

Care service inspection report

Hillview Court

Care Home Service Adults

Whiteyetts

Sauchie

Alloa

FK10 3AQ

Type of inspection: Unannounced

Inspection completed on: 24 July 2014



HAPPY TO TRANSLATE

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Service provided by:

Caring Homes Healthcare Group Limited

Service provider number:

SP2013012090

Care service number:

CS2013318120

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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

Hillview Court provides good care and we saw staff that were attentive and respectful. People we spoke with told us the staff were very good and that they were happy with the home

What the service could do better

The service must carry out formal reviews of care plans at least every six months.

Some care and support plans could be made more user-friendly. This would help make it clearer how people want staff to provide care and support.

The service could make it clearer how risk assessments are evaluated and reviewed.

The amount of activities could be improved.

What the service has done since the last inspection

Redecoration has been carried out through the home. This has made it a more homely and lighter.

Residents and their relatives are being asked to participate more in saying how the home is run. A meeting had just taken place to try to improve people's' involvement.

Conclusion

This is a home with a caring, friendly atmosphere. Staff are keen to do their best for the residents. The care given is good.

The range and number of activities could be improved. Support and care plans could be developed to make them easier to use and understand.

1 About the service we inspected

Hillview Court is a care home for 48 adults and older people provided by Caring Homes Healthcare Group Limited. They operate many homes throughout the UK.

The home is located in the village of Sauchie, Clackmannanshire and is near to local amenities.

The home is a single storey building which is purpose-built and divided into seven units, providing for different care needs. Two units work with people with dementia, one with frailer older people, three with people with learning disabilities and one with people with an acquired brain injury.

Each unit has a lounge/dining area with the bedrooms located nearby. All rooms are single en-suite and there are assisted baths/showers in each unit. There is also a communal cafe area and each unit has access to an enclosed garden area.

The service has a statement of aims and objectives committing it to ensuring that residents feel content and secure within the home. Independence is encouraged as well as participation. The service aims to maintain the physical and mental well-being of all residents in its care.

The people who use this service prefer to be known as residents.

There were 47 people using the service at the time of the inspection.

The Care Inspectorate regulates services in Scotland. Information about all care services are available on our website at www.careinspectorate.com.

This service was registered with the Care Inspectorate on 30 August 2013.

Requirements and recommendations.

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

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

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders

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

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

Quality of Care and Support - Grade 4 - Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com 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 an unannounced inspection. The inspection was carried out by two Care Inspectorate inspectors and an inspection volunteer. This took place on 23 July 2014 between 9.30am and 5pm and on 24 July 2014 between 9.30 am and 5pm. We told the Manager what we found at the inspection 24 July 2014.

As requested by us the care service sent us an annual return. The service also completed a self assessment form.

In this inspection we gathered evidence from various sources including the relevant sections of policies, procedures and other documents including:

- Sampled support and care plans
- Reviews of support and care plans
- Risk assessments
- Support agreements
- Communication books and diaries
- Team meeting minutes
- Recruitment records
- Training records
- Support and supervision records
- Appraisal records
- Incident and accidents
- Complaint records
- Quality assurance information
- Complaints policy
- Minutes of meetings for People using the services

Discussions with:

- The Registered Manager
- Three senior support workers
- Two nurses
- Four care staff

- Maintenance person
- The regional trainer
- The activities coordinator
- Ten people using the service
- Seven relatives

We observed people throughout the inspection as they received care and support. We observed the help given to people at lunch times.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service graded itself and we agreed with some of these.

Taking the views of people using the care service into account

We did not receive any questionnaires back from people using the service. The comments made to us during the inspection can be found in the relevant quality statements.

Taking carers' views into account

We sent out Care Standard questionnaires to the service and three were returned by relatives or carers. All three strongly agreed that 'overall I am happy with the quality of care my relative receives at this home'.

People made the following comments:

'My Dad is so well looked after at Hillview Court. I am so happy in the knowledge that his every day needs are carried out in a professional and caring manner'.

'All staff have a caring manner. There is vast improvement in this home. Lovely environment for my father and his needs'.

Although there is an additional member of staff in the morning, there is still a need for an additional member of staff in the afternoon as when somebody needs personal care it can leave the lounge unsupervised'.

Comments from relatives we met during the inspection can be found throughout this report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

The service encouraged residents and relatives to participate in assessing and improving the quality of care and offered a number of opportunities for people to give their views. These included:

- * A range of questionnaires
- * Reviews of the care plan
- * Relatives' meetings when requested
- * Suggestion boxes
- * Meetings with families and carers.

