

Care service inspection report

Pentland Hill Nursing Home

Care Home Service Adults

23/27 Gylemuir Road

Edinburgh

EH12 7UB

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Type of inspection: Unannounced

Inspection completed on: 3 July 2013



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Service provided by:

BUPA Care Homes (CFHCare) Limited

Service provider number:

SP2003002226

Care service number:

CS2003010660

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Summary

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

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

We gave the service these grades

Quality of Care and Support	1	Unsatisfactory
Quality of Environment	2	Weak
Quality of Staffing	2	Weak
Quality of Management and Leadership	1	Unsatisfactory

What the service does well

We saw carers demonstrate some good practice in all four units. This needs to be reinforced and more consistently applied. We saw some kind and caring interactions between staff and residents.

What the service could do better

At the time of our inspection the Manager was not working in the service. During the Manager's absence arrangements to cover the service were not working well. There was evidence that some residents' needs were not being met with the potential for increased risk to their health and wellbeing.

Leadership and management must be improved to minimise risk to residents, improve care delivery and provide a good experience for residents and their families.

The service aims and objectives are to "to provide our customers with the highest quality care service. We will use our health care knowledge, specialist skills and values to deliver an individual service to our customers".

Our inspection findings provide evidence that the Provider is not meeting their stated aims and objectives.

Many of the improvements which we had seen at the November 2012 inspection had not been sustained.

Many of the requirements we made in November 2012 had not been met.

What the service has done since the last inspection

The Allermuir unit had been refurbished since the last inspection and provided a comfortable environment with new carpets and soft furnishings for up to 30 residents.

Conclusion

We could not evidence progress with either sustaining or implementing previous requirements. The findings from the inspection demonstrate unsatisfactory management and leadership. Care delivery was below an acceptable standard and did not ensure that the health and welfare of all residents was being met.

There was instability within the management structure which was affecting the delivery and overview of care. Leadership and management within this home must be improved to ensure the safety and wellbeing of residents.

As a result of our findings enforcement action will be taken against the provider.

Who did this inspection

Julie Tulloch
Rose Bradley
Jane Brown
Pauline Davidson
Carol Moss
Moirra McRae
Janet Smith

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Pentland Hill Nursing Home (referred to in the report as 'the service') is owned and Managed by BUPA (referred to in the report as "the provider") and is registered to provide a care service to a maximum of 120 older people (referred to as "residents" in the report).

The service is situated within a residential area of South West Edinburgh near to local amenities and public transport links. The building has gardens to the front and rear of the building.

The residents' accommodation is in two buildings. Each building has two floors accessed by a lift and stairs. In total there are four units accommodating up to 30 people within each unit. All rooms are for single use and all have en-suite toilets. Each unit has two communal lounges and a dining area within one of those lounges.

The service overall states that they aim to "provide our customers with the highest quality care service. We will use our health and care knowledge, specialist skills and values to deliver an individual service to our customers".

The Home Manager has overall responsibility for the management of the service. Each unit has a team of carers and registered nurses with varying degrees of skill, expertise and qualifications. The service aims to offer a home from which people would not need to move from.

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

Quality of Care and Support - Grade 1 - Unsatisfactory

Quality of Environment - Grade 2 - Weak

Quality of Staffing - Grade 2 - Weak

Quality of Management and Leadership - Grade 1 - Unsatisfactory

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 that took place at the service over three days. 4 inspectors Julie Tulloch, Rose Bradley, Carol Moss and Moira McRae inspected the home between 3pm and 11pm on the 29 May 2013. Julie Tulloch, Janet Smith, Carol Moss and Jane Brown between 9.30 am and 7pm on 3 June 2013 and Julie Tulloch, Rose Bradley and Pauline Davidson between 10am and 6pm on 4 June 2013.

We spent time on all four units -Carnethy, Turnhouse, Allermuir and Caerketton. We discussed progress with the outstanding requirements with the Regional Manager on the 4 June 2013. The Regional Manager asked for and received extra time to submit some of the documents which were not available during the inspection.

Julie Tulloch and Rose Bradley returned to the home to give feedback on Wednesday 3 July 2013 to the Quality Consultant, Regional Support Manager, Regional Manager (Glasgow) and Michelle Ferrey who had been brought in to act as Home Manager in the absence of the Manager.

During this inspection we gathered evidence from various sources including;

Registration certificate

Staffing schedule

Insurance certificates

Activities timetables

Care plans

Staffing rotas

Medicine administration charts

Accidents and Incident records

Complaint information

Participation strategy

Minutes of staff meetings

Minutes of residents and relatives meetings

Charts used to monitor care such as fluids and position changes

We spent time observing mealtimes and made general observations of care

We saw how staff interacted with residents and relatives.

We spoke with staff during the inspection including;

The Regional Manager
Two Clinical Support Managers
Unit Managers
Junior Sisters
Staff Nurses
Senior Carers
Carers
Housekeeper
Activities staff

We spoke with many of the residents during the inspection. We also spoke with four families during the inspection.

Before the inspection we issued 60 resident questionnaires and 60 relative questionnaires. We received 32 back from residents and 9 from relatives. We have used the comments to help us with our inspection.

We took into account the Public Services Reform (Scotland) Act 2010 and associated statutory instruments, the National Care Standards Care Homes for Older People, and the Scottish Social Services Council (SSSC) Codes of Practice for Social Services Workers and Employers.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to

take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The requirement

The provider must ensure that staff can demonstrate how they will meet residents' social needs which are recorded in their personal plans. This is in order to comply with SSI 2011/210 Regulation 5 - Personal plans. This also takes into account National Care Standards, Care Homes for Older People, Standard 17- Daily Life, Standard 6 - Support arrangement and Standard- 8.1, Making choices Timescales: 30 November 2012

What the service did to meet the requirement

We have commented on progress with this requirement in Quality of Care & Support statement 2. This requirement has not been met. We have made this requirement again.

The requirement is: Not Met

The requirement

The provider must ensure there are appropriate support and monitoring practices to maintain a healthy nutritional status for service users. In order to do so the manager must ensure that:

- a) service users receive adequate fluid intake as assessed at all times.
- b) staff evaluate the content of all charts including fluid and weights and plan care accordingly.
- c) if a service user does not receive the minimum assessed fluid intake, a full evaluation must be undertaken which records the reasons for this and the interventions necessary to maintain minimum fluid intake.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI/2011/210 Regulation 4 (1)(a) Welfare of users. In making this requirement National Care Standards Care Homes for Older People Standard 13.6 Eating well have been taken into account. Timescale: to commence within 24 hours of receipt of this report and be fully effective by 30 December 2012

What the service did to meet the requirement

We have commented on our findings about this requirement in Quality of care & support statement 3. This requirement has not been met.

