

Care service inspection report

Mcwhirters House

Care Home Service Adults

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Larkhall

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Type of inspection: Unannounced

Inspection completed on: 12 September 2014



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Service provided by:

South Lanarkshire Council

Service provider number:

SP2003003481

Care service number:

CS2003001339

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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	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The service continues to provide a good standard of care to 30 older people with a range of physical and cognitive impairment in a warm, friendly and respectful environment. The service is situated in a quiet residential area of Larkhall and is within easy walking distance of local shops and public transport links.

People living in the home were relaxed and spoke positively about the staff and the standard of service provided. We saw that staff worked well as part of a team, engaging and encouraging service users independence and choice.

There is strong, positive leadership from the management, staff and provider who are motivated to continually improve the quality of service provided and promote positive outcomes for people using the service.

What the service could do better

Overall the service should continue with the good work it already undertakes. The management are proactive in addressing issues highlighted at inspections and work consistently to ensure positive outcomes for residents.

Areas for improvement identified at this inspection that require further input are detailed within the report.

What the service has done since the last inspection

At the previous inspection we concluded that the service had inadequate staffing levels to meet people's needs. The Provider had taken this into account resulting in the recruitment of additional staff with an increase to staffing levels. This was having a positive impact on the standard of care and support provided.

Conclusion

McWhirters House continues to be a friendly and welcoming care home with a stable and committed staff team. Service users and relatives continue to speak positively about the care they receive and the support they get from staff. The management and staff team remain responsive to suggestions and continue to make improvements to the service.

1 About the service we inspected

McWhirters House is a Care Home for Older People which is situated in the centre of Larkhall, in close proximity to the main shopping area and accessible by public transport.

The service accommodates up to 30 older people, including people with dementia. There were 29 people living in the home when we visited.

The service is provided by South Lanarkshire Council.

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS, known as the Care Inspectorate.

The accommodation is provided over one level and offers a good mix of public and private areas. There was a large garden area which was attractive, enclosed and well laid out.

The inside of the building was barrier free, and well maintained.

The bedrooms are all single en suite rooms. There are no shared bedrooms in the home.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very 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 0345 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 compiled this report following an unannounced inspection. The inspection took place on 4 and 12 September 2014 between the hours of 08:30am and 15:30pm. Feedback was given to the Manager and Enhanced Senior staff member on 12 September 2014.

At this inspection we gathered information from various sources which included the following;

- * various methods of consultation including minutes of meetings and questionnaires
- * personal plans
- * staff rotas and dependency levels
- * maintenance records
- * medication administration records
- * compliments and complaints log
- * managers audits

We also observed the dining experience and how staff interacted with residents as well as the general environment of the home. We spoke to various people including;

- * the Manager
- * 11 residents
- * 7 relatives/carers
- * 5 staff including the chef

In this report we have included information and comments from an Inspector Volunteer who assisted us at this inspection. An Inspector Volunteer is a member of the public who volunteers to work alongside Inspectors during the inspection process. Inspector Volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The Inspector Volunteers' role is to speak with people using the service being inspected, gathering their views. In addition the Inspector Volunteer makes their own observations from their perspective as a recipient of a carer, these may also be recorded. During the

inspection the Inspector Volunteer spoke to 11 residents and 7 relatives/carers. The Inspector Volunteers views on the service are contained within this report.

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

Topical medications must provide clear instructions on where they have to be applied. They must be applied at the times and frequency as prescribed by the GP. Staff must ensure that medication for people with life limiting conditions for example Parkinson's Disease is given at the same time every day as prescribed by the GP, and not omitted for any reason. This is to ensure that the health and wellbeing needs of each individual is maintained at all times. This is in order to comply with; The Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulations 2011 (SSI 2011/210) 4(1)(a) - Welfare of users. Timescale for implementation; within one day from publication of this report.

What the service did to meet the requirement

We looked at the Topical Medication Administration Records and could see that these provided instructions on the location with times and frequency for staff to apply these medications as directed by the GP. We looked at the Medication Administration Records and saw that all medications were being administered at the times directed. The manager was auditing both sets of records regularly with evidence of actions taken to address any concerns.

The requirement is: Met - Within Timescales

The requirement

The Service Provider must ensure that care staff receive training relevant to their role and management of catheters. Personal plans must include clear instructions of the care and management of indwelling catheters and include;

- * a recording system that clearly records when catheter bags are changed and when they are due changed
- * type and size of bag used
- * catheter maintenance and hygiene
- * guidelines to support staff in recognising and dealing with complications
- * emptying catheter bags

This is in order to comply with; The Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulation 2011(SSI 2011/210) 4(1)(a) Welfare of users. Timescale for implementation; upon two weeks upon publication of this report.

