

Care service inspection report

Fernlea House

Care Home Service Adults

19 Wallsgreen Road

Cardenden

Lochgelly

KY5 0JF

Telephone: 01592 721649

Inspected by: Aileen Scobie

Type of inspection: Unannounced

Inspection completed on: 19 May 2014



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Service provided by:

Kingdom Homes Ltd

Service provider number:

SP2003001615

Care service number:

CS2003007045

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

What the service does well

The general ambiance throughout is relaxed and friendly. Residents told us they were happy in the home and felt safe and well cared for by the staff. The home is well maintained. There is no restriction on visiting and relatives told us they are made very welcome. Residents and relatives who took part in this inspection were complimentary about staff and management.

What the service could do better

In order to further improve quality outcomes for residents, and ongoing development of the service, the manager and staff team should take forward the requirements, recommendation and areas for further development identified in this report, including:

The staff team need to give more attention to detail, for example in relation to:

Ensuring records such as MARs are fully completed

Adhering to the service provider's nutritional management policies and procedures in relation to referring high risk residents to the dietitian

What the service has done since the last inspection

Following monitoring of dependency levels of residents within the care home, the provider has increased the staffing levels. It is hoped this should further enhance the quality of care and support residents receive.

The service had implemented an action plan and addressed the requirements and recommendations made at the last inspection and as a result of an upheld complaint investigation.

Training in a variety of topics has been delivered to staff to further improve their knowledge and skills.

Conclusion

While outcomes for residents and quality of daily life for them continues to be very good, this inspection has identified areas for improvement which have impacted on the grades awarded.

Very good relationships have been developed between residents, relatives and the staff team. Residents told us they enjoyed living in the home, were consulted and involved in all aspects of daily life, and felt supported by a caring, considerate and professional staff team.

Who did this inspection

Aileen Scobie

Lay assessor: Mrs Winnie Whyte

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

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.

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 Care Inspectorate.

Fernlea House is an established residential home that has been extended, with the existing parts of the premises being subject to considerable upgrading. It is set within its own landscaped gardens and grounds, which are easily accessed and have seated areas for residents' and visitors' use. There is an adequate parking area and on the ground floor all accommodation and resources are on the one level; a shaft lift serves the upper floor, to which residents and visitors have access and all stairways and corridors have handrails. Many of the original features of the house are retained and overall the standard of decor, furnishings, fabric and fittings, is consistently high. The owner is committed to a rolling programme of refurbishment and re-decoration, which includes appropriate upgrading.

The premises are currently registered to accommodate 38 older people. All residents' rooms have en-suite facilities. There are communal lounges and a dining room, all of which have been upgraded and redecorated. Catering and laundry services are situated on the ground floor.

The aims and objectives encompass appropriate principles of care and indicate a positive attitude and approach towards the needs and wishes of each resident, adding that Fernlea House "aims to provide high standard accommodation and care."

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 or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following two unannounced inspection visits. These were carried out by an Inspector. An inspection volunteer supported the inspection process on 19 May 2014. An inspection volunteer is a member of the public who volunteers to work alongside Care Inspectorate inspectors during the Inspection process. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The inspection volunteer's role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded. The comments and observations of the inspection volunteer have been incorporated in this report.

The inspection took place on Monday, 12 May 2014 between 5.45pm and 7.45pm and continued on Monday, 19 May 2014 between 9.00am and 2.00pm. We gave feedback to the manager on 19 May 2014.

We sent 20 care standards questionnaires to the manager to distribute to relatives and carers. Ten completed questionnaires were returned to us before the inspection. 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. During this inspection process, we gathered evidence from various sources, including the following:

We spoke with;

12 residents

1 relative

the manager

1 cook

2 carers

We looked at a sample of the policies, procedures and health and safety records which the service is required to maintain, including:

Registration certificate

Staffing schedule

Insurance certificate
Minutes of residents', relatives' and staff group meetings
Newsletter
Maintenance check records and associated audits
Details of new employees and leavers
Accident monitoring
Dependency tools
Complaints management
Training records
Duty rota for 3 week period; 14, 21 and 28 April 2014
Quality assurance processes including audits and the results of the provider's annual quality survey.

