

Care service inspection report

Preston House

Care Home Service Adults

Alburne Park
Glenrothes
KY7 5RB

Type of inspection: Unannounced

Inspection completed on: 25 August 2014



HAPPY TO TRANSLATE

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Service provided by:

Kingdom Homes Ltd

Service provider number:

SP2003001615

Care service number:

CS2009228249

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0845 600 9527 or email us at enquiries@careinspectorate.com

Summary

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

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

We gave the service these grades

Quality of Care and Support	3	Adequate
Quality of Environment	3	Adequate
Quality of Staffing	3	Adequate
Quality of Management and Leadership	2	Weak

What the service does well

The home provides clean and comfortable accommodation. The environment is attractively decorated and furnished and properly equipped.

What the service could do better

This inspection identified a number of areas for improvement. Good staffing levels are needed to meet the needs of residents and promote residents health, safety and welfare. The staffing levels must be reviewed to make sure there are sufficient staff on duty at the time residents need them. Training for nursing and care staff about the prevention and management of falls; protection of adults (safeguarding); fluid management; moving and handling; evacuation procedures; and oral healthcare will help staff to put more effective care plans in place to help protect residents. The implementation of the service quality assurance system needs to be strengthened and subject to routine monitoring to ensure ongoing improvement and good outcomes.

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

What the service has done since the last inspection

A new manager had been appointed. There continued to be a programme of regular maintenance, and redecoration was ongoing. The middle floor lounge had recently been decorated and new hallway carpeting installed on the upper floor unit. However, overall we evidenced a significant drop in standards in all four Quality Themes.

Conclusion

We found Preston House to be comfortable and well maintained. This inspection identified an overall reduction in standards and quality outcomes for residents. The provider acknowledged the need for the service to make improvements to ensure good quality outcomes are provided for people who use this service. Ensuring adequate staffing levels and ongoing staff training is a prerequisite to achieving this. The provider had started to address the issues identified.

1 About the service we inspected

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

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

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 a 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.

Preston House care home is a purpose-built property centrally located close to the town of Glenrothes in Fife. The home is close to local amenities. Proximity to the busy main road provides good visual stimuli for people living in the home. The property is on 4 levels and can provide accommodation for a maximum of 64 older adults. The private care home is owned by Kingdom Homes Limited.

The home has been developed to a high standard. There are 59 single rooms and 4 double rooms. This means that couples or people who choose to share can be accommodated. All rooms have en suite facilities, and are fully furnished and tastefully decorated. People can choose to bring in personal belongings, including items of furniture. A ground floor wing had been developed as an enablement unit to support up to 8 people in transition from hospital to home.

There is a large landscaped garden area, designed to provide a relaxing ambiance, with garden furniture, a water feature and enhanced with container plants. The home offers enclosed car parking for staff and visitors located in the lower ground floor. There is also additional security in the form of video surveillance in this area out of hours.

There were 49 people resident in the home at the time of inspection. The people who

live in Preston House prefer to be known as residents, therefore this term has been used throughout this report.

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

Quality of Care and Support - Grade 3 - Adequate

Quality of Environment - Grade 3 - Adequate

Quality of Staffing - Grade 3 - Adequate

Quality of Management and Leadership - Grade 2 - Weak

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

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

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a 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. This was carried out by two Inspectors and an Inspection Volunteer. The inspection took place on 20 August 2014 and we gave feedback to the area manager and managerial assistant at the end of the inspection on 25 August 2014.

The inspection was supported by the Inspection Volunteer on 20 August 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.

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

We sent 15 Care Standards Questionnaires (CSQs) to the manager to distribute to residents. Five completed questionnaires were returned to us before the inspection. We also sent 15 CSQs to the manager to distribute to relatives and carers. Five relatives returned completed questionnaires to us before the inspection. We also spoke with 2 relatives to gain their views on the quality of the service.

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

We spoke with:

- The manager, area manager and staff
- Seventeen residents
- Two relatives.

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
- Maintenance records
- Accident monitoring
- Food and fluid management
- Complaints management
- Training records
- Staff duty rota for period 30 June 2014 - 13 July 2014
- Quality assurance processes including audits.

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.