The requirement is: Not Met

The requirement

The provider must ensure that the content of all personal plans provides clear guidance for staff to enable appropriate and up to date care to be given to service users. In order to achieve this the manager must:

- a) ensure personal plans accurately reflect the settings for pressure relieving aids such as active mattresses
- b) ensure guidance from healthcare professionals and agreements reached during reviews of care and discussions are accurately incorporated into personal plans
- c) ensure information resulting from incidents and accidents is reflected in assessments and care plans
- d) ensure body mass index is correctly calculated
- e) ensure the care plans contain enough accurate information to direct staff in how to deliver all aspects of the care including but not limited to mental health, social interests and oral hygiene
- f) where appropriate, skin integrity assessment must take account of the effects of sitting for long periods in wheelchairs
- g) ensure the care plans accurately reflect the outcome of the assessment of care needs
- h) ensure that care plans are comprehensively evaluated.

This is in order to comply with SSI 2011/210 Regulation 5- Personal plans, Regulation 4(1)(a) Welfare of users. This also takes into account National Care Standards Care Homes for Older People Standard 6.3 Support Arrangements and Standard 14 - Keeping well-healthcare. Timescales: By 30 December 2012

What the service did to meet the requirement

We have commented on our findings about this requirement in Quality of care & support statement 3. This requirement has not been met.

The requirement is: Not Met

The requirement

The provider must ensure that the environment is safe for service users. In order to do so all broken wardrobe doors and drawers and burst bedrail bumpers must be repaired. This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users Timescales ; within 48 hours of receipt of this report

What the service did to meet the requirement

We have commented on our findings about this requirement in Quality of environment statement 2. This requirement has not been met. We have made this requirement again.

The requirement is: Not Met

The requirement

The provider must continue to evaluate staff knowledge and practice. Staff must be able to demonstrate how their learning has influenced their work practice. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - Welfare of users, and the National Care Standards, Care Homes for Older People, Standard 4 - Your environment. Timescale: 30 November 2012

What the service did to meet the requirement

We have commented on our findings about this requirement in Quality of staffing statement 3. This requirement has not been met.

The requirement is: Not Met

The requirement

The provider must adhere to the complaints procedure at all times. This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.SSI/2011/210/18 (3) Complaints. In making this

requirement National Care Standards Care Homes for Older People Standard 5.1, 5.2 Management and staffing arrangements; 11.3 Expressing your views have been taken into account. Timescale: Within 24 hours of receipt of this report.

What the service did to meet the requirement

We have commented on our findings about this requirement in Quality of management statement 4.. This requirement has not been met. We have made this requirement again.

The requirement is: Not Met

The requirement

Following two upheld complaints we made the following requirement;
The provider must ensure that service users are referred to a GP as soon as possible when they show signs of illness or injury. This is in order to comply with the Social Care Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI/2011/210 Regulation 4(2) and takes account of the National Care Standards-Care Homes for Older People Standard 14.9
Timescale Immediately from receipt of this report

What the service did to meet the requirement

We have commented on progress with this requirement in Quality of Care & Support statement 3. This requirement has not been met.

The requirement is: Not Met

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

- It is recommended that the provider continues to develop the participation strategy to ensure that methods are in place to enable all residents and relatives to assess the quality of the service including quality of care, quality of environment, quality of staffing and quality of management. All staff should continue to receive training in how to deliver the participation strategy. The strategy should be developed to take account of the cognitive abilities of all residents.
This is in order to meet the National Care Standards, Care Homes for Older People, Standard 11 - Expressing your views

We have commented on this recommendation in Quality of care & support statement 1 of this report. We have made this recommendation again.

- The provider should be able to evidence that all staff working in the service are suitably trained for the work they are to perform and should ensure the training matrix is updated promptly to give an accurate overview of all training received by all staff. All staff should sign training attendance records and clearly identify which service they work in. The training advertisements/ notices should detail the year the training is provided in order that training provisions can be tracked.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements

We have commented on this recommendation in Quality of Staffing statement 3 of this report.

- The provider should continue to develop the quality assurance system to ensure that all aspects of the service, particularly clinical practice, is improved. Where required action has been identified as a result of an audit, the outcome should be clearly recorded to monitor improvement or if further action is needed.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

We have commented on this recommendation in Quality of Management statement 4.

As a result of a partially upheld complaint we made the following recommendations;

- The provider should review the way documentation is completed for care reviews. This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.
- The provider should ensure relevant staff are available to attend care reviews. This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

We have commented on the progress within Quality of care & support statement 3. As a result of an upheld complaint we made the following recommendation;

- Relevant staff should receive training to ensure they are aware of the service provider's policies and procedures for handling complaints or requests for information from residents' representatives.

The action plan sent to us by the home identified that Nursing staff in Turnhouse Unit would receive themed supervision on BUPA's managing Customer expectations procedure and the procedure for requests for resident information by 7 June 2013. There was no evidence that the recommendation had been met. We have made this recommendation again.

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 when we requested this from the provider. The service identified areas where they thought they were doing well and told us where they planned to make improvements. The provider assessed themselves as grade 4 (good) across all quality themes and statements. We did not find evidence of this level of performance during our inspection.

Taking the views of people using the care service into account

We sent 60 questionnaires to the service to distribute to residents who wished to offer their views prior to the inspection. We received a good response and 32 questionnaires were returned to us. We used the information in the questionnaires to help us with the inspection. Not all of the respondents answered all of the questions. We noted that of the 32 questionnaires returned to us 16 people said they needed help to communicate.

1 person said they always received the help that they needed, 1 said they often got help and 8 said they either occasionally or never got help.

7 people disagreed that they were always treated fairly and 12 people said they disagreed or didn't know that they were encouraged to give their views about the service.

26 people out of the 30 who answered this question agreed or strongly agreed that overall they were happy with the quality of care received at this home. 4 people disagreed, strongly disagreed or did not know.

We received a mixture of views.

Comments made about the care included;

'In certain aspects...feel staff are at times too busy to care',

'one or two things could be improved upon',

'good-staff fine, need more staff, need staff at night - night not so good, don't come in at night'

'more staff at night',

'Don't always pay attention to me. When I am not well sometimes they don't listen to me when I should be heard'

'I am looked after in a way not a good way. As I feel they don't have time for me'

'I would say that I am happy here'

'I think I am well looked after'

'Very good in every respect, good staff'.

Comments about the environment;

'there is a constant smell in the unit',

'it's ok, not to my taste-place is clean enough during the day'

'I would like my room decorated in the colour of my choice'.

We received six comments about support when someone dies as follows;

'Times are hard and we should be told as we like to say hello and goodbye',

'I think I should be told when someone dies',

'I should be told when someone dies',

'When someone dies I think I should be told as I wonder where they are',

'I feel I should be told when someone dies in the home as we could be close',

'I feel when someone dies in here I would like to be told as we are not children'.

We informed the temporary home manager about the areas raised with us and the strength of feeling about when someone dies in the home.