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 make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure;
Risk assessments are in place to guide and inform staff practice. These must be subject to routine review and updating.

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people

What the service did to meet the requirement

Risk assessment documentation was seen to be in place, reviewed and updated routinely.

The requirement is: Met - Within Timescales

The requirement

The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure;
The actions and strategies set out in each service user's care plan are up to date and reflect all changes.

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for health and welfare of service users

What the service did to meet the requirement

Care plans were seen to be up to date, informative and reviewed regularly.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure there are sufficient numbers of staff on duty to ensure the health, welfare and safety of residents is being met at all times.

This is to comply with SSI 210/2011 Regulation 15(a) Staffing

What the service did to meet the requirement

Review of duty rotas identified staffing provision was based on dependency levels and met the minimum staffing levels detailed on the staffing schedule.

The requirement is: Met - Within Timescales

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

The following recommendation was made as a result of an upheld complaint investigation:

The service should discuss with the resident's family as to how involved they want to be in the resident's care and for this to be recorded within the resident's care plan. This would inform care staff of what support they require to provide when the family are present.

This is to comply with The National care Standards: Care Homes for Older People. Standard 6: Support Arrangements

Action taken: Full details regarding family involvement and contact details are recorded in each resident's care file.

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

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who use the service had taken part in the self-assessment process.

Taking the views of people using the care service into account

For this inspection we received views from twelve people resident in the home. They told us they were happy living in Fernlea; comments have been included in the body of the report.

Taking carers' views into account

We spoke with one person's relatives individually during our inspection. We also received 11 completed questionnaires from relatives/carers. Feedback from relatives we spoke with was positive. Some of the questionnaires raised concerns regarding staffing levels and the need for upgrading of the dining area. These were both in the process of being addressed by the manager. Relatives spoken with told us they felt the residents were provided with good care and support from a friendly staff group. Relatives' comments and reference to our questionnaires are included throughout the 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

From the range of evidence sampled we found the performance of the service continued to be very good. We established this by talking with residents, relatives and staff and examining various records.

The service had a participation strategy which meant that people who use the service including residents, relatives and staff were encouraged to take part in day to day decisions in the home, give their views and be involved in the ongoing development of the service. Residents were enabled to be included in their care and have a say in how they live their life in ways that matter to them.

A wide range of methods was used to encourage and support residents and their relatives to have a say in matters of direct concern in their lives and involvement in the development and ongoing improvement of the service. Methods used included; six monthly care review meetings, regular residents' group meetings, relatives' meetings, daily informal individual chats, social get-togethers, annual quality survey and the service complaints procedure.

The cook regularly meets with the residents and meal options and quality of meals are discussed. Suggestions made had been taken on board and included in the menus.

The noticeboard is prominently sited and a range of information is displayed to inform residents and visitors of activities planned and important information. The registration certificate and insurance certificate are on display in the foyer and a range of information regarding the Care Inspectorate and local advocacy details are also available for everyone to access.

The care home's newsletter contained information about events in the home, comings and goings and other special occasions.

Residents spoken with were looking forward to a range of summer outings to the Ratho barge, Lochore Meadows as well as regular bus trips along the coast. Afternoon entertainment was very much appreciated and a number of residents said they always looked forward to the sing-a-longs and a wee jig with the entertainers.

Comments from residents and relatives included;

"I am totally happy with my wife's care."

"The care staff have been a Godsend to us, he has all the care and attention he needs. We can relax knowing he's in such capable hands."

"Fernlea gives great care and support to my relative. Staff are very pleasant and approachable. There is always a variety of entertainment on for everyone to enjoy."

"Since moving into Fernlea my relative is a different person. She's content and her needs are well met. When visiting I am made to feel comfortable and welcome."

"We have regular meetings, choose everything we do and how we want to live our lives."

Inspection volunteer's comments;

"As I walked round the home, the residents were well presented and clean shaven with appropriate aids nearby. All were relaxed and happy. I was informed by one resident "We are a community in here where we all look out for one another and it's a happy community." Others said similar to me.

Other comments I received included:-

* "Staff here are excellent in my eyes, they are always willing to assist you in any way they can."

