadsheet to highlight when staff PVG checks were due and was submitting one each month to ensure all staff checks remained up to date.

Most of the staff within the home had now completed all the ASP training and were at various stages of completing their evaluations during their supervision.

We observed staff treating residents respectfully and ensuring their dignity was maintained. Staff spoke to residents before they carried out any care needs, explained what they were going to do and asked how they were feeling throughout the process. Staff showed a better understanding of ASP and were more aware of basic human rights and how individuals in their care should be treated.

Residents and relatives told us that the staff were kind and helped them with anything they needed. They told us that staff were easy to get on with and did a fantastic job in trying to attend to each resident's needs. One relative told us that they observed staff treating residents with respect and kindness.

We could see that all staff responsible for management and supervision of staff were registered with the appropriate professional bodies such as; Nursing and Midwifery Council (NMC) or Scottish Social Services Council (SSSC).

Staff encouraged and supported residents to mobilise as much as they could and worked with residents to assess their abilities each time. We saw some good examples of staff asking residents if they wanted to walk or were able to try. We observed staff walking with residents more throughout the inspection. Aids and adaptations were being used only when residents were unable to mobilise.

Staff were confident and competent with moving and handling techniques to ensure residents were able to move from one area of the home to another using aids and adaptations such as: slings, hoists and wheelchairs. We observed staff explaining to residents what they were doing, asking them how they were feeling throughout the procedure and encouraging residents to move at their own pace with guidance and support.

The service manager had carried out care planning training to all care staff. They had discussed the importance of good record keeping and involvement of residents and relatives as much as possible. As a result of this we could see that care plan records were written respectfully and clearly. They contained more personal information which was relevant to each individual. Information was written clearly and factually and was easy to read and understand.

The service manager was following the organisations disciplinary policies and procedures to address any staff issues. She was using supervision to discuss and record any performance issues and clearly record discussions held and outcomes agreed.

The service manager was working with a local multi disciplinary group aiming to improve quality of life of people with dementia who suffer stress and distress. The group provide three levels of training to all care homes. Training looks at physical aspects and changes in the brain, basic information about Dementia, specific types and treatments and approaches. Some care staff had been allocated a place on the first level of training which was taking place soon.

At the last inspection we also asked the service manager to review current practice for administering of medication by all staff. She should ensure any individual or group training is accessed to ensure that medication is administered at all time by suitably qualified staff following legislation and best practice guidelines.

We gave her a timescale of one month from receipt of this report to complete this Requirement. The service manager told us in her action plan that all trained staff and senior carers are currently doing distance learning training on the safe handling of medications. The local Pharmacist is also scheduled to deliver training on the safe handling of medications in March.

Medication competency assessments will be carried out on all staff who administer medications following completion of the training. Legislation and best practice

guidelines are available in the home for all staff to read and adhere to.

We could see that all staff responsible for administering medication had completed their medication distance learning course and were awaiting feedback from an external assessor. Each staff had a medication competency test to work through at the end of the course which was also being discussed with their supervisors as part of their individual supervisions.

Staff confirmed that they had received information from a local pharmacist who had attended team meeting to talk about the safe handling of medications. During the inspection we observed staff completing medication 'rounds' appropriately and safely and following best practice. Residents were encouraged to eat their meals before medication 'rounds' began which was allowing residents to eat their meals peacefully and in their own time.

Nursing and Midwifery Council (NMC) medication guidelines recording the safe use of medications and Care Inspectorate - Guidance about medication, personal plans, review, monitoring and record keeping in residential care services were available in the medication/ treatment room for staff reference.

At the last inspection we also asked the service manager to carry out a detailed review of dependency levels within the home. This should include day and night time care needs. The review must include weekly dependency levels, total care hours allocated to each service user and how they are used looking at staffing numbers, and deployment of staff.

A summary of this review must be compiled for service users and relatives to include them in this process and ensure they fully understand the implications for their individual assessed support needs. The service manager told us in her action plan that daily dependency levels will be carried out each week within the home and these will be used to evidence dependency levels and total care hours allocated to each Service User. The dependency levels and total hours allocated will also be used to show how staff are deployed. A summary of this will be discussed during relatives/ service users meetings. Dependency provision will also be discussed at future care reviews.

The service manager continued to complete weekly dependency levels for every resident in the home. These showed the level of care and support each resident needed with things such as personal care, washing, bathing, and eating and drinking. The total hours of care needs were then added to rotas with staff hours allocated to ensure there was enough staff working on each shift to provide those support hours. We calculated the dependency and total staffing hours based on the week of the inspection.