Taking carers' views into account

We sent 60 questionnaires to the service to distribute to relatives, family and friends for their views on the service prior to the inspection. We received 9 completed questionnaires. We also contacted some relatives who had supplied their contact details and spoke with relatives who were visiting during the inspection and asked them about their experience.

Relatives told us they were not asked to complete our questionnaires and had found them at the front door of some of the units. It would have been difficult for relatives to know who and what the questionnaires were for as there was no explanation given

alongside them. We assessed that the provider could have been more proactive about helping to seek relatives views of the service.

Of the 9 questionnaires we received 6 respondents said they strongly agreed or agreed that overall they were happy with the quality of care their friend or relative received at this home. 3 respondents disagreed or strongly disagreed.

5 people said they felt involved in developing the service.

5 people said they strongly disagreed, disagreed or did not know if there were enough trained and skilled staff on duty at any time.

4 people disagreed and 2 did not know if their relative had a care plan that contained information about their care and support needs.

Relatives told us of their concerns and that they received inconsistent information from staff when these concerns were raised.

Concerns were about staff knowledge about dementia, medication, moving and handling, staff focused on tasks instead of people, cleanliness, staffing, lack of information about care reviews, lack of communication about staffing changes. We used these comments to help us with our inspection.

Comments included;

' Very unhappy that Turnhouse no longer have twilight shift. This is not safe my (relative) is at risk'

'The unit is dirty and not the same since the Manager (name) left'

'There is no badness but (staff) lack common sense',

'Handover times are dangerous',

'My relative is comfortable and well cared for, but staff do not communicate with (them), there is no stimulation'

Relatives were also positive about some aspects of care.

'My (relatives) weight is the best it has been since they were at home',

'It's not a bad place, but communication is a major concern'.

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: 1 - Unsatisfactory

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 this inspection we found that the service performance was weak in relation to residents and carers participating in assessing and improving the quality of the care and support provided. We found this after looking at information about participation, how the home communicate and share information with residents and relatives, minutes of meetings, reviews and questionnaires.

We saw copies of 'The Pentland View' at the front entrance of the units. This is a newsletter produced in the home to keep residents and relatives up to date with events which have taken place or are planned. We thought the newsletter was interesting and informative. We noted that the newsletters were placed in the entrance hall of the units which were inaccessible to residents. Many of the events planned were held in Allermuir unit and although all were welcome it was unclear how residents who wished to attend could go.

We were told that residents had been involved in choosing the redecoration in the recently refurbished Allermuir unit. Residents we spoke with on this unit were generally pleased with the completed refurbishment.

Relatives we spoke with during our inspection were not aware of the recent changes in staffing. The temporary Manager said there were plans to write to all relatives to inform them of the new management arrangements within the home. When we returned to give feedback to the provider we saw that the manager had sent a letter to all relatives and had been in the units introducing herself to residents and relatives. Relatives we spoke with as part of the inspection said this was a positive sign.

Areas for improvement

At the last inspection we made a recommendation as follows;

It is recommended that the provider continues to develop the participation strategy to ensure methods are in place to enable all residents and relatives to assess the quality of care, quality of the environment, quality of staffing and quality of management. All staffing should continue to receive training on how to deliver the participation strategy. The strategy should be developed to take account of the cognitive abilities of all residents.

We saw the participation strategy on one of the units. This was dated 2008/09 and had not been updated since the last inspection to demonstrate that any improvements in methods of participation had been made.

Suggestions from engagement with residents and relatives had not been followed through and carried out within the agreed timescales. For example residents and relatives had said they would like to have a meal together in the home. The service had planned for this to be in place by 15 November 2012. The idea was raised by relatives and residents again at the February 2013 meeting. When we visited the home in June 2013 family mealtimes had not taken place. There was no evidence that suggestions from residents and relatives had been used to improve the service. Some of the suggestions from residents and relatives which had been previously implemented were no longer in place. Staff we spoke with were not aware of why the cafe had been set up in the Carnethy unit or what the hostess was employed to do on Allermuir unit. The benefits of these resident ideas seen at the last inspection had been lost.

The provider carries out annual relatives, residents and external professionals satisfaction questionnaires. The results are usually published in March each year. We asked for a copy of the most recent results but it was unavailable and we were told these were being collated at the time of the inspection. We will look at how the home have used the feedback to improve the service at the next inspection.

Each unit had a customer satisfaction board at the front door with 'What we asked, what you said & What we did'.

In Carnethy and Caerketton this was blank providing no information for visitors. As a result the service had lost an opportunity to communicate with relatives.

At the last inspection we were told that resident and relative meetings were not a popular method of gathering views in two units. At that time house managers were considering more suitable ways to gather views. We did not see any progress with this.

Although some opportunities were available for more able residents and relatives to influence and participate in the service we found that some of the previous progress had been lost. The provider needs to develop participation in a way that makes sure everyone has the opportunity to have their say including those residents who find communicating their wishes more difficult. Discussions with the Quality Manager suggested the use of an observational tool may assist staff to understand the wishes of residents who find it difficult to express them. This had not yet been tried. We have

made a recommendation about participation in previous reports and continue to encourage the provider to progress this work. (see recommendation 1).

Residents and relatives are usually able to comment on the care and support they receive as part of 6 monthly meetings with the staff who care for them. These meetings are called review meetings. SSI 2011/ 210 Regulation 5(2)(b)(iii) states that reviews should be carried out at least once in every six month period. We checked the homes records of review meetings and noted that for a period of time since the last inspection these meetings had not been taking place. This means that residents and families had lost the opportunity for a dedicated and protected time to discuss care and opinions about other aspects of the home. We noted that the service had identified this from their own internal audits and were trying to reinstate review meetings. The home has places for 120 residents. We found 12 reviews had taken place for the residents in Allermuir, 6 in Turnhouse and none in Carnethy or Caerketton.

Six monthly review of care will be subject to enforcement by the Care Inspectorate.

After the last inspection we partially upheld a complaint and made two recommendations about review meetings.

These were that the provider should review the way documentation is completed for care reviews and that the provider should ensure relevant staff are available to attend care reviews. There was no evidence that the care review documentation recording had been reviewed. We saw that in some cases staff had attended reviews and described themselves as the key worker. We concluded that as very few reviews had been carried out we were unable to assess the recommendations as being met. As above review of care will be subject to enforcement by the Care Inspectorate.

Based on our findings of care planning and reviews these will be subject of enforcement by the Care Inspectorate.

Relatives told us that, disappointingly, the information given on admission and in the brochure did not relate in any way to the service received. We obtained a copy of the Allermuir brochure and noted that some information was contradictory. For example one page said there were exclusive features for Allermuir unit such as complimentary newspapers, hairdressing and chiropody. Another insert gave a tariff for these services and indicated they would be charged for. We have asked the home to make information about costs and charging clearer for actual and potential residents,(recommendation 2).