* "When I wish to go to bed is my choice and I get up when I'm ready to face a new day."

* "There is always staff around to support me where and when I require it."

* "Nothing is to much bother for them and will go the extra mile if they think this will help you."

Relatives' comments;-

* "Staff in the home I would say are friendly, good listeners and I feel I can approach any of them about anything I'm concerned about even just for a quick catch up."

* "Just the other week we had what I call the review meeting for my relative. It went well."

As the inspection volunteer was being shown round the home, there was a lovely camaraderie between the staff and residents. It was clear that all knew one another well.

Residents' comments on activities;-

* "I just like to sit and chill in this room watching the TV and chatting with my friends."

* "I enjoy doing flower arranging - looking after my small garden which I have just outside the front of the home. I'm just waiting on plants being delivered that I can plant for the summer. This will give us some colour in the garden for then."

* "We have entertainers that visit us regular and I heard one of them is going to make a CD that we can sell in the home to raise funds for our comfort fund."

* "We also have a Beauty Room where we can all get our hair done. We also receive regular manicures from the staff and we do have the podiatrist attend us for our toenails."

* "I can go out into the local village for my shopping or just for a walk for fresh air and as long as I let the staff know, it's OK to do this."

* "I still go out to Bowhill Institute for my weekly club meeting where I catch up with my friends that don't live here. I do enjoy going there." Others said similar.

* "We do go out regular for Bus Trips. I think the last one was to somewhere in Edinburgh but I know we all enjoy those bus trips."

One relative said "Every time I visit they are doing some sort of activity, be it reading the newspaper and discussing the news with one another or making crafty things. I know my relative enjoys the activity part of the day as time passes quickly.

In the home there are photographs on the walls of all the different activities the residents take part in, including competitions against the other homes within the group. One picture I observed was of residents competing in a gardening competition, where they picked up a cup for this activity.

Residents said regarding meals;-

* "The food is good in here. I had my usual porridge and toast for breakfast and my friend had cereal, toast and marmalade with our lovely cups of tea. It's our choice what we have to eat."

* "For lunch I have just had pea and ham soup - sandwich with your pick of filling and semolina with fruit and a drink of juice. It was lovely."

- * "I like my food here as it's always hot and we do get a choice each mealtime."
- * "The food here is made on the premises and we have various cooks but each one is good, so the food is fresh, hot and tasty usually."
- * "I have my meals in my room sometimes they can be a hit or miss though."

A relative informed me "The food must be wholesome in here as my relative never complains about the food. They always say 'I do enjoy my food in here' and as they have put on a little bit of weight since coming here I think the comment must be right."

As I was speaking to a group of residents, they informed me "we are well looked after in here and if we need to see the GP, dentist or optician the staff are happy to arrange this."

Areas for improvement

We thought the service continued to work hard to involve people and was open to looking at different ways to achieve this.

The service should consider involving residents and their relatives in staff supervision and appraisal processes.

The service should consider providing independent facilitation/representation for residents' meetings. This would help ensure meetings are objective and residents' views are not influenced by staff presence.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The care home operates at a good level in relation to this Quality Statement. A range of policies and procedures were in place that were known and understood by staff. This helped ensure they were vigilant in their duty to promote and protect residents' health and wellbeing. Staff were friendly and knew residents very well, including their likes, dislikes, life history, daily habits and health needs.

Four personal plans were examined and found to contain a range of detailed health and social care information about the individual resident and their needs. The information included assessments and care plans to support personal care, diet, sight, oral hygiene, hearing, mobility, falls, continence, medication, mental state and any social and cultural preferences and needs. We saw that residents' wishes for end of life care was recorded sensitively. The records identified the resident's needs and the action to be taken by staff to provide positive outcomes. There was evidence of regular review and updating of risk assessments and care plans.

There was evidence in the personal plans of appropriate referral and involvement of GPs, podiatrist and other health professionals and agencies. A record was maintained of all visits and communication with GPs and other professionals. We saw that residents' health was routinely monitored and healthcare needs were met in a timely manner.

In the course of the inspection we observed the administration of medicines and saw these were provided in a safe manner. Residents told us they received their medicines as necessary.