We looked at some of the results taken from the questionnaires. We saw that families and carers rated the service highly and only a few areas for improvements had been raised.

Comments included:

'I am very happy with the standard of care...found staff to be caring, friendly and helpful'.

We saw that many people scored the service as very good or excellent.

We found that people using the service and their families took part in discussions about the care they wanted or changes to it. We saw that families were invited to and had attended reviews of the care plans. The Manager and staff were in regular contact with many families. This meant that they were informed about changes and

were able to question any decisions that were made.

We found that families were welcomed into the service at any time. Relatives we spoke with said that they thought staff listened to them and that most concerns and issues had been resolved.

House meetings took place in the units and these could give people using the service time to discuss their views. Some more recent meetings had discussed the activities people would like to take part in, including concerts and shows.

We found that residents made choices about the food they ate. They were able to choose food for the next day. This meant everyone had a choice in the meals that were prepared for them.

Residents and relatives knew about the complaints procedure and were clear how to contact the Manager or key worker if required.

Where residents had difficulty making their views known staff encouraged people using the service to make use of advocates. An advocate is independent of the service and helps a person make their wishes clear. Some people had an advocate who helped them express their views. However the Manager told us that there were now fewer advocates were available locally. This meant it was more difficult for people to get access to this kind of service.

The Manager had sent out an illustrated newsletter to relatives showing the improvements that had taken place in the preceding months. This was interesting and useful and kept relatives and families informed about changes in the home.

The service had a participation strategy. This told people about the different ways they could be involved in improving the service.

Areas for improvement

During the inspection we attended a residents and relatives meeting. This was to help re-launch the relatives group and improve involvement in the service. A number of relatives came and agreed to take part in other groups, to improve the food service and menu planning, various gardening projects and staff recruitment and training. We will see how this has progressed at the next inspection.

The Manager also suggested people could take part in the audits of the service carried out by managers and senior staff. We talked about this further at feedback and agreed this was a very good idea to give relatives a direct say in how the service assessed itself and changes that could be made. This would help relatives understand the service better and be aware of the standards of care they could expect.

When we looked at the records of residents and relatives meetings in each unit we

saw that these could be quite infrequent and often did not take place. The service should consider how to improve the consistency of these events.

Further it was not clear how the views of people with communication difficulties were asked for or recorded in meaningful ways. This meant it was not possible to see how people's views about the service were known and how the service responded to them. It is important the service addresses this issue throughout the home (see recommendation 1).

We looked at a sample of support and care plans. Support and care plans need to be reviewed formally at least every six months, in line with legislation. We found that many had only been reviewed annually. We discussed this with the Manager (see requirement 1).

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must ensure that all personal plans are reviewed at least once in every six month period and where there is significant change in a service user's health, welfare or safety needs or when requested to do so by the service user or their representative.

This is to comply with SSI 2011/210 5(2)(b) - Personal Plans. Account should also be taken of National Care Standards, Care Homes for Older People, Standard - Management and staffing and National Care Standards, Care homes for people with learning disabilities, Standard 5 - Management and staffing arrangements.

Timescale: planning to start immediately and reviews to be completed by 30 September 2014.

Recommendations

1. All residents should be supported by staff to have opportunities to express their views about any aspect of the service being provided.

National Care Standards, Care homes for older people, Standard 11, Expressing your views and National Care Standards, Care Homes for People with Learning Disabilities, Standard 11 - Expressing your views.

Statement 3

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

Service strengths

Each person using the service had a personal care file which contained information about their health and wellbeing needs and how these were met. There were risk assessments to make sure that people could be as independent as possible but also remain safe. Some of these were detailed and provided guidance for staff if they had a concern.

Some recent additions to the support plan highlighted specific needs people had, for example, in identifying particular nutritional needs and how to meet these.

People using the service told us a lot about it and made many comments. Some of these included:

- * Everyone looks after me.
- * I get up and go to bed when I want to.
- * We get out and about, they take us out frequently.
- * I like the food, we are well fed.
- * I am very happy here.
- * They have increased the fresh fruit, I like that.
- * I love the grub.

We also spoke to families and relatives who were in the service. They said:

- * There is a care plan and I am invited to review meetings.
- * There is a varied menu and I have been asked my opinion on it.
- * They take my family member out and there is entertainment on.
- * The Priest visits my family member.
- * Residents are encouraged to get out of bed and to mix.
- * There is no main carer.
- * I was involved in review on entry. The care plan can be changed.
- * I feel that sometimes they are short-staffed in the unit.