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 a group of 22 of the 49 people resident in the home. We spoke with 17 and received 5 completed questionnaires from residents. Comments have been included in the body of this report.

Taking carers' views into account

We spoke with two relatives individually during our inspection. We also received 5 completed questionnaires from relatives. Comments have been included in the body of 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: 3 - Adequate

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 to be good.

The information provided by the service in their self assessment gave detail on the policies, procedures and work practice that enable residents, and their relatives, to be involved in all aspects of assessment and improvement. The service's participation strategy meant that people who use the service 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. Relatives and friends were welcomed in the home and there were no restrictions on when they could visit.

The service continued to use various methods to encourage and support residents and their relatives involvement in the development and ongoing improvement of the service.

Methods used included:

- Six monthly care review meetings
- Regular residents group meetings
- Relatives meetings
- The home newsletter
- Suggestions box
- Social get-togethers
- Quality surveys
- The service complaints procedure.

There were regular residents meetings. A resident confirmed that they took part in the meetings and was able to give their views. While they took part in regular group meetings some residents were unsure about review meetings; "I don't really have review meetings" and "not sure what a review meeting is" were a couple of examples.

Review of a sample of personal plans identified that six-monthly care review meetings were held with the resident and/or their relative. A copy of the minute of the review was filed in the personal plan. We saw that the resident or, where appropriate, their relative had signed to agree with the content of the personal plan.

Minutes of residents meetings confirmed peoples' views were sought on all aspects of the service including meals, activities, staff and the environment. Residents had highlighted that the carpeting on the top floor was in poor condition. We saw that the provider had acted on these comments and new carpeting was being fitted when we were visiting the home. Venues for bus trips had also been organised in response to suggestions from residents. People said they had enjoyed recent trips to the Steam Railway, The Kelpies and Ratho Barge.

People living in the home and their relatives confirmed that they can have their own personal belongings and small items of furniture in their room if they want. Bedrooms were observed to be individualised with items of furniture, photographs and ornaments which reflected the resident's personal choice and interests. Some bedrooms particularly those allocated to people who were not long-term residents seemed a bit bare and could have benefitted from more personalisation.

Areas for improvement

Residents had not been involved in choosing the colour of the new carpeting. The service should ensure that any future upgrading or decoration should be done in consultation with the residents. The service should also review and further develop its practice in relation to participation and consider introducing independent representation for residents meetings. The service should ensure residents are informed at each meeting of the actions and improvements introduced in response to their suggestions. The results of consultation could also be included in the newsletter.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

A range of appropriate health care policies, procedures and best guidance information was available in the service to guide and support staff practice.

A personal plan which had been based on assessment of their health, personal and social needs, was in place for each resident. Information about medical history and health conditions was recorded.

Three residents' personal plans were examined at this visit. We thought they were person centred with details recorded of the person's life history, preferences, abilities and how their needs were to be met. We saw that assessments were carried out regularly to determine the risk of falls, pressure ulcers and malnutrition. Moving and handling needs were also assessed. The assessments were used to draw up individual care plans and helped staff identify any changes which may require action.

Appropriate aids and equipment were used to help residents retain independence and as preventative measures, for example pressure-relieving aids.

The service had good established contacts with the local GPs, NHS dietitian, optician and other health agencies. The local GP held a twice weekly surgery in the home and residents confirmed they could request a consultation. Other visits took place on request as and when needed. There was evidence in the personal plans of appropriate referral and involvement of GPs and other health professionals and agencies. A record was maintained of all visits and communication with GPs and other professionals.

Care reviews took place six-monthly and a record of the meeting was kept in the personal plan.

In the course of the inspection we observed the serving of lunch in all three units. A two course meal was served with a choice of braised sausages, vegetables and potatoes or cold pork loin salad, followed by fruit and custard or yoghurt.

Residents' views on the food provided varied.

Comments from residents included:

- "Lovely, I enjoy it."
- "The food's OK."
- "They dinnae gie me what I want - I just leave lots of it on the plate. Breakfast's OK."
- "The food's always good. You get to choose sometimes but mostly it's chicken that's put down."
- "Aye, the food's good."