What the service did to meet the requirement

Since the previous inspection the service had developed care plans for the care and management of indwelling catheters. These plans provided records of intervention from the district nursing team demonstrating the catheter history, type and size of catheter and bag used. There was a copy of best practice guidance from NHS Lanarkshire and the Royal College of Nursing describing how to manage the catheter, maintain good hygiene standards and deal with any problems. Records were in place to record when staff had replaced the leg bag and reasons for this along with good information on how to support and promote an adequate fluid intake. There was also contact details for the district nursing service should staff require advice or assistance.

The requirement is: Met - Within Timescales

The requirement

The provider must improve quality assurance systems within the service to ensure that deficits within the service are identified and evidence is available to show the action taken to effect improvements. This must include;

- * accident/incident audits
- * medication audits
- * care plan audits
- * weight-loss
- * tissue viability

This is in order to comply with;

SSI 2011/210 Regulation 4 (1) (a) Welfare of service users.

Timescale; within one month upon receipt of this report

What the service did to meet the requirement

There was a range of audits in place which provided evidence of any areas for improvement, timescales and person responsible and outcome.

The requirement is: Met - Within Timescales

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

The following recommendations were made at the previous inspection with progress noted as follows;

1. The service should ensure that minutes of meetings provide information to demonstrate any actions to be taken, the person responsible, timescale for completion and conclusion.
This is in order to comply with;
National Care Standards Care Homes for Older People NCS 11 Expressing Your Views.

We looked at minutes of meetings from resident, relative and staff meetings. These provided information of topics discussed, actions required and conclusion demonstrating positive outcomes for residents.

Further information is available in Quality Theme 1. This recommendation has been MET.

2. Audits should provide clear information of any areas of improvement identified, who is responsible and the outcome of any actions taken.
This is in order to comply with National Care Standards Care Homes for Older People Standard 5: Management and Staffing Arrangements.

We looked at the managers audits and found that these contained areas of improvement with evidence of actions taken. This recommendation has been MET.

3. The service should implement a system to ensure that staff are aware of individuals who are on a fluid monitoring chart and actions to be taken if they do not manage to have a sufficient intake of fluid over a 24 hour period.

This is in order to comply with National Care Standards for Older People Standard 13: Eating Well.

Fluid charts were in place to monitor residents who staff had concerns over, these provided a target intake and total over a 24hour period. Any concerns were discussed at the changeover of shift, recorded in the nursing notes and where necessary discussed with the GP.

This recommendation has been MET.

4. The service should ensure that any complaints or issues raised by staff or people using the service are recorded and dealt with appropriately ensuring people's confidentiality is respected at all times. Minutes of meetings should not include information on anyone's personal details.

NCS 11 Care Homes for Older People - Expressing Your Views

There was a complaints log in place and where concerns/complaints had been recorded we could see that these had been dealt with appropriately and confidentially. This recommendation has been MET.

5. The service should identify specific training requirements by assessing the health-care needs of the service users and highlight this to senior managers to organise and provide the appropriate training prior to commencing employment.

Senior management should seek ways of ensuring that all new staff has received mandatory training and induction to the service prior to commencing employment.

This is in order to comply with;

National Care Standards 2: Support Services - Management and Staffing

Arrangements Since the previous inspection staff had attended a range of training specific to individual healthcare needs. Newly employed staff received an induction and mandatory training which was organised from headquarters. The service was unable to organise this training at local level therefore new staff were still commencing employment without having received this training. We were told that due to an increase in staffing levels that this was no longer having a negative impact on the service and adding additional pressure to existing staff members. Please refer to Quality Theme 3 for further information on training. This recommendation has been MET however we will continue to monitor this at future inspections

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 service provided us with a self assessment which contained good information and areas where they would like to improve. It was clear at the inspection that the service are working on these areas and have continued to make steady progress.

Taking the views of people using the care service into account

We received eight completed Care Standard Questionnaires from service users prior to the inspection.

All eight people indicated that they were happy with the standard of care and support provided.

Some of the comments we received were as follows;

" the quality of care and support in McWhirters House is excellent. Staff are so nice and caring and will help with anything you ask or want them to do "

" staff are excellent, very friendly and has a happy atmosphere "

" all the rooms are kept clean and private. If in hospital rooms are locked as they should be "

" excellent care and support, staff all very friendly "

Taking carers' views into account

During the inspection we spoke to seven relatives and received one completed Care Standards Questionnaire. All eight people indicated they were happy with the standard of care and support provided, with some comments as follows;

" apart from the carers credit is due to the catering and laundry staff who also involve residents in conversations regularly. During the hot weather these staff also provided extra drinks and refreshments "

" all workers are very respectful and friendly to residents. The carers know the residents very well. McWhirters consistently demonstrates the highest standards of empathy, professionalism, forward thinking and resident centred care. Reminiscence therapy features heavily with old photographs, films, music and ornaments. They have introduced personalised music therapy for each resident. I cannot praise the manager and staff highly enough, their care home is the best I have seen for care and personalised care " .