Birthdays and other celebration cakes were made by the cook and home baking was offered daily. Residents were encouraged to have regular hot and cold drinks to maintain adequate hydration. People using the service also had regular access to fresh fruit and vegetables. This all contributed positively to a healthy diet. Residents told us the choice and quality of meals was good and they enjoyed them.

People's weights were routinely monitored and fortified diets were provided for people at risk of weight loss or under nutrition.

Areas for improvement

Review of medication management systems identified;
There were some missing entries in the Medication Administration Recording Sheets (MARS). A requirement 1 is made.

Although care plans and risk assessments were seen to be up to date, evaluated and reviewed, for one resident the MUST risk assessment identified that the resident was now high risk and should be referred to the dietitian. No evidence of this referral could be found. A requirement 2 is made

Grade awarded for this statement: 4 - Good

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure;
Administration of medication or reason for omission must be recorded on the MAR sheet at the time of administration.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

Timescale: 24 hours from receipt of this report

2. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure;
When risk assessments indicate service users are high risk referrals to appropriate healthcare professionals must be carried out.

This is in order to comply with:

SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for health and welfare of service users

Timescale: 24 hours from receipt of this report

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

We found the service demonstrated very good practice in involving people in assessing the quality of the environment within the service.

Information in Quality Theme 1 Statement 1 is also relevant in this statement.

We saw that residents were encouraged to comment and make suggestions about the environment; for example, the furnishings and flooring for the dining room which is being refurbished in the next month.

Inspection volunteer's comments;

I asked residents what they thought of their environment. Some comments made included;-

* "I have my lovely Knick Knacks in my room. It makes it homely."

* "I would say the home is clean and warm. I have a lovely bedroom with an ensuite and most of all a lovely comfy bed to sleep in at night."

* "I don't think it's my home but it's the next best thing to home for me."

A relative shared this comment:

"I find the home has a lovely relaxing and welcoming feel to it. My relative has a lovely room to themselves and the home is always spotless when I visit. One thing I'm not too keen on is it's always like a sauna so I sometimes wish they could fix the heating but I'm informed from the manager that honestly the heating is not on, it's the building itself."

Areas for improvement

The service should continue to progress the development of this aspect of the service.

Grade awarded for this statement: 5 - Very 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

Based on the evidence found during the inspection we graded this Quality Statement as good. We decided this after we looked at the environment, records of checks undertaken and spoke with staff and residents.

The entrance door of the care home building was secure. Staff ensured they checked the ID of professional visitors and the reason for their visit. A visitors book was placed at the entrance areas and visitors were required to sign on arrival and departure. These measures helped ensure staff were aware of who was in the building.

Staff had ready access to a variety of hoists and other moving and handling equipment to support and transfer residents safely and with dignity. Hand sanitising gel dispensers were available at entrance areas for visitors' use. Personal Protective Equipment (PPE) such as disposable gloves, wipes, aprons, soap and hand towels were readily available and used appropriately by staff. These measures helped reduce risk of infection.

Review of staffing rotas for a three week period verified the staffing schedule was maintained. Staff were visible in all areas of the home and were seen to be attentive and caring in their interactions with residents.

The service carried out regular health and safety checks and records of these were maintained. Examination of records, observation and discussion with staff and people who use the service verified that routine maintenance and repairs were carried out promptly. All areas of the home were observed to be in good state of repair, well maintained and housekeeping standards were good. There was good signage to help people find their way around the home and clear access in corridors, bedrooms and communal areas. All areas were cosy and fresh.

Examination of three personnel files for recently employed members of staff identified pre employment checks were carried out to make sure they were suitable to work with the people who used the service. All staff members undergo Protection of Vulnerable Groups (PVG) checks. Also, two references are obtained in respect of each new employee, with special attention given to the last employment. This is to ensure that unsuitable people are not employed to care for vulnerable adults.

Staff confirmed that new staff members go through comprehensive induction training, so that they had the right knowledge and skills to do their jobs competently. Our review of records confirmed safe recruitment procedures were followed.

We observed that the home was managed in a way which kept people safe and people recognised this was a safe environment to be in.