The home had recently appointed a new activities coordinator. Life history books continued to be developed and residents were encouraged to 'make a wish' which the service would endeavour to make come true. Weekly bus trips continued to be provided and recent venues had included the Steam Railway and The Kelpies.

Comments from residents included:

- "I just sit here all day. I like to sit out outside if it's nice but the spars in the bench dig into my back, so I can't sit there for long."
- "I like to watch TV but when I want a wee snooze I can't lean back because this chair's not right."
- "There's always plenty to do."
- "I sometimes sit out in the gardens or play dominoes or watch TV. There's flower pressing and drawing too and you could go on outings."

One relative commented that, "I haven't seen any activities ever going on."

On the day of the visit, there was nothing going on in the lounges. The TVs were on in every room and people were sitting sleeping. Many residents were observed sleeping in their rooms, often with the TV on. A musical entertainer held a sing-a-long concert in the afternoon which a number of residents enjoyed.

Areas for improvement

The Inspection Volunteer made the following comments regarding provision of activities:

"The recently appointed activities coordinator was not available on the day, but we were shown the Activities Room where materials were stored and there were records there of individual activity for residents, many of which were not up-to-date. The activities planned for the week before were described as 'own choice' every week day. For the current week there was a sensory week planned using copies of Kingdom Home activity sheets. I saw no evidence of these activities or any others during the visit. There were folders in reception with good photographs showing activities and trips, but with no dates on, it was difficult to know how recent these were."

We saw that staff were monitoring and recording fluid intake of a number of residents who were at risk of dehydration. The charts were not always fully completed. There was no record of what the target daily intake was and a running total was not always maintained. Hydration and fluid management was identified as an area for improvement in a recently upheld complaint. A requirement was made as a result of the complaint and this has been restated **(see Requirement 1)**.

Review of the accidents/incidents log identified a significant rise in the number of falls, many of which were sustained by one resident. Two residents had sustained a fracture as a result of a fall. Review of staff training records identified that there had been no training so far this year in moving and handling or falls management. A requirement regarding management of falls was made as a result of the recent complaint and this has been amended **(see Requirement 2)**.

There was only one nurse on duty for the home and no senior carer to support the nurse. This meant that there was a lack of guidance and supervision of the care staff. Communal lounges were unsupervised for long periods and buzzers were not answered promptly. It was evident that the needs of residents were not being well supported and the home was understaffed. A requirement was made (see Quality Theme 4, Quality Statement 4).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must ensure that, at all times, service users have sufficient daily fluid intake to meet their health care needs. In order to achieve this, the provider must ensure:

(I) Ensure that service users' hydration needs are identified in plans of care.

(II) Ensure that staff have a clear understanding about effective hydration for service users, and can demonstrate this through monitoring practice.

(III) Ensure that there is documented evidence within care planning on action taken when service users are not achieving their targeted daily fluid requirements.

(IV) Ensure that any fluid balance charts are completed correctly and accurately and used to evaluate the effectiveness of care delivery.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a) - Welfare of Users.

Timescale: four weeks from receipt of this report.

2. The provider must demonstrate that the service has systems in place to ensure that the health needs of individual service users are adequately assessed and met

following a fall. In order to achieve this, the provider must ensure:

(I) Develop written guidance on immediate essential care when a service user has fallen or has been found on the floor. Detailed guidance should be sourced from: Managing falls and fractures in care homes for older people - Good practice self assessment resource.

(II) Ensure all staff fully understand their role in managing falls and fractures, and the steps required immediately following a fall.

(III) Where there is evidence that staff do not fully understand the correct procedures, training must be provided to staff. The staffs' understanding of the training must be fully evaluated and recorded by the manager.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a) - Welfare of Users; and Regulation 15(b) - Staffing.

Timescale: parts (I) and (II) to be met four weeks from receipt of report; and part (III) to be completed twelve weeks from receipt of report.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

We found the service demonstrated good practice in regard to this Quality Statement. Information in Quality Theme 1, Quality Statement 1 is also relevant in this Quality Statement.

Areas for improvement

The areas for development for this Quality Statement are included in Quality Theme 1, Quality Statement 1, Areas for Improvement.