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. It is recommended that the provider continues to develop the participation strategy to ensure that methods are in place to enable all residents and relatives to assess the quality of the service including quality of care, quality of environment, quality of staffing and quality of management. All staff should continue to receive training in how to deliver the participation strategy. The strategy should be developed to take account of the cognitive abilities of all residents.
This is in order to meet the National Care Standards, Care Homes for Older People, Standard 11- Expressing your views
2. The provider should ensure information within the brochure is accurate and gives correct and clear information about additional charges such as hairdressing, newspapers and chiropody. This is in order to meet National Care Standards, Care Homes for Older People, Standard 1 - Informing and deciding.

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service strengths

At this inspection, we found that the performance of the service was unsatisfactory in enabling residents to make individual choices and supporting them to achieve their potential.

To assess this statement we looked at choices in everyday life for residents who found it difficult to express their views due to memory problems or communication difficulties. In order to do this we carried out several periods of mealtime observations on all 4 units. We also spoke to residents about choices in everyday life for example choosing food and when to go outside. We looked at how activity provision helped residents achieve their potential. In addition we looked at the information the staff gathered about resident's lives and looked at how this was used to inform care provision.

During the inspection we were told the home had 5 activity staff which should have provided a total of 152 hours per week and this included weekends. This was an improvement on availability in terms of both staff numbers and weekend availability from the last inspection. We saw there was a good programme of monthly outings. Activity programme sheets were produced and we saw these had been distributed to each unit. The newsletter gave information and photographs about activities that had taken place and there was information about future plans.

Areas for improvement

As a result of staffing issues not all of the activity staff have been available as planned. During the three days of our inspection we saw one activity taking place. This was colouring a picture of a strawberry for a planned strawberry tea. We saw the residents were not engaged in this activity and it was unsuitable for them.

Some residents on Carnethy unit slept in a chair for most of the day. We found that activity work was focussed on more able residents. We were told that there are plans to develop more individual activities for residents who don't wish to join a group or would find a group difficult. Plans were at an early stage and had not yet been put into place. We found most care staff focused on tasks and they did not start any activities during our inspection. This resulted in residents not being able to reach their potential as they were not stimulated or engaged.

Residents in Carnethy unit did not have access to the enclosed garden. Some of the residents could not go out as the doors did not open and some of the residents needed assistance to go out or supervision and assistance when they were outside. Residents in Turnhouse, an upstairs unit, could not go outside unaided and we saw limited opportunities for going outside despite the weather being fair. Some

ground floor rooms had doors to the garden. Keys had been available to allow residents and their relatives to access outside, however these had become lost over time and there was no access through all of the available doors. Some relatives said they had asked for replacement keys but had not received them. As a result residents were unable to access a safe outdoor space to enjoy when they chose to do so.

In one unit we found that residents were not offered the choice of sitting at the dining table for meals. Some residents who were less independently mobile sat in the same chair or a wheelchair for most of the day. There was no indication from the care files that this was a choice and they were not given the option of sitting at the table prior to the meals we observed. In two of the units we found there were not enough dining chairs or space at a dining table for all of the residents. The result of this was that choices were limited and independence was not promoted.

Most residents on Carnethy unit spent their time in the sitting/dining room area. At times this area became noisy. We saw that some residents who were not independently mobile could not move away from the noisy environment and sat with their eyes closed although they were not asleep. This appeared to be to block out the busy and noisy room. Staff in the area appeared unaware of the increasing noise and the effect on these residents. The Cafe in Carnethy which had been suggested by residents and relatives to give residents a rest from the noisy sitting room was not in use during this inspection. We found there was limited choice of communal space and ability of residents to move away from the noisy sitting/dining room environment before they became distressed.

We saw some residents walking along the corridors for a large part of the day. We noted that generally the environment was bland and clinical. It lacked points of interest for residents to walk to. We made a requirement at a previous inspection about activities and social needs being met and recorded in personal plans. Personal plans were in process of being transferred to new documentation. These were difficult to follow and we could not find evidence that some residents social needs were recorded in their personal plans. The timescales for this requirement have now been reached. The requirement has not been met and we have made it again. (see requirement 1).

Life stories are a tool to enhance the care provided to older people, particularly those with dementia. The benefits for residents, relatives/friends and staff providing care include improving understanding of the individual, promoting relationships and facilitating delivery of person-centred care. It is a tool used to get an understanding of the individual and their past experiences to help promote individualised care. We saw that life stories were part of residents care files. Some relatives we spoke with had been involved in life story work and were aware that staff used the information when talking to their relative. This was very positive and should be promoted within the home to improve person-centred care.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that staff can demonstrate how they will meet residents' social needs which are recorded in their personal plans.
This is in order to comply with SSI 2011/210 Regulation 5 - Personal plans.
This also takes into account National Care Standards, Care Homes for Older People, Standard 17- Daily Life, Standard 6 - Support arrangement and Standard- 8.1, Making choices Timescales: 30 November 2013

Statement 3

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

Service strengths

At this inspection, we found that the performance of the service was unsatisfactory. We concluded this after looking at mealtimes, management of medicines and personal plans.

On the first day of inspection we observed an evening meal. In Turnhouse unit in general the evening mealtime we observed was pleasant, staff were attentive, patient and assisted residents appropriately. Tables were nicely presented and the television was switched off. Drinks were offered while residents were waiting for their meal and replenished several times during the meal. Choice was offered in both drinks and food and staff displayed both meals and types of juice to help residents make their choice. Some of the units offered residents hand wipes prior to their meal. This was inconsistently applied.

We saw that Clinical Support Managers had carried out audits of medication administration. However we found there remained problems with medicines management which have been described in areas for improvement below.

Areas for improvement

At this inspection, we found that the performance of the service was unsatisfactory in meeting the health and welfare needs of some residents.

We concluded this after looking at mealtime organisation, food and fluid charts, medicines management and personal plans.

Mealtime organisation was inconsistent. We observed mealtimes in all of the units. In some units residents at some mealtimes received the support they needed. At other mealtimes and in other units we observed that residents were not getting the support they need with eating and drinking. We observed chaotic mealtimes in some of the units.

There were not enough seats at the dining tables and we saw that residents who needed complete assistance with their meals spent most of the day in the same chair. We saw that one resident sat in a wheelchair all day. This was not documented to be by choice. The consequences of being seated for a prolonged period of time when unable to adjust positioning had not been taken into consideration within the skin risk assessment.

Hand hygiene was not offered before the meal consistently in all of the units and we noticed that some residents had finger nails that were not clean. There was the potential for residents to become unwell due to infections due to the lack of opportunity to wash their hands.

In general registered nurses were not overseeing mealtimes because they were busy elsewhere in the units. It is important that mealtimes are supervised by staff who are aware of residents at risk of undernutrition, dehydration and who have a good knowledge of residents level of need for eating and drinking.

The menu displayed at the door of the dining room did not match the meal being served. There were no menus on the dining tables or picture menus being used. This could mean that residents did not receive meals they enjoy or had chosen.