Although the home can accommodate 60 people there were only 25 residents living

in the home. We could see that the service manager continued to provide minimum staffing levels highlighted in the staffing schedule even though they were not providing as many care hours. This meant there were more staff available to attend to the needs of individual residents. Staff were allocated to work in certain areas within the home based on the needs of individual residents instead of the size of the areas.

As a result of this the home was more calm and relaxed. Staff had time to carry out and complete care needs of all individuals. Staff took their time when attending to residents care needs, and care calls were not being used as often. Staff were available for longer periods to respond to residents needs quickly. Residents and relatives told us that staff responded to their needs quickly and were available when they needed help.

The service manager had discussed how she calculated dependency levels and the deployment of staff at a recent residents and relatives meeting. Although they all confirmed it had been useful to hear about these calculations, they were happy for the service manager to continue with her calculations and they were happy with the level of care and support provided.

### **Areas for improvement**

Two care staff who had not yet completed their ASP training. The service manager told us that she had discussed this with the ASP lead officer who had agreed that those staff should complete their work books and read over the policy and evaluate the training they had attended so far.

The service manager told us she would assess their knowledge and competence within their supervision once this had been completed.

Staff who had completed their medication course and competency assessments were awaiting their results.

The Service manager told us that she would be discussing and evaluating feedback as part of supervision process to ensure all staff had the skills and knowledge to administer medication competently and confidently

Medication policies and procedures did not include legislation and best practice to follow when ordering and administering medication from individual packaging and homes containers. We discussed this with the service manager who agreed that the policy will be reviewed and updated to include this information.

### **Recommendation 1**

We discussed the current dependency and staffing levels with the service manager and line manager who agreed that current staffing levels were providing residents with better care and attention from staff available.

We also discussed how the needs of residents and their dependency levels will

change if more people come to live in the home and there are more residents to care for. When we checked the current staffing schedule we identified that the minimum staffing may need to increase from the current level for when the home is full.

We discussed this with the service manager and regional manager, if the current needs of residents continued we projected this forward and the minimum staffing would need to increase. We also noted that the current resident dependency being used did not include the five hourly intervals of need. The service manager was aware of this in the Isaac & Neville dependency tool revised by the care commission.

We agreed that the service manager would inform us of any increase in residents and occupancy and dependency levels. As the home admits more residents to carry out a review of the current staffing schedule and meet with the care inspectorate to assess that the staffing schedule is meeting resident's needs.

### Recommendation 2

The staff training programme for 2013 which included infection prevention and control was available.

An infection prevention and control link person was to be identified shortly. Three care staff were reported to have completed the Cleanliness Champions course. The national training DVD relating to infection prevention and control was available within the service but staff currently used the corporate e-learning programme for infection prevention and control training.

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

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. The service provider should review their medication policies and procedures to ensure they include up to date legislation and best practice for staff to follow when administering medication from individual packaging and homes containers.

National Care Standards, Care homes for older people  
Standard 5; Management and staffing arrangements  
Standard 14: Keeping well-healthcare

2. As the home admits more residents the service manager should ensure that she carries out a review of the current staffing schedule and meet with the care inspectorate to assess that the staffing schedule is meeting resident's needs.

National Care Standards, Care homes for older people  
Standard 5; Management and staffing arrangements

---

### Statement 4

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

### Service strengths

At the last inspection the service received a grade of 3 adequate for this Quality Statement. During this inspection they received a grade of 4 good

At the last inspection we asked the service manager to consider how she can ensure that all areas of concern discussed by service users and relatives with staff and management are acted upon, reviewed and evaluated to ensure satisfactory outcomes for individual service users are met. This is in order to ensure that service users experience good quality support and care which is provided by staff whose professional training and expertise allows them to meet individual's needs.

The service manager told us in her action plan that a new book is in place where staff are to document any concerns received so that these concerns can be acted upon. Concerns will be reviewed weekly and evaluation provided. Where appropriate, outcomes will be discussed at future relatives and residents meetings. A comments book is available in the reception. A notebook will be made available in each resident's room for any comments. The Manager will check these books daily and provide an action plan for any concerns raised. Outcomes will be discussed with staff to raise awareness of any concerns highlighted.

We looked at the comments and concerns books which were in the main reception area. We could see that relatives had left some good comments with regards to the new décor of the building and thanking staff for care and support to their relatives. Staff were recording general discussions with relatives in the books and highlighting any concerns and how they addressed them.