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

The service continued to have a range of measures in place to promote safety and reduce risk of harm to people who use or visit the care home:

Measures included:

- External doors were alarmed and the main entrance door was secured and accessed by a key pad or ringing the doorbell for a member of staff to attend.
- A visitors book was placed at the entrance area and visitors were requested to sign when they arrived and left the premises. We observed that staff were vigilant in checking visitor ID and ensuring they signed in and out when entering and leaving the home.

- Window opening restrictors were fitted to safeguard residents.
- The two passenger lifts were in working order. The premises were accessible.
- The home was well maintained with good lighting.
- Residents and visitors had access to a call system in all bedrooms and communal areas. This enabled them to summon assistance if necessary.
- Staff had ready access to hoists and other moving and handling equipment to enable them to support and transfer residents safely and with dignity.
- Disposable gloves, aprons, wipes, pedal bins, soap, and hand towels were readily available and used by staff to reduce risk of infection.
- Maintenance and service contracts were in place for utilities and essential equipment. Equipment was regularly serviced for the safety of the residents.
- The home benefitted from having an attractive, well maintained secure garden which provided residents and visitors with pleasant views and seating areas.
- A valid certificate of Insurance Liability was in place and publicly displayed.

The Inspection Volunteer made the following comments regarding the environment:

"The home is very well presented with a spacious and bright reception area and well decorated rooms and communal areas. There is little personalisation in the form of names or photographs on doors, photographs or residents' art/craft work on walls, which seems to be restricted to the lifts."

Residents were on the whole happy with their bedrooms.

Comments from residents included:

- "My room's fine. I like it fine."
- "My room does just fine for me."
- "It's very nice here, especially when the sun shines."
- "My room's nice - yes I like it."

One relative commented that "the rooms are a good size with private bathrooms, but it's the actual care that's important."

The outside areas looked lovely and very well-kept. Residents did mention that they liked to sit out there, especially in the nice weather.

Areas for improvement

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

Throughout the inspection we observed that staff were not readily available and there was a lack of supervision of residents in lounges and dining rooms. A requirement is made (see Quality Theme 4, Quality Statement 4).

Review of the annual staff training programme (2014) and discussion with staff identified that fire safety training had taken place in March 2014. However, this had not included evacuation procedures. The need for staff to receive instruction and regular training in the home's emergency and evacuation procedures had been identified in the fire safety audit carried out by Scottish Fire and Rescue Service on 5 June 2014. The majority of staff had not received any moving and handling training in the current year, and no-one had received training or updates in Adult Support and Protection. In order to ensure residents' needs are met and they are safe and protected, the staff must receive regular training. A requirement is made (see Quality Theme 4, Quality Statement 4).

Fridges in the pantry areas on each floor were dirty and needed thorough cleaning. There were numerous perishable items in the fridge which had not been dated on opening **(see Requirement 1)**.

Cleaning products were being stored alongside soft drinks in an unlocked cupboard and waste bin had no lid in place and was overflowing **(see Requirement 2)**.

The Inspection Volunteer made the following comments regarding the environment:

"The duty boards were not up-to-date with the appropriate photos of staff for that day. Some of the layouts in the sitting/dining rooms seemed a little regimented and not as homely or cosy as they could be. I noticed a smell of urine in one bedroom I visited. While some people had many personal belongings in their rooms, some of the bedrooms seemed a bit bare and could have benefitted from more personalisation."

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this, the provider must ensure:

- Foodstuffs are labelled and stored appropriately and safely to make sure it is safe to eat.
- Plated meals and foodstuffs which are stored in the fridge must be covered and dated to inform staff when it was prepared and when it must be used by.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1) - Welfare of Users.

Timescale: this requirement was addressed and met in the course of the inspection.

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:

- The environment is clean and well maintained.
- Chemicals, cleaning fluids and other potentially hazardous articles are stored safely and securely. Practice must reflect best practice guidelines and Care of Substances Hazardous to Health (COSHH) regulations.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1) - Welfare of Users; and Regulation 10(2)(a) - Fitness of Premises.

Timescale: this requirement was addressed and met in the course of the inspection.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

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 good practice in regard to this Quality Statement. Information in Quality Theme 1, Quality Statement 1 is also relevant in this Quality Statement.