Additionally, we observed that some residents had difficulty making choices when asked. We know there may be times when menus may have to be changed at short notice. This can be potentially confusing for residents. If menus have to be changed staff should use best practice to help residents choose the food they enjoy and meets their nutritional plan. For example by displaying the meal choices visibly and allowing residents to select a meal. This was in place in some units but was inconsistently applied. Staff did not use information in the personal plans about food likes and dislikes when residents were having difficulties choosing. The outcome of all of the above may be that residents do not eat and become undernourished.

In two of the units residents were seated at the table for a long time between courses. Some residents left the table before their pudding was served. Other residents needed some assistance but were not noticed by staff. We had to ask staff to help these residents. For example one resident was using a knife instead of a spoon to eat soup. Another tried to cut up a burger with a spoon but it would not cut. We noted that staff were recording that some residents had taken a glass of juice when this had been taken away, spilled or taken by another resident. Staff had not observed these episodes while they were assisting other residents.

We noted that the observations we made were similar to those made at previous inspections. While the provider had addressed some of these issues at the last inspection we saw there was a re-emergence during this inspection. As a consequence of staff not observing these events fluid charts were incorrectly completed with the potential that residents did not receive enough to drink.

At the last inspection and following a complaint investigation, we made requirements about nutrition and the completion and evaluation of charts which staff kept to monitor residents' daily fluid and food intake. The requirement had not been met.

When we sampled food diaries, fluid charts and residents' weight records we saw that the recording of fluid/food intake on the whole had not improved. Additionally, the monitoring of the records, evaluating the content of these and planning care accordingly was not consistent. The charts are only useful if the content is assessed and actively used to inform decisions about how future care is given. New documentation had been introduced to monitor, record and evaluate nutrition and hydration. Some staff were using the new documentation and some staff the old documentation. This made it difficult for all staff to follow. We noted that entries were missing, evaluation did not always take place and there was no plan of action when residents were not eating and drinking as expected.

Nutrition will be subject to enforcement by the Care Inspectorate.

At the last inspection we made a requirement that care plans be developed as follows
The provider must ensure that the content of all personal plans provides clear guidance for staff to enable appropriate and up to date care to be given to service users.

In order to achieve this the manager must:

- a) ensure personal plans accurately reflect the settings for pressure relieving aids such as active mattresses
- b) ensure guidance from healthcare professionals and agreements reached during reviews of care and discussions are accurately incorporated into personal plans
- c) ensure information resulting from incidents and accidents is reflected in assessments and care plans
- d) ensure body mass index is correctly calculated
- e) ensure the care plans contain enough accurate information to direct staff in how to deliver all aspects of the care including but not limited to mental health, social interests and oral hygiene
- f) where appropriate, skin integrity assessment must take account of the effects of sitting for long periods in wheelchairs
- g) ensure the care plans must accurately reflect the outcome of the assessment of care needs
- h) ensure that care plans are comprehensively evaluated.

The timescale for the completion of the requirement had expired at the time of this inspection. We sampled care plans to monitor progress. We saw that care plan documentation had been changed since the last inspection. The units were in the process of changing from one set of documentation to another. Some units had progressed further with this work than others.

While we saw that the content of some plans had improved on the whole the issues remained as stated in the previous report.

For example some key information was missing from the care files.

- (a) We checked the care plan setting recorded in a personal plan. Not only was the setting incorrect the mattress differed from that stated in the care plan. We asked the staff nurse on duty about this. She did not know why the information in the care file did not match the equipment in use.
- (b) We found reviews were not taking place.
- (c) Incidents and accidents information was not being used to assess risk
- (d) Body mass index was incorrectly calculated. We spoke with BUPA management who informed us that incorrect guidance was given to staff, which had not been revised.
- (e) We found there was crucial information in care files about mental health, oral health and social interests within life stories or running notes which had not been used to inform the care plan.
- (f) skin integrity assessments did not take into account the effects of sitting for long periods in wheelchairs.

(g) care plans did not contain the detailed information from needs assessments to provide adequate care to meet health and well being needs.

(h) We found care plans were not being comprehensively evaluated.

The outcome of all of the above is that there is a clear lack of guidance for care staff to enable them to meet the health and welfare of residents. This puts them at greater risk of harm.

Care planning will be subject to enforcement by the Care Inspectorate.

Medication

Overall we found medication management unsatisfactory. We concluded this after:

- Review of a sample of Medicine Administration Records (MARs)
- Review of medication audits
- Discussion with staff and relatives

Review of the MARs showed that medication was not always signed as having been given at the prescribed time. There was no reason noted for this either on the allocated area in the MAR or in the personal plan

The amount of medicine remaining following administration was documented on the MAR. We found that this did not match the actual amount in stock.

The homes' own medication audits evidenced that staff did not always order enough medication to ensure residents could receive medication as prescribed. There was no evidence that any sustained action had been taken to rectify this.

We found that one resident who needed their medicine in a disguised form was not receiving this in accordance with the very detailed information which had been given by the pharmacist.

Some protocols for the administration of "when required" medication did not detail the maximum dose or minimum time between doses. Consequently there was not enough information to guide staff in the consistent use of the medication.

The medicines trolley was not fixed to the wall.

Medication for return to the pharmacist was not always recorded at the time it was put in the returns box. This increased the potential for mistakes to be made.

Relatives told us that they had found medication on the floor of their relatives' room.

The home had reported to us serious incidents with medicines since the last inspection. These had been dealt with properly. However we were concerned that the improvements in medicines management seen at the last inspection had not been sustained. The potential for harm to residents due to unsatisfactory medication management was high. The number of issues found not to be in line with best practice highlights a lack of oversight of medication management. We were unable to

determine the exact reasons for so many issues arising. Consideration must be given to whether there is lack of staff knowledge of BUPA medication policies and procedures. In addition we cannot rule out the possibility that staff who had responsibility for medication administration and or management did have the necessary knowledge of both BUPA medication policies and procedures and best practice and did not adhere to these. Either way the potential for risk to residents was high. We have made a requirement about medication.

Medication will be subject to enforcement by the Care Inspectorate.

Many of the issues we have identified in this statement could have been picked up by the provider by a robust system of following up action from audit and observation of practice. We have commented on this further in quality statement 4.4.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

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 environment within the service.

Service strengths

Based on the evidence found during this inspection we graded the service as weak for this quality statement. We decided this after we spoke with residents, staff, looked at records of consultation meetings and observed the environment.

The services methods of participation described in quality theme 1 statement 1 (1.1) also apply to this quality statement and have contributed to the grading of the quality of the environment.

Areas for improvement

We observed that the environment could be improved for residents. We did not find any evidence that staff were using information gained from observing residents' habits or behaviours or from their understanding about residents' conditions to make adjustments or improvements to the environment.