Some relatives were also concerned about some care that they were worried about. This included the number of times in a week people could have a bath or how personal care was given

Some of the staff we spoke with worked in a particular part of the service all the time. We found they were very familiar with the health and well-being needs of each person in their care. They had built up very good relationships and we saw that they treated people with respect and sensitivity. We found that there were usually good relationships with families and relatives and that they were also involved in the

support people received.

Staff were able to discuss health problems that had affected people using the service and how they managed these. They told us, for example, how work with consultant psychiatrists and other health care professionals had led to reductions in people's medication and a better quality of life. They also told us that training was provided if a person had specific care needs.

We found that each person using the service was registered with a GP, was supported to have regular health checks and attend clinic or hospital appointments. We saw that staff responded quickly to changes in people's health and followed any guidance given by other health professionals, such as the Community Learning Disability Team (CLDT) and dietician.

Staff told us they received training to maintain their knowledge and skills in, for example, food hygiene, infection control and managing people's behaviour positively. We found that these and staff's own abilities helped them build very good relationships with the people using the service.

The organisation had a medication policy and procedure and the staff received training in medicine administration. This helped staff manage medication safely with each resident. We saw that medication was audited internally and the local pharmacy also audited and checked medication and made suggestions for improvements. Staff were encouraged to report any errors, an incident form would be completed and staff told us advice was sought immediately from the GP or NHS 24.

We saw that a range of activities were available and that different parts of Hillview Court were staffed in ways to help meet people's needs. Some people had additional funding and extra staffing to support them to go to swimming, for example. People were also supported to attend a local arts group, day centres and other things going on locally. This helped the home have a place in the community.

Areas for improvement

At feedback we said that although the care plans held a lot of information we did not find that they were easy to use and would therefore be less helpful to new and temporary staff. We said we would expect more details in some parts of the plan to ensure that staff met people's support and care needs in the ways they wanted. This might, for example, include personal care or how food was prepared (see recommendation 1).

We saw that some of the people using the service required a high level of care. We were told that a lot of discussion had gone into planning how to work with these residents and the issues they had. When we looked at the personal plans we did not think these made it clear how the work was to be carried out by staff. We were concerned that this could affect the consistency of approach.

Although care plans and risk assessments were reviewed monthly the written comments did not make it clear how decisions were reached and changes, if any, were made. This gave the impression that plans and risks had not changed for long periods of time. We thought it was really positive that staff were carrying out this work but they do need to demonstrate how it is then used to develop care plans and risk assessments (see recommendation 2 and 3).

The Manager told us that these plans had replaced previous versions and were more effective. However they also agreed to consider the concerns raised. They thought that a summary of key support and care issues could help guide staff.

We also suggested that part of the plan clearly identified the work currently being done to support people to develop more independence. This would help the service evaluate the impact of its work with each person using the service, whether in achieving the goals wanted or as outcomes.

We thought that more attention could be given to developing people's' life stories. Some of these were very good but others held little information. This would help develop more personalised support and activities with everyone.

We saw that activities were taking place but that the time available could be limited. There seemed to be no activities taking place on the first morning of the inspection and information on noticeboards was a bit limited. An activities co-ordinator is employed for the older people's' units but their time can be spread quite thinly. Some residents told us that they would like more activities to fill their day. During feedback we discussed how reminiscence and other ways to engage with people could be used. It is also important these tasks are shared by all staff. We suggested further training could be considered to help staff understand this part of their work.

At feedback we discussed the food provided to residents. We saw that on the first day of the inspection the lunch was limited and there was a lack of vegetables, in some parts of the service. We also saw that while staff were regularly providing people with drinks, water jugs were not visible in the lounge areas. We also noted that menus were not available in all units, or could be difficult to read, or they were presented in ways that people would understand (see recommendation 4). The Manager said that, as part of the revamp of the food service, they would, with residents and relatives, consider these issues. However they did suggest that sometimes there were also risks in leaving jugs of water out.

At feedback we also discussed a few issues about personal care, beds and equipment that had been raised with us. The service said it would deal with these and we will ask for feedback about what it has done.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 4

Recommendations

1. The service should develop the support and care plans to ensure that the information about each person is easily found, understandable and up to date.

National Care Standards, Care Homes for older people and Care homes for people with learning disabilities, Standard 5 - Management and staffing arrangements and Standard 6 - Support Arrangements .

2. The service should ensure that each personal support plan clearly reflects the needs, goals and outcomes a person has and how these are to be met, taking account of any reviews and risk assessments.

National Care Standards, Care Homes for older people and Care homes for people with learning disabilities, Standard 5 - Management and staffing arrangements and Standard 6 - Support Arrangements .