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: 5 - Very Good

Statement 1

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

Service strengths

At this inspection we concluded that the service was performing at a very good level in areas covered by this statement.

The home has a participation strategy in place and we found that positive actions were taken to implement this to ensure that residents and their relatives had the opportunity and help to contribute to their care and support and the overall development of the service.

Residents and families were given a range of opportunities and support to be involved in their care and support. The service used a number of methods to gather information from people using the service. These included surveys, questionnaires, meetings with residents and relatives and a variety of focussed questionnaires about specific aspects of the service provided. We could see that any suggestions or actions required from these consultations were appropriately actioned to provide a positive outcome for people living there. For example residents had chosen new chairs for the lounges at different heights to suit people's individual needs and mobility issues. There had been recent consultation on how individuals' wanted to celebrate Christmas and discussions with the chef resulted in the introduction of themed nights, the first one being an Italian night.

The service continued to encourage people to provide feedback on the standard of care and support, environment, staffing and management/leadership. The results from these various consultations were collated and made available for people to read through minutes of meetings. This demonstrated areas of strength or where further action was required to improve the service and outcomes for people.

We could see that the service had been using coloured counters as a way of encouraging participation and feedback from people with visual and cognitive impairment. However due to health and safety issues these had been withdrawn and coloured pens were being successfully used instead.

Personal plans provided good detailed information on individuals care and support needs. There was evidence that residents and their families had been involved in the development and review of these. This was confirmed by some of the residents and relatives we spoke to who told us they were familiar with the personal plans and their contents.

The manager had an open-door policy that allowed those living in the service to raise any issues or concerns at any time. Relatives and staff we spoke to said that management were very approachable, supportive and regularly visible within the home.

The reception area and notice boards were well populated with, information posters and leaflets on advocacy services and current complaints procedure. Where complaints or concerns had been raised these appeared to have been recorded and actioned appropriately.

There was a suggestion box available providing a further means of obtaining comments and suggestions on the standard of service provided. There was a good, informative newsletter available which covered a range of subjects from activities/ outings to information on staff recruitment and updates on any improvements being made within the home.

We could see that the service had involved relatives/carers in the self assessment process. All care services are requested to submit a self assessment every year telling us how the service is performing. This year the manager had sent questionnaires to families asking them to provide feedback on the quality of care, environment, staffing and management and leadership. There was an action plan attached to ensure any concerns raised were reviewed by the manager. Comments and feedback obtained from this had been incorporated into the current self assessment.

Throughout the year the service provided regular respite facilities to people requiring a short break. The manager had developed a questionnaire in order to obtain the views of people who had used the service for these short breaks. Some of the comments obtained were as follows;

* "I was well looked after staff helped me with all aspects of care, I loved the food offered "

* "I enjoyed my stay the staff were friendly towards me. I know if I required assistance I felt I was able to approach them "

* "My bedroom was comfortable if I wanted to take time out for a little while"

- * "I enjoyed all my meals"
- * "Excellent attendance from staff "
- * "Enjoyed my stay with all the staff "

Observations and comments from the Inspector Volunteer are included below;

All residents appeared well dressed, clean, relaxed and comfortable throughout the inspection. All interactions with staff were noted to be positive and appropriate.

An activity board was displayed at reception and notice boards in each of the units provided details of activities for the week. Some of the people we spoke to told us;

- *"We've been to the garden centre for a cuppa"
- *"We do different things"
- *"The entertainment is good"
- *"I go when I want to but there's not much on since retired"
- *"I like to be able to say what I want"
- *"Would like more games"
- *"There's leaflets on the board"
- *"They have organised entertainment"

All relatives and some residents spoken to appeared to have knowledge of care plans and felt involved in decision making related to their needs.

Residents' comments included:-

- " I have a care plan - it's on the wall and the senior staff review it"
- " There's a care plan in my room - if I need to talk about it, they'll be there for me"
- " If I have a care plan I don't know about it"

Areas for improvement

The service should continue the very good work they are doing consulting with residents and their representatives in all aspects of the service.

The service was aware that they needed to continually review the ways in which it consulted with people about the service and should continually review and update their participation strategy to reflect this.

They should consider ways in which to obtain the views of those residents who do not attend meetings through choice or due to physical/cognitive impairment. This will ensure that all residents views have been taken into account and have captured the majority of views rather than minority (see recommendation 1)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should consider ways in which to obtain the views of those residents who do not attend meetings through choice or due to physical/cognitive impairment. This will ensure that all residents views have been taken into account and have captured the majority of views rather than minority. This is in order to comply with National Care Standards Care Homes for Older People Standard 11 Expressing Your Views.