Grade awarded for this statement: 2 - Weak

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

Based on the evidence found during this inspection we graded the service as weak for this statement. We decided this after we looked at the environment, records of checks and spoke with staff, residents and relatives. We saw some good aspects of practice in relation to checks of the environment. However the nature of some aspects of the environment had the potential for harm and we concluded overall the performance in this area was weak.

The home had a number of environmental checks which were carried out to ensure that the environment was safe. For example we saw

- that bedrails were fitted correctly and documentation was appropriately completed in Turnhouse.
- the fire alarm, emergency lights and laundry equipment for all of the home were checked weekly and correctly documented.
- water temperatures taken and recorded
- monthly and three monthly audits of lifts and other equipment were completed.
- we observed the handyman checking that all of the bedrooms in Turnhouse had a nurse call bell available.
- annual checks of hoists and bathing equipment had been completed in April. We carried out a random check of three hoists and found that they had been checked and correctly labelled to confirm this.

The housekeeper was implementing colour coding with cleaning staff to improve cleaning and infection control.

Allemuir unit had been recently refurbished and appeared clean during our inspection.

Areas for improvement

There were a number of areas of concern related to safety and dignity of residents. We found the service had a weak level of performance in this quality statement.

These included;

- On Carnethy and Caerketton we saw that the cafe and quiet lounge were used to store equipment.
- Carnethy cafe had broken chairs and a drum kit on the floor
- Caerketton quiet lounge had cleaning trolleys, scales, wheelchairs, stand aids and protective bumpers for bedrails. Inappropriate storage in communal areas

made these areas unpleasant or unsafe for residents to use and removed the option to move to a more peaceful area of the home.

- There was a nest of tables in Turnhouse with wobbly legs in need of repair.
- We noted some armchairs in Carnethy, Caerketon and Tunhouse that were worn, stained or in need of repair. Some chairs did not have seat cushions and could not be used safely.
- There was malodour on two units, Carnethy and Turnhouse. The malodour was unpleasant for residents who lived in the home and for visitors. We were told by housekeeping staff and BUPA managers that plans were in place to address the malodour.
- In Turnhouse the temperature was excessively hot, the air conditioning did not seem to be working and there were no fans available. We spoke with the nurse who said she would remedy the situation.
- In Turnhouse daily checks in the kitchen were not being carried out or signed as completed.
- Relatives who also used the kitchen in Carnethy described plated meals being left uncovered for prolonged periods.
- We identified a leaking soil pipe in a resident's ensuite toilet which had been unsuccessfully repaired with tape. This was potentially hazardous to the resident using this room and the other residents in the home because of the potential for cross infection. We spoke with BUPA estates manager and asked that this be addressed on the day of the inspection.
- We observed staff assisting residents without washing their hands. We also noted that hand washing was not offered consistently to residents before meals.

When residents use a call bell there is no audible alert. Staff have pagers to alert them to who needs help and their location. While it was positive that there was no alert which may distress other residents we found on two units there were only 3 pagers. This did not allow all available staff to have a pager. If staff do not all have access to pagers there is an increased risk that call bells will not be responded to quickly. On night duty all three staff had pagers but they said sometimes they only have one. Staff described the difficulties this could cause and potential delays in responding to residents.

We found a similar lack of bedroom pass keys. Only two staff had keys to open the bedroom doors of residents who chose to have them locked. This meant residents had to wait until a member of staff with a key could be found before they could access their room. We asked the Manager to address the lack of pagers and bedroom keys. We have made a requirement to address the risks we highlighted during our inspection.

We concluded that the environment posed potential risks to safety and protection of residents, in addition their dignity was compromised. We have made a requirement about the environment, (see requirement 1).

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure the environment is safe and residents are protected. In order to achieve this the provider must:
 - (i) Ensure staff follow good infection control procedures by washing their own hands between caring for residents and offering all residents hand washing facilities before meals
 - (ii) Address the malodour in Carnethy and Turnhouse units
 - (iii) Ensure unsafe, broken or damaged equipment is removed from use
 - (iv) Ensure repairs are made to the facilities including bathrooms and a leaking soil pipe
 - (v) Ensure staff have enough pagers so that residents can call on available staff
 - (vi) Ensure keys are available for staff and residents to open the locked bedroom doors within the home.
 - (vii) Ensure kitchen checks are carried out and food is stored correctly.This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI/2011/210 Regulations 4 (1)(a), 10(d) and 14. In making this requirement National Care Standards Care Homes for Older People Standard 4 Your environment.
Timescale:
(i), (vi) and (vii) within 24 hours of receipt of this report.
(ii) and (v) by 2 September 2013
(iii) and (iv) by 12 August 2013.

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service strengths

Based on the evidence found during this inspection we graded the service weak for this quality statement.

We decided this after we looked at the environment and records of checks and spoke with staff and residents.

In Turnhouse staff recognised the detrimental impact of the noise from the television to the dining experience and this was switched off during lunch and dinner helping to produce a calm environment and promote eating and drinking.

Allermuir unit had been recently refurbished. We found this unit clean and tidy on the day we visited this unit. There were no unpleasant odours in Allermuir.

Areas for improvement

We found the service had a weak level of performance in this quality statement.

We looked at beds and bedding. We found some duvets thin and pillows which were lumpy and in need of replacement. Some mattress sheets were too short to cover the mattress. This was not only unpleasant for residents to sleep on but can cause damage to the skin, (see requirement 1).

A well planned and considered environment can play a crucial role in improving the quality of life for older people generally and particularly for those with cognitive problems such as dementia. We thought that more work was needed to improve the environment. For example the corridors were bland and clinical, there were no points of interest where people who liked to walk could stop and touch tactile art work or look at photographs.

We thought that the signage could be improved to help residents find their bedrooms. In some units we observed that increasing noise levels was distressing for some residents. Noise needs to be kept at a level that allows residents to feel relaxed and to concentrate. During the evening meal on Carnethy we saw that sudden and frequent noise from the kitchen area startled some residents. This was repeated. A Clinical Service Manager passing through the area recognised the noise was distressing and closed the kitchen door. Kitchen staff unaware of the effect on the residents opened the door again. When we looked at mealtime audits we saw that the noise from the kitchen had been recognised by the Clinical Support Manager at previous mealtime audits. We concluded that there was a failure to change practice based on the audit results. This means that the quality of the experience for people who use the service does not improve.

Residents in the dementia units did not have access to an outside space which was safe or well maintained. Access to outside can promote general well being and can provide sensory stimulation.

Turnhouse and Caerketon units are upstairs, while the Carnethy unit is on the ground floor. We did not see any residents from these units being helped to use the gardens during our inspection. This was despite the weather being sunny and warm with clear opportunities for fresh air and experiencing the outdoors.

Overall we have assessed the quality of the environment as weak. Lack of understanding and consideration of the potential impact of the environment resulted in poor outcomes for some residents. We have used the information from the other quality statements which affect the quality of life of residents to grade this quality statement.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that all bedding in the home is fit for purpose. This is in order to comply with SSI 2011/ 210 4 (1)(a),14(b). This also takes into account National Care Standards Care Homes for Older People Standard 4 Your Environment. Timescale: To be completed by 2 September 2013.