In addition, residents and their relatives made the following comments about staff in Preston House:

Comments from residents included:

- "Aye, they're fine. They do their job."
- "Staff are good."
- "The staff are always too busy."
- "The staff are no too bad. I don't have much to say to some of them."
- "The staff are OK. If I have a turn they're right there."
- "The staff are OK. They're always busy."

A relative said, "the girls are very friendly - they try their best."

Areas for improvement

The areas for development for this Quality Statement are included in Quality Theme 1, Quality Statement 1, Areas for Improvement.

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

In the self assessment completed by the provider the service graded themselves as excellent in this area. While we have identified some strengths for this Quality Statement we also identified a number of areas for improvement and have graded this Quality Statement as adequate.

The service identified their strengths as:

"Residents are invited to participate in the selection process of new staff by having informal meetings with candidates over coffee; the interviewer seeks their views. Staff issues are discussed with individual residents during review of care plans or sooner if necessary."

The manager had been appointed since the last inspection. She had previous relevant experience and an appropriate management qualification. We saw that there were regular staff meetings, minutes of which were shared with the staff team. The service provided staff with an annual appraisal and a supervision schedule was also in place.

The provider organisation had its own training department based in its headquarters. The training department provided a range of statutory and additional training events. We were advised that 92% of Preston House staff group had attained Scottish Vocational Qualification (SVQ) 2 or were working towards this. An annual training plan was in place and in the period January 2014 - March 2014 the majority of staff had received training in nutrition, fire safety, and health and Safety. Six people attended Visioncare in June 2014 and thirteen staff attended infection control training in July 2014.

Areas for improvement

We observed daily practice in the home and also the dining experience over lunchtime. We were disappointed to note a deterioration in the quality of staffing. Staff appeared disinterested and there was a lack of engagement with residents. Staff spoken with said morale had slumped and they had not had recent supervision **(see Requirement 1)**.

We observed the mealtime experience on each floor. While the experience on the ground floor was pleasant and sociable this was not the case for the middle and top floors **(see Requirement 2)**. There was no sense of order in these areas and residents had a long wait for each course. A radio was on in the dining room but nobody was listening to it. Drinks were not provided at the beginning of the meal and had to be requested. Staff provided assistance to people who needed to be fed but there was little or no conversation with the residents throughout the meal. One resident who did not require staff assistance was sitting alone, they didn't know where their usual companions were saying, "don't know where they are, some stay in

their rooms." The resident enjoyed chatting to the inspector and said, "I prefer having someone at the table, helps you to eat more, more enjoyable having a chat." Each table had a pre-printed menu but one menu did not match the meal provided. The staff said the pudding was semolina and this was recorded also on the menu but the kitchen supplied custard. The staff only became more involved and responsive when the area manager came into the room and took charge.

The Inspection Volunteer made the following comments regarding the staffing:

"The staff seemed quite quiet and didn't seem to interact much with the residents. My impression as I walked around the home was that the atmosphere was quite flat and lacking in energy. It was very quiet and I saw little interaction between staff and residents that was warm, friendly or cheery. In one dining room after breakfast, I saw three residents left unattended for quite a while and when staff were asked to come and move them to their rooms, they did so without talking to them - they were removed from the room in silence. Similarly in the dining room on floor two at lunch time I observed the whole lunch taking place in almost total silence with food being put in front of residents with no friendly chat or comment. Towards the end of the lunch the manager came in and sat and spoke with residents, however the staff had said virtually nothing the whole time lunch was being served."

Relatives had concerns regarding staffing availability.

Comments from relatives included:

- "This place is not well enough staffed. There are buzzers going off all the time and no one to answer them. The first time we came, we couldn't find a member of staff to let us out. We must have waited 10 - 15 minutes."
- "Buzzers seem to go for a length of time. I think possibly because they're understaffed."

We also saw that personal care and fluid charts were being left on the handrail outside the individual residents bedrooms. These charts should be stored discretely in the residents bedroom.

Each person's name was attached to their door. The name tag on the door of a married couples bedroom referred to the occupants as 'The [Surname]'. We thought this did not respect the residents' individuality. Staff should ensure they call people by their preferred name and the name plate on the door of couples should record Christian names or the relevant title such as Mr and Mrs, if appropriate.