3. The service should ensure that risks are written down in ways that help residents understand the risks in their lives and ways to help manage these. Residents should be involved in evaluating risks whenever possible. The decision-making process should also be clear, showing why a risk has or has not changed.

National Care Standards, Care Homes for older people and Care homes for people with learning disabilities, Standard 5 - Management and staffing arrangements and Standard 6 - Support Arrangements.

4. The service should ensure that visual aids that help and support people to manage their lives, such as menus, are available and designed to be understandable by the people using the service.

National Care Standards, Care Homes for older people and Care homes for people with learning disabilities, Standard 5 - Management and staffing arrangements and Standard 6 - Support Arrangements.

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

There was plenty of evidence that residents could personalise their own rooms, with individual bedroom colour schemes and their own possessions. People often brought some of their own furniture. All rooms had en-suite facilities which were kept to a good standard.

Areas for improvement

The service should continue to develop the ways residents and their relatives can assess and improve the environment of the home.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

On arrival we went round the home and thought that it was clean and well-kept. We saw that a lot of redecoration had taken place recently. This had included the repainting or papering of walls. Many floor coverings had also been replaced. This helped create a feeling of openness and brightness in many parts.

Each unit in the home had its own garden and there were also two communal gardens where people could move about freely. The gardens were easily accessible and a lot of work had been done to make them attractive. We thought it was really good that people could get out into the fresh air easily. Some vegetables were grown and people with a particular interest in gardening helped with the work.

We were told that some residents regularly visited people in other units.

Residents and their relatives said:

'I love my bedroom'

'It's a nice room, spotless'

'very comfortable and clean'

'home is lovely, absolutely clean and warm'

'the grounds and garden are kept tidy'

'if I press the help button for family member they come as quick as they can'

'I feel that sometimes they are short-staffed in the unit'.

There were regular safety checks of the premises and equipment. These included:

- Testing of electrical equipment (PAT)
- Water temperature and valves
- Shower heads
- Fire equipment
- Gas boilers and gas equipment.

Staff had fire safety training and fire drills were completed and recorded. A fire officer visited the premises annually.

An environmental health report had been prepared by the local authority. This had made some recommendations regarding the storage of food and the recording of fridge and freezer temperatures. The Manager told us they had met these recommendations and the service had received its 'passed' food hygiene certificate.

Repairs were reported to the maintenance department and were usually responded to quickly. This ensured that the premises were safe and well maintained.

Areas for improvement

Lounges when staff were helping other residents.

Although there appeared to be adequate staffing levels during the inspection we did notice that at times residents could be left unattended for periods of time while staff carried out other duties. Staff also commented that on occasion they struggled to cover the work. We saw that a staff support team was used. This provided staff to the units where there was a need for cover. There was also a 'bank' system where staff would be called in to cover holiday and sickness. The service should continue to assess staff requirements every four weeks and consider how best to use staff to keep people safe.

In one bathroom we found two hoists that were no longer in use. Any equipment that is not in a usable state (and therefore not being checked) should be removed from communal areas. It was agreed this would happen.

In some parts of the home there was good signage to help people locate their own rooms and other facilities. However this was not consistent. We were told that some pictures had been removed by other residents but not replaced (see recommendation 1).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that adequate signage is in place to help people find their ways about the home and to their own accommodation.

National Care Standards, Care Homes for Older People, Standard 4 - Your environment.

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

Please also see statement 1.1

Areas for improvement

Please also see statement 1.1.

We saw that relatives had been involved in staff interviews but that this did not seem to have happened more recently. It was not clear if people's' views were asked for about the work staff did, nor was this recorded in the reviews of care plans, staff appraisals or support and supervision. The service should consider how to develop this.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We got many positive comments about staff during the inspection. These included:

'The staff are good. We have a good relationship'.

'They know what they are doing'.

'I am treated with dignity'.

'I get on well with the staff. They laugh and joke with me. It's nice to be nice'.

'I am well looked after, they always spend the time of day with me'.

'Great staff, helpful and hardworking'.

'I get on well with the staff, they are first class. They are well-trained and up to date'.

Staff said that access to training was good and that 'mandatory' training, which included moving and assisting training and adult support and protections training, was up to date. The service kept a record of the mandatory and other training staff had completed. This information was held electronically and highlighted when refreshers in training were needed.

Staff we spoke with said they had support and supervision with one of the assistant managers about every eight weeks. They said they found the meetings helpful. Support and supervision means staff have a one to one meeting with a more senior staff member. They can discuss their work, issues and concerns, training and development in these meetings. One meeting was used as an annual appraisal. This gave staff the opportunity to set training and other developmental goals for themselves.