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

Based on the evidence found during this inspection we graded the service as weak for this statement. We decided this after we looked at the ways in which service users and carers can participate in assessing and improving the quality of staffing in the service.

The comments described in quality of care and support 1.1 are relevant to this statement.

Areas for improvement

The areas for improvement described in quality of care and support 1.1 also apply to this quality statement.

Recent staffing changes had taken place within the home. This had led to lack of continuity of staffing in the home and the units. Relatives found it difficult to know who to speak to about their family member living in the home. Residents and relatives we spoke with during the inspection were not aware of the changes in staffing.

Some relatives told us there had been poor communication about changes made to keyworkers. The keyworker assigned to residents was not always agreed with the resident or their relative.

Grade awarded for this statement: 2 - Weak

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

Based on the evidence found during this inspection we graded the service as weak for this quality statement. We decided this after looking at training, staff supervision and observation of staff practice. We have also taken into account evidence detailed in the other quality statements to grade this quality statement.

The provider had a comprehensive induction package which included training for all new staff.

There are plans for Home Based Trainers. A new role in this home. The Home based trainers will be responsible for induction and ongoing mandatory training of staff and will provide training within the care home setting. Sometimes this will be in conjunction with specialist trainers such as fire trainers. The person with this new role was expected to start on 1 July 2013 and therefore was not in place during our inspection.

In addition, there were clinical support managers within the home who are responsible for teaching clinical skills and providing oversight of staff practice.

Each member of staff had an individual learning plan which proposed to deliver training in a modular form and included e-learning. Although we could not access staff records during the inspection an example of an individual learning plan proposal was sent to us.

We found staff working hard to try to deliver care during the inspection. Many were committed and caring.

There was some good practice observed in all 4 units of the home. but this was inconsistently applied and has resulted in a weak grade in this quality statement.

Areas for improvement

From our observations over the days of the inspection we concluded that staff were not operating to National Care Standards, legislation and best practice. We found there was an emphasis on completing tasks instead of person-centred care that we would expect to see. Staff lacked management and leadership to guide their practice. Notifications which have been made to us support this view and show us that staff are not following best practice in Moving & Handling, Medicines management and calling for medical assistance appropriately.

Allermuir and Caerketton Units were more organised. Both of these units had a Unit Manager in post with some supernumerary time. There was instability and

inconsistency of leadership and lack of oversight of staff practice in Carnethy and Turnhouse units. Neither unit had a Unit Manager in post.

Staff appeared to lack the information, knowledge and skills needed to support older people with dementia. Examples of this were seen during mealtimes

- staff did not offer appropriate assistance to help those who needed supervision or prompting to ensure their nutritional needs were met.
- staff were not aware of the impact on the residents of the noisy environment during mealtimes on Carnethy Unit.
- relatives described that staff shouted across the sitting room to residents instead of walking over to speak with them.
- there was a lack of interaction initiated by staff when they assisted residents who needed help with eating and drinking.
- we heard a staff member tell a resident they could not help them as they were about to go off shift. A relative we spoke with said she had heard similar comments made.

Some staff attributed residents' confusion and dementia for all of their difficulties, needs and behaviours, other explanations were not considered.

Staff training will be subject to enforcement by the Care Inspectorate.

Following two upheld complaints we made a requirement that service users are referred for appropriate medical advice as soon as possible when they show signs of illness or injury. During this inspection we saw that on the whole staff called for medical assistance when appropriate and residents received medical advice and care they needed. However there was evidence from notifications that there were serious exceptions to this.

Referral for medical advice will be subject to enforcement by the Care Inspectorate.

Pentland Hill had a policy of regular supervision sessions for staff, at least 4 times per year, led by senior staff. We asked for staff records. We found staff supervision sessions were not taking place as planned. Staff meetings had also been infrequent and the daily meetings for all heads of departments had not taken place with the key personnel agreed. This means that opportunities to guide staff practice and for staff to raise issues or concerns were lost.

Staff supervision and oversight of practice will be subject to enforcement by the Care Inspectorate.

As a result of an upheld complaint we made the following recommendation;

Relevant staff should receive training to ensure they are aware of the service provider's policies and procedures for handling complaints or requests for information from residents' representatives.

The action plan sent to us by the home identified that Nursing staff in Turnhouse Unit would receive themed supervision about BUPA's managing Customer expectations procedure and the procedure for requests for resident information by 7 June 2013. There was no evidence that the recommendation had been met. We have made this recommendation again, (see recommendation 1).

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Relevant staff should receive training to ensure they are aware of the service provider's policies and procedures for handling complaints or requests for information from residents' representatives. This takes account of National Care Standards Care Homes for Older People Standard 5 and Standard 11.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 1 - Unsatisfactory

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

Based on the evidence found during this inspection we graded the service weak for this statement. We decided this after reviewing the evidence described in quality of care and support 1.1.

We saw some positive elements when considering this quality statement as follows;

There were details within the home about how residents, relatives and visitors could raise concerns directly with the provider.

There was information in the home about how to contact the Care Inspectorate with concerns and complaints.

The provider issues annual residents and relatives surveys which has the potential to influence the management and leadership of the home.

Areas for improvement

The areas for improvement described in quality of care and support 1.1 also apply to this quality statement and has been used to grade this statement.

We could not find any evidence within the minutes of meetings, newsletter, notices or other written communications that residents and relatives had been involved in decision making about changes to the management of the home or the units.

Independent advocacy was not actively promoted to help residents express their views independently of the staff. For example to help residents complete the questionnaires we sent.

Survey results from the annual surveys were not available at the time of our inspection. We were told these should have been available from March but had been delayed. This means the results were not available to influence the operation of the service.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

Based on the evidence found during this inspection we graded the service as unsatisfactory for this statement.

BUPA , the provider is a large organisation with well established policies, procedures and support structures to help services encourage good quality care through leadership values.

We observed some good practice by some carers on the dementia units for example at the start of meal, giving a visual choice of the main course. However these episodes of good practice were not reinforced and did not continue for the duration of the meal nor for all the residents who would have found a visual choice beneficial.

Areas for improvement

Based on the evidence found during this inspection we graded the service as unsatisfactory for this statement. Many of the issues we have identified in this statement could have been picked up by the provider using a robust audit system, which included taking action following audit and observation of practice.

At the last inspection when the grades were adequate there was a Manager on each unit who had 38 hours a week supernumerary time to oversee the care and provide guidance and leadership for staff. At this inspection only two of the units had a manager. These two remaining unit managers had had their supernumerary time reduced to 18 hours per week. We found the units without managers less organised. Care appeared task orientated. The dining experience for residents was poor and there was little or no socialisation or stimulation for residents throughout our inspection. We found the lack of leadership in the units and the home had a detrimental impact on the outcomes for some people who use the service.