We identified a need for further training to improve outcomes for residents (see Quality Theme 2, Quality Statement 2 and Quality Theme 4, Quality Statement 4).

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

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this, the provider must ensure:

That all staff working in the care service receive regular supervision. This process should provide opportunity for the management and employee to discuss any matters of concern, review work performance against agreed objectives and review the employees personal learning and development plan.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a) - Welfare of Users; and Regulation 15(a)(b) - Staffing.

Timescale: three months 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:

Meal times should be an enjoyable, sociable experience. Service users should be supplied with the correct information to enable them to make the correct choices. When service users are unable to express their preferences and require assistance to eat, staff should be able to offer explanations/descriptions of what is being served.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 3 - Principles; and Regulation 4(b) - Welfare of Users.

Timescale: one week from receipt of this report.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

Statement 1

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

Service strengths

We found the service demonstrated good practice in regard to this Quality Statement. Information in Quality Theme 1, Quality Statement 1 is also relevant in this Quality Statement.

Most residents when asked seemed unsure about the procedure for complaints or concerns.

Comments from residents included:

- "I don't know who's in charge here."
- "Not sure who to talk to if I had a complaint."

However, all five residents who completed a CSQ confirmed that they knew about the service's procedure and how to raise a complaint if necessary.

One relative said they knew about the Care Inspectorate and had heard about the inspection reports.

Areas for improvement

The areas for development for this Quality Statement are included in Quality Theme 1, Quality Statement 1, Areas for Improvement.

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

While we have identified some strengths for this Quality Statement we also identified a number of concerns regarding the management and quality monitoring of the service. Examination of the evidence presented in respect of this Quality Statement assessed the service to be operating at a weak level of performance.

We concluded this after we reviewed residents' personal plans, supporting care records, participation records including minutes of meetings, maintenance and other general records within the home which contributed to the auditing and quality assurance.

We saw that the service had a system of quality assurance in place to support provision of good quality service and good outcomes for residents. It included seeking the views of people who use the service to provide feedback on their experience and how the service could improve. This is detailed in Quality Theme 1, Quality Statement 1.

The provider and the home manager carried out internal audits to check on quality. Action plans were drawn up and introduced to address any issues identified.

The registered nurses were registered with the Nursing and Midwifery Council (NMC) and social care staff were in process of registering with the SSSC. The manager was aware of the SSSC Codes of Practice and her responsibility to report to the SSSC and the Care Inspectorate any dismissal on the grounds of misconduct including theft.

The service had a complaint procedure and details of this were prominently displayed in the care home. Information about how to raise a complaint was also given out to residents and their families when first moving into the home. This helped inform people how to raise a complaint if they were unhappy with any aspect of the care service. Questionnaires returned from five residents indicated that they all knew how to raise a complaint with the service. Of the five questionnaires returned by relatives, two recorded they were unaware of the procedure.

Areas for improvement

While we identified some strengths, we also identified a number of areas of this Quality Theme which the service needs to improve.

Staffing and Dependencies:

The manager advised that there were currently three vacancies for registered nurses (full-time). One registered nurse had been recruited and was due to start in September. There was also three full-time carer posts vacant, one on nights and two on days. A new cook had been recruited and was due to start the following week.

Review of staffing rotas, discussion with staff, residents and relatives and observation of practice identified various shifts when the staffing levels were not adequate to meet the needs of the residents. Only one registered nurse was on each shift with support from a senior carer. However, there were occasions when a senior carer was not on duty and the nurse was unsupported. The registered nurse was in overall charge of the care of the residents over all three floors. Although the home was not at full capacity there were 49 people resident, many requiring high levels of support. There were long periods when communal areas were not supervised by staff. The nurse call system was in constant use and calls were not being responded to promptly. The inspector responded to a resident who was in bed and repeatedly calling out for assistance. The resident said, "oh, you caught me unawares, I'm not used to people coming so quickly." Short staffing compromises care and safety of residents and results in increased staff stress and reduced staff wellbeing. Staffing concerns were also identified in a recent upheld complaint against the service. The requirement made by the complaint investigating officer remains outstanding and is restated **(see Requirement 1)**.