Areas for improvement

We observed in some of the communal bathrooms that residents' personal belongings/toiletries had been left behind. The manager removed these immediately and spoke with staff regarding this unacceptable practice. A recommendation 1 is made.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Staff must ensure they do not leave residents' personal belongings/toiletries behind in communal bathrooms. They must be returned to residents' rooms.
Reference: National Care Standards - Care Homes for Older People Standard 16 Private Life

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

We found the service demonstrated very good practice in involving people in assessing and improving the quality of staffing within the service.

Information in Quality Theme 1 Statement 1 is also relevant in this statement.

Comments from residents and relatives included;

'All staff are very caring, compassionate and treat all the residents with dignity.'

'I think the staff are great, I can have a banter with them. We're just one happy family.'

Inspection volunteer's comments;

I received the following comments from residents when I asked them what they thought of the staff;-

* "Staff here are very helpful and nice with it. Nothing is too much bother for them, they willingly help me any way they can."

* "I would say they are all brilliant, full of kindness, treat us with respect; observing our dignity at all times."

* "I like the staff as they are so good to us but there are some better than others."

* "I don't know if they are trained but they sure do know their role well."

* "I will say the proof of the staff is I have been here a long time now and believe me if I was unhappy they wouldn't see me, I would be off. I think this says volumes on how I see the staff that assist me in whichever way they can."

Relatives' comments;-

"In a couple of words the staff in here are my 'saving angels' and all are so attentive to all within the Care Home where nothing is too much bother for them, as all are willing to help in any way they can. If my relative takes unwell they are soon on the phone keeping the family informed at all times and when I arrive they will quickly give me an update, so I would say they keep the relatives fully informed at all times."

During my time in the home I observed the comings and goings of the staff and all who visited were warmly welcomed and the staff appeared happy to help in anyway they could. I also liked the lovely rapport between all."

Areas for improvement

The service should continue to progress the development of this aspect of the service.

Grade awarded for this statement: 5 - Very 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

From examination of the evidence presented in respect of this Quality Statement, we assessed the service to be operating at a good level of performance.

We received many positive comments from residents regarding the quality of the staff employed in the care home. People told us staff listened to what was said and attended to their needs appropriately. Staff spoken with told us they had a strong team and felt well supported by the manager and colleagues. There were regular opportunities for staff to share information and give their views. This included supervision sessions and staff meetings. Review of minutes and discussion with staff indicated that the service was proactive in sharing information and addressing any issues identified.

All staff had identified core training requirements that they needed to complete for their role in accordance with Scottish Social Services Council Codes of Practice. There was a wide number of training courses available to staff in relation to their work. Staff also had opportunity to complete a Scottish Vocational Qualification (SVQ) if this was appropriate to their role, e.g. SVQ II or SVQ III. Records were kept of training completed. Staff training needs were discussed and reviewed. Staff spoken with thought that training opportunities were very good. During the last year there had been a range of relevant training conducted, including; Dementia Awareness, Nutrition, Palliative Care, Adult Support and Protection, Moving and Handling and Infection Control updates.

Staff told us the training had been very useful and had improved their understanding of a resident's needs and how they could meet them. Staff were confident in their practice and spoke freely to us about the key underpinning values of what they do. They had knowledge and awareness of the National Care Standards and SSSC Code of Conduct and demonstrated knowledge of key themes like 'respect, enablement and meaningful activity'.

Areas for improvement

The service should continue to provide training based on best practice to ensure staff knowledge and skills meet the needs of residents.

The manager is committed to ensuring supervision and monitoring of staff practice, in particular, record keeping is ongoing.

Carers were aware of the need to register with Scottish Social Services Council (SSSC) and were in process of doing so. This will be reviewed at the next inspection.

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

We found the service demonstrates very good practice in involving people in assessing and improving the quality management and leadership of the service.

Information in Quality Theme 1 Statement 1 is also relevant in this statement.

When we spoke to people they told us they were confident the manager would listen to them and any concerns raised would be dealt with.

Inspection volunteer's comments;

"I received the following comments from residents and relatives regarding the quality of the management and leadership of the care home:-

Residents said:-

* "They are at the heart of our wee community in here. They come and go but you know they are around if you need them."