The service told us that some staff were registered with the Scottish Social Services Council (SSSC) as required. Other staff had completed their Scottish Vocational Qualification (SVQ) award to level 2. In its self-assessment the service told us that there was a programme to ensure that support staff gained the level 2 and that they had begun to register with SSSC as required.

Team meetings took place in each unit. Sometimes the focus was on the needs of people using the service. At other times the meeting looked at team issues. In recent meetings staff had discussed individual people's' needs and activities as well as participation and fundraising.

We spoke with the regional trainer for the organisation. They told us about the training provided. This included a four-day dementia training course that linked into the Scottish Government's Promoting Excellence in Dementia training.

Areas for improvement

While we saw that support and supervision sessions took place, it was noted that at times they did not happen, or were delayed. We also saw that some notes for supervision meetings were very brief. We discussed this at feedback. The Manager said they were re-assessing the system as not all staff were making best use of it. We suggested support and supervision training may help staff understand its benefit and purpose. We thought it was beneficial for staff to get this support. The Manager said they were going to consider a range of options, including group supervision. We will see what progress has been made at the next inspection (see recommendation 1).

The service should also ensure that staff who are working with people with specific conditions receive adequate training in that specialism.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that staff are supervised in line with organisational policy. It should ensure the recording of sessions reflects the discussions that take place.

National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 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

Please also see statement 1.1.

Residents and relatives told us:

'The manager's door is always open and we are encouraged to speak about anything'.
'I have been asked about the service and I have been involved in any changes'.
'I would not hesitate to speak to the Manager if anything was worrying me'.
'I am really happy here. I love it. I could not be happier'.

Some people told us:

'I do not know who the Manager is'.
'I do not know if there is any family or residents' meetings'.

Areas for improvement

In the residents and relatives meeting we attended, the Manager discussed ways that people could play a bigger role in the running of the home day-to-day. We discussed this further at feedback and talked about how people could be involved in audits and other assessments of the service, developing improvement plans and policies and procedures. We will see what progress has been made at the next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

The strengths we found in statements 1.1, 3.1 and 4.1 may also apply in this statement.

We saw that the systems to check, maintain and improve the quality of the service were in use.

These included:

- * Staff support and supervision meetings
- * Team meetings
- * Incident and accident records
- * Complaints

The systems gave the service opportunities to gather and feedback information to staff.

Hillview Court is part of a national company. A number of audits are carried out by the Regional Manager. There are also clinical audits and monthly management reports. We sampled some of these and saw they had been completed. We saw that specific issues that needed to be followed up had been highlighted

We spoke with Manager and staff and asked them how they knew that the service they were providing was good enough. They said they knew the people using the service well, became quickly aware if anything was wrong and took action as necessary. We saw that the Manager and staff had built up good relationships with the people using the service.

When something goes wrong in a service, for example, if a service user has a serious accident, the Manager has to tell the Care Inspectorate. This is called a notification. The Manager was aware of their responsibility and told us about some incidents and what they were doing to help prevent them happening again.

The Care Inspectorate fully supports the principles of the Learning Disability national strategy - The Keys to Life. The service had a copy of the strategy and the inspector discussed with staff the importance of implementing the recommendations in order to support continuous service improvements and better outcomes for people using the service. We will be assessing progress during our inspections in 2015/16.

Areas for improvement

We saw that action plans had been completed following some of the questionnaire surveys that had taken place. However the plan did not always address some of the concerns raised. The service should ensure that action plans deal with all relevant issues.

Only a small number of questionnaires that the service had sent to relatives had been returned. This meant that the service had limited information to work with. Similarly few questionnaires had been returned by other professionals. The service should consider other ways to gather information and feedback about the service as it seeks to make improvements. It could also consider how to involve residents and relatives in commenting on the self-assessment the service provides for the Care Inspectorate.

We also discussed how the service could develop a framework it could use as a 'benchmark' of quality. This would provide it with a scale against which it could assess its practice, to enhance the audit systems now in use. We agreed some recommendations made in the 'Keys to Life' (Scottish Government, 2013) might be used to create an assessment tool. However we also suggested the service contact other agencies to see what kinds of tools they used to measure the quality of their work.

The service could also consider how to involve staff more in assessing and improving the service.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

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

Additional Information

Due to a legal entity change the service cancelled voluntarily and registered with the Care Inspectorate on the same day. This was on 30 September 2013. This did not affect the way the service was provided.

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

6 Inspection and grading history

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

To find out more about our inspections and inspection reports

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

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Translations and alternative formats

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

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

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

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Telephone: 0845 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com