Notebooks were available in most of the residents rooms inspected and were being completed differently for each individual. Two separate entries in comments books complimented staff on the good care given to their relative. One relative stated that they did not use the book because they preferred one to one discussion with staff. They had no concerns regarding their relatives care and stated that "staff do a good job"

We could see that the service manager was reviewing information in the notebooks, and comments and concerns books and was responding to any outstaying issues. As a result of this we could see that concerns and comments were responded to effectively and quickly. Any issues and concerns were being reviewed and actioned until they had been resolved.

We received more positive comments from relatives about their involvement in their residents care. One relative told us that staff always kept them updated about their

resident, another relative told us that staff kept them informed of everything and made them very welcome when they visited. Another relative told us that the manager was very keen to have family input and welcomes comments to make the home as well as it can be.

Another relative told us any minor issues which they have brought up have been addressed promptly and to their satisfaction.

### **Areas for improvement**

The service manager should continue to work to a good level within Quality Statement

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### 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

During this inspection the service received a grade of 4 good for this Quality Statement.

The service strengths have been discussed in Quality statement 1.1

#### Areas for improvement

The service areas for improvement have been discussed in Quality statement 1.1

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

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

#### Service strengths

At the last inspection the service received a grade of 3 adequate for this Quality Statement. During this inspection they received a grade of 4 good

At the last inspection we asked the service manager to ensure that all staff, service users and their relatives have a clear and detailed explanation of the details of each Care Inspectorate inspection and report. They should have a good understanding of the effects of these on the management of the care service, along with the new changes within the organisation and the new responsibilities of the Care Inspectorate.

The service manager told us in her action plan that a copy of the latest Care Inspectorate Inspection will be available at the entrance of the home for Relatives /Visitors to read. The latest Care Inspectorate Inspection details will be discussed at



the Relatives/ Service Users meeting and this will include any planned actions to meet their findings.

The latest report will also be discussed at staff meetings and through individual staff supervisions. A copy of the report is also available in the staff room. To ensure that each person is aware of the above, a document has been produced which details the latest inspection report findings and the actions planned to make improvements. This document will be made available for all staff, relatives and service users.

The service manager had produced a booklet to help inform relatives, families and legal representatives of what was currently happening in the home. With information from the latest Care Inspectorate inspection findings and the homes plans to work on the Requirements and Recommendations.

The booklet highlighted each Requirement and Recommendation which had been placed at the last inspection with the manager's response in her action plan. This had been discussed and recorded at a recent residents and relatives meeting. The service manager had given a good explanation about our findings and encouraged residents and relatives to take an active part in future inspections.

The previous inspection report was easily accessible to resident's and relatives at the main entrance to the home, along with the booklet summarising the manager's response to the action plan.

### **Areas for improvement**

The service manager had continued to submit appropriate notifications to the Care Inspectorate with regards to incidents, and allegations of misconduct by persons employed within the service. Some of the up dated information did not record clear detailed information which made it difficult to ascertain which notification it related to. We discussed this with the service manager who agreed to review and re submit all recent up date to notifications to ensure information provided clearly links to each initial notification.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## 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

### 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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
Statement 5	4 - Good
<b>Quality of Environment - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
Statement 4	4 - Good
<b>Quality of Management and Leadership - 4 - Good</b>	
Statement 1	4 - Good
Statement 4	4 - Good

## 6 Inspection and grading history

Date	Type	Gradings
4 Feb 2013	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
14 Nov 2012	Unannounced	Care and support 2 - Weak Environment 2 - Weak Staffing 2 - Weak Management and Leadership 2 - Weak
28 Aug 2012	Re-grade	Care and support Not Assessed

## Inspection report continued

		Environment Staffing Management and Leadership	Not Assessed 2 - Weak Not Assessed
23 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
17 Jun 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
18 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 5 - Very Good
29 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 4 - Good
22 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate Not Assessed
16 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
27 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
10 Feb 2009	Announced	Care and support Environment	4 - Good 4 - Good

## Inspection report continued

		Staffing	4 - Good
		Management and Leadership	4 - Good

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

### To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: [www.careinspectorate.com](http://www.careinspectorate.com) or by telephoning 0845 600 9527.

### Translations and alternative formats

This inspection report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایں تسرد یم ونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.رخأ تاغل بو تاقي سن تب بل طلا دن ع رفاو تم روشن مل اذه

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

Web: [www.careinspectorate.com](http://www.careinspectorate.com)