* "The manager is a little gem. She is happy to sit and listen to anything I say, nothing is too much bother for her." Others said similar.

* "We do have residents' meetings and the Feathers and Quills newsletter is published on a regular basis. This keeps us fully informed of what is happening in our home and our sister homes."

Relative quote:-

"I can't fault the manager, she is very approachable and has an open door policy. She is supportive, attentive to all she meets within the home. I would be happy to approach her if the need arose but at present no need."

Areas for improvement

The service should continue to progress the development of this aspect of the service.

Grade awarded for this statement: 5 - Very 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

We evidenced that the management used a range of methods to assess the quality of the service provided and identify areas where improvement can be made. The management carried out regular quality assurance audits in the home, including medication management, care files, catering and health and safety. Action plans were developed and introduced to drive forward improvements. We evidenced regular environmental safety checks were undertaken and accident and incident reports were maintained and monitored by the manager. The service's QA programme included seeking the views of residents and relatives to provide feedback on the quality of the service provided. This is detailed above in Quality Theme 1, Quality Statement 1.

A complaints procedure was in place which encouraged residents, relatives and others involved in the care home to raise any concerns with the manager/provider.

Residents confirmed they knew how to raise a complaint but had no need to do so. They told us that they could raise issues with the manager or any member of staff and were confident they would address them appropriately. Review of the complaints register and discussion with the manager identified the service had followed their complaints procedure and addressed complaints raised.

The service had made good progress addressing the requirement and recommendation made as a result of an upheld complaint. Actions taken to address the recommendations is detailed in this report under 'Requirements Outstanding'.

The manager played an active part in the inspection process and took a positive approach with regards to the advice that was offered by the inspector.

Areas for improvement

The service should continue to develop the quality assurance and control systems that are currently in place. The service should further develop the involvement of all staff, residents and relatives in the regular checks and audits. This would help ensure the service's quality assurance systems are applied and best outcomes for residents are promoted.

The recommendations and requirements noted under Quality Theme 1: Statement 3, Quality Theme 2: Statement 2 are relevant to this Statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

There has been one complaint upheld about this service since the previous inspection. You can find information about complaints that have been upheld on our website www.careinspectorate.com

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

Quality of Care and Support - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Environment - 4 - Good	
Statement 1	5 - Very Good
Statement 2	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	5 - Very Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
18 Jun 2013	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
11 Sep 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 4 - Good
16 Feb 2012	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good

Inspection report continued

4 May 2011	Unannounced	<div>Care and support 4 - Good</div> <div>Environment 5 - Very Good</div> <div>Staffing 4 - Good</div> <div>Management and Leadership 5 - Very Good</div>
29 Jan 2011	Re-grade	<div>Care and support 2 - Weak</div> <div>Environment Not Assessed</div> <div>Staffing Not Assessed</div> <div>Management and Leadership 2 - Weak</div>
3 Nov 2010	Unannounced	<div>Care and support 4 - Good</div> <div>Environment Not Assessed</div> <div>Staffing Not Assessed</div> <div>Management and Leadership Not Assessed</div>
19 Aug 2010	Announced	<div>Care and support 4 - Good</div> <div>Environment Not Assessed</div> <div>Staffing Not Assessed</div> <div>Management and Leadership 4 - Good</div>
4 Mar 2010	Unannounced	<div>Care and support 4 - Good</div> <div>Environment Not Assessed</div> <div>Staffing Not Assessed</div> <div>Management and Leadership 4 - Good</div>
9 Oct 2009	Announced	<div>Care and support 4 - Good</div> <div>Environment 4 - Good</div> <div>Staffing 4 - Good</div> <div>Management and Leadership 4 - Good</div>
6 Jan 2009	Unannounced	<div>Care and support 2 - Weak</div> <div>Environment Not Assessed</div> <div>Staffing Not Assessed</div> <div>Management and Leadership Not Assessed</div>
28 May 2008	Announced	<div>Care and support 2 - Weak</div> <div>Environment 5 - Very Good</div> <div>Staffing 4 - Good</div> <div>Management and Leadership 4 - Good</div>

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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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

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