Training:

As noted elsewhere in this report the staff employed in Preston House require to receive training that is sufficient to support them in their work, to provide good quality care which meets the diverse needs of older people. An annual training plan was in place, covering mandatory training needs and other core training needs, such as Dementia Awareness and Adult Protection. While the majority of staff had attained SVQ 2 or were in process of doing so, the core principles of care were not evident in their daily practice (see our observations under Areas for Improvement in Quality Theme 1, Quality Statement 3; Quality Theme 2, Quality Statement 2; and Quality Theme 3, Quality Statement 3). Staff need to receive instruction and regular training in the home's emergency and evacuation procedures as identified by Scottish Fire and Rescue Service. In addition, the majority of staff require an annual refresher in moving and handling and Adult Support and Protection. Oral healthcare training was due to be provided in March 2014 but did not take place. Although a number of residents in Preston House have cognitive impairment, including dementia, only two members of staff had received dementia training since 1 January 2014 **(see Requirement 2)**.

Management and Quality Assurance:

While there was a quality assurance system in place the implementation of this was weak and as a result it had little impact on the quality of service provision. This inspection identified that there was a clear lack of oversight of practice and management involvement **(see Requirement 3)**.

Grade awarded for this statement: 2 - Weak

Number of requirements: 3

Number of recommendations: 0

Requirements

1. The provider must ensure that sufficient numbers of adequately qualified and competent staff are on duty at all times to meet the identified care needs of residents. The service must use and take account of a formal dependency assessment tool to assess and monitor residents' changing levels of need. The dependency scores will be used to inform staffing provision. Staffing deployment should be clearly recorded on the staff rota when identifying staff requirements.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a)(b) - Welfare of Users; and Regulation 15(a) - Staffing - a requirement to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare of service users.

Timescale: one week from receipt of this report.

2. The provider must ensure that staff are appropriately trained in the work they are to perform and have been assessed as competent. This includes training in: fire safety including emergency procedures and safe evacuation; moving and handling; oral healthcare; nutrition and hydration; dementia; and person centred care.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a) - Welfare of Users; and Regulation 15(a)(b) - Staffing.

Timescale: to be introduced within two weeks from receipt of this report and completed by 28 February 2015.

3. The provider must ensure that there are effective quality assurance processes in place to identify and address any deficits in the care and support provided to service users and make sustainable continuous improvements.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a) - Welfare of Users.

Timescale: one week of receipt of this report.

4 Other information

Complaints

There have been two upheld complaints about the service since the last inspection. Requirements were made following the upheld complaints and that these were followed up on during the inspection. You can find information about complaints that we have 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 - 3 - Adequate	
Statement 1	4 - Good
Statement 3	3 - Adequate
Quality of Environment - 3 - Adequate	
Statement 1	4 - Good
Statement 2	3 - Adequate
Quality of Staffing - 3 - Adequate	
Statement 1	4 - Good
Statement 3	3 - Adequate
Quality of Management and Leadership - 2 - Weak	
Statement 1	4 - Good
Statement 4	2 - Weak

6 Inspection and grading history

Date	Type	Gradings	
19 Nov 2013	Unannounced	Care and support	Not Assessed
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	5 - Very Good
30 Apr 2013	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
5 Feb 2013	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	3 - Adequate
		Management and Leadership	Not Assessed

Inspection report continued

14 Nov 2012	Unannounced	Care and support 2 - Weak Environment Not Assessed Staffing Not Assessed Management and Leadership 3 - Adequate
14 Sep 2012	Re-grade	Care and support 4 - Good Environment Not Assessed Staffing 2 - Weak Management and Leadership Not Assessed
29 Jun 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and Leadership 4 - Good
19 Jan 2012	Unannounced	Care and support 3 - Adequate Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
6 Sep 2011	Unannounced	Care and support 3 - Adequate Environment Not Assessed Staffing 3 - Adequate Management and Leadership Not Assessed
8 Dec 2010	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership 4 - Good
27 Apr 2010	Announced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very 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 روا ولکش رگی د رپ شرازگ تعاشا ہی

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