As a result of lack of leadership we found that staff were very busy but no-one was making decisions or setting priorities. Care was not being managed in a planned way. A nurse in charge of a unit did not know which residents were losing weight or had pressure ulcers or were at risk from pressure ulcers. Therefore they were unable to provide leadership to ensure residents care could be appropriately managed and organised.

There was inconsistency of both management and staff. The Home Manager was absent. Registered Nurses had been moved from the units where they knew the residents and had been sent to units where they did not know residents or relatives. This has caused concern for relatives as they were not confident that staff knew their relative. It can be upsetting for residents who have memory problems to be cared for

by unfamiliar staff. Linked to this we found that care plans were incomplete or not up to date and did not provide the information that unfamiliar staff needed to deliver good care. We found that this had outcomes for some residents in terms of meeting their food and fluid needs, medication management and identifying risks. Morning meetings had been introduced as a way of ensuring that key staff including nurses, heads of department and the home manager shared important information and communicated between the units. It was planned that information such as residents at risk of undernutrition, residents with wounds and pressure ulcers, transport arrangements for people attending appointments and outings would be discussed. We noted that these meetings did not always take place or have key staff attend. Therefore the meetings did not fulfill their purpose of enabling communication between the units to ensure the needs of residents could be met.

The handover sheets which help staff communicate essential information between staff shift changes did not contain the kind of information about residents at risk that we would expect to see. This written information becomes more important when staff are unfamiliar with the residents. Linked to this the care plans were inaccurate and not up to date. Lack of information about residents' needs and wishes which can lead to poor outcomes of care especially for residents who are unable to express their needs due to cognitive impairment or communication difficulties.

The provider has been unable to ensure actions are put into place. We saw that the home carried out a range of audits including cleaning, dining experience, medication, care plans. The audits identified some of the same issues as we saw during the inspection such as poor dining experiences and medicines management and incomplete care records. While the actions were recorded, there was no evidence that these were acted upon. The issues remained, providing unsatisfactory outcomes for some residents and increased risk for others.

Leadership and Management will be subject to enforcement by the Care Inspectorate.

Grade awarded for this statement: 1 - Unsatisfactory

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

Based on the evidence at this inspection we have graded the service as unsatisfactory.

A range of audits were carried out within the home. We have commented on their effectiveness below.

Areas for improvement

During our inspection we found the organisational structure of the home was unclear and subject to continual change. The result of this instability was that residents and relatives were unsure about the roles and responsibilities of staff and who to speak with about their concerns.

Staff nurses who were unfamiliar with residents on two units spent a great deal of their time administering medication and were unavailable to oversee and supervise care.

We found that Clinical Support Managers carried out quality assurance processes. We found evidence that some serious issues around medication were dealt with properly. However we found similar issues recurring. There was no evidence that the learning was put into practice to reduce the risk of similar recurrence.

There was no system of management within the home which could provide effective communication and minimise risk to residents.

The Provider was not able to demonstrate that all problems identified by BUPA's internal audits were rectified.

We concluded that the audits were ineffective at fully resolving some issues identified. Similar findings were seen when we reviewed the quality assurance audit undertaken in March 2013 by the provider's Quality Consultant.

The provider had a complaints procedure. During the inspection relatives told us that they did not feel comfortable about making complaints and they felt as though raising their concerns labelled them as troublesome.

Following a complaint made to us, we made a requirement that the service must adhere to the complaints procedure at all times. In order to achieve this the Provider told us that all registered nurses in the Allermuir unit would receive themed supervision around the complaints procedure by 21 December 2012. There was no evidence that this had happened. More recently following another complaint

investigation we made the same requirement which is evidence that the service had not improved their adherence with the complaints procedure, (see requirement 1).

We found that staff supervision was not taking place regularly. From the limited records we saw we concluded that there was little opportunity for staff to raise concerns or help them to develop in their work.

Care service providers must inform the Care Inspectorate of certain events which happen in the home. These are called notifications. During this inspection we became aware of a number of incidents, accidents and deaths which had not been notified to us. Notifications can change our assessment of risk in the home and can influence when we carry out our inspections. They help us assess when the home has responded appropriately to events and ensure the health and wellbeing of residents. We have made a requirement about this, (see requirement 2).

Quality Assurance will be included in Leadership and Management subject to enforcement by the Care Inspectorate.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must adhere to the terms of its complaints procedure at all times and ensure that any complaint made is fully investigated. This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI/2011/210 Regulation 18 (3) Complaints. This also takes into account National Care Standards Care Homes for Older People Standard 5.1, 5.2 Management & Staffing arrangements, 11.3 Expressing Your Views.

Timescales: Within 24 hours of receipt of this report.

2. The provider must ensure that all required notifications are made to the Care Inspectorate.

This is to comply with Regulations 19-24 of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) and section 53(6) of the Public Services Reform (Scotland) Act 2010.

Timescale: To commence on receipt of this report.

4 Other information

Complaints

There have been three upheld or partially upheld complaints since the last inspection. This has resulted in two requirements and four recommendations. We have made comments about progress in meeting requirements and recommendations from complaints within the relevant sections of the report. We have made it clear when these have been made as a result of a complaint.

Enforcements

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

Additional Information

Following the inspection a meeting was held with the provider on 26 July 2013. Our concerns about the potential risk to service users if improvements are not made in the service and the possibility of taking Enforcement action against the provider was discussed. The provider representative was informed that the Care Inspectorate was considering taking Enforcement action against the provider. This was confirmed in a meeting with the provider on 2 August 2013. The Provider's representative stressed that they would want to make any necessary improvements.

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

Quality of Care and Support - 1 - Unsatisfactory	
Statement 1	2 - Weak
Statement 2	1 - Unsatisfactory
Statement 3	1 - Unsatisfactory
Quality of Environment - 2 - Weak	
Statement 1	2 - Weak
Statement 2	2 - Weak
Statement 3	2 - Weak
Quality of Staffing - 2 - Weak	
Statement 1	2 - Weak
Statement 3	2 - Weak
Quality of Management and Leadership - 1 - Unsatisfactory	
Statement 1	2 - Weak
Statement 3	1 - Unsatisfactory
Statement 4	1 - Unsatisfactory

6 Inspection and grading history

Date	Type	Gradings
14 Nov 2012	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and Leadership 3 - Adequate
14 Nov 2012	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and Leadership 3 - Adequate

Inspection report continued

18 Jun 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
20 Feb 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
30 Sep 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
6 May 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
17 Jan 2011	Re-grade	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed Not Assessed Not Assessed
1 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good Not Assessed
13 May 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
26 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 3 - Adequate
10 Nov 2009	Announced	Care and support	2 - Weak

Inspection report continued

		Environment 2 - Weak Staffing 2 - Weak Management and Leadership 2 - Weak
18 Mar 2009	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
18 Feb 2009		Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

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

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

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