Statement 3

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

Service strengths

At this inspection we concluded that the service was performing at a very good level in areas covered by this quality statement.

In order to assess this statement we spoke with residents, relatives and staff, observed practice and looked at medication records, care plans, activity programmes, staff training records and evidence of how the service was monitoring people's weights and dietary needs.

We found that the home had good joint working relationships with other healthcare professionals and residents had access to these services on a regular basis. Residents benefitted from a designated local GP practice who provided a weekly surgery with more frequent visits if necessary. We saw from records that staff were confident and referred to healthcare services such as opticians, chiropodist and dentists on a regular basis. The home works closely in liaison with the district nursing services, who provide regular support, training and guidance for staff.

We looked at personal plans and found they were completed to a good standard and personalised to each individual. There was good evidence of people's personal preferences recorded for example when they wanted to get up in the morning, their bathing routines, their preferred daily routine and activities they enjoyed. Residents and relatives we spoke to were aware of the personal plans and said that they had been consulted about these.

We saw a range of risk assessments depending on individual needs with current best practice documents in relation to areas such as falls prevention, catheter care and management of people's skin. These were updated monthly or when any changes occurred.

We saw the nutritional screening tool MUST (Malnutrition Universal Screening Tool) and BMI (Body Mass Index). We could see from the information recorded in the plans that staff monitored residents weights closely. Any concerns were recorded and staff

reacted quickly to contact the appropriate healthcare professionals and inform families.

There were copies of up to date information available on who had the legal powers to act on a persons' behalf, for example Guardianship or Power of Attorney. Some plans had a Do Not Attempt CardioPulmonary Resuscitation policy in place. This will assist staff and other healthcare professionals in ensuring the persons wishes are taken into account in the event of illness.

The service has an established key worker system in place, relatives we spoke to were aware of this and who their relatives designated worker was. Staff that we spoke to demonstrated that they knew residents well and were knowledgeable about their needs and preferences. They told us they were able to contribute to the personal plans and were consulted in the six monthly review process.

Service users benefited from medication PODS installed in their rooms which enabled them to receive their medication at times which suited them. Each cabinet or POD was fitted with a thermometer ensuring that any medication stored was at the correct temperature. The medication was administered using the Monitored Dosage System (MDS) and was recorded on Medication Administration Record (MAR) charts. Topical MAR (TMAR) charts were in place to ensure staff were aware of times and frequency of prescribed topical medications. These charts were audited regularly by the manager, any areas for improvement were included in an action plan and followed up by the manager.

During the inspection we observed the dining experience for residents who benefit from a protected mealtime experience. The tables were set with tablecloths, napkins and condiments and there were plenty of staff around to support people and encourage their independence. There was a four weekly menu plan in place, menus were available on each table and reflected the choice displayed. People were offered a choice of meals with alternatives available if requested. Staff were friendly and approachable in their manner and clearly had a good rapport with residents and relatives.

Staff encouraged residents to mobilise at their own pace promoting exercise and independence. We saw up to date risk assessments in place for falls with evidence of actions taken to reduce falls with the use of assisted technology for example falls mat.

Observations and comments from the Inspector Volunteer are listed below;

We observed the dining experience for residents at breakfast and lunchtime. Residents were seated at tables in the dining room having breakfast. It was apparent that they had made individual choices and were enjoying breakfast of their choice.

At lunch time residents were assisted and supported to tables appropriately and sensitively. Tables were nicely set with tablecovers and condiments and people were offered a choice from the menu which was available on each table for people to read and choose from. Some of the people we spoke to commented;

*"The food on the whole is all right - they give us choices and try to please us"

*"The food is very good with good choices"

*"They give us a menu and we get choices. They offer alternatives if you don't like what's on the menu"

*"The food is beautiful - it's always good"

All Residents and relatives spoken with made very positive comments about the standard of care they/their relative received.

Residents' comments included:

"I'm very happy here"

"We're exceptionally well looked after here - sometimes I think we're a bit molly coddled"

"It's very pleasant to live here"

"I like it very much - I'm well looked after"

"I like it here - nice people, great company and the entertainment is good"

"It's great here"

"I love it here - I'm happy everyday here"

Relatives/carers spoken to commented;

"From the family side, we're more than happy with the care here - they take a family approach here"

"It's well run, clean, tidy, warm and well-kept"

"... kept clean and okay"

"Very happy with it here"

Areas for improvement

The service should look at ways of improving the standard of information recorded in the monthly evaluations of each support plan. For example the risk assessment used to assess individuals skin integrity did not provide any explanation of why the risk had increased and how the service planned to manage this effectively to reduce further risk to the resident.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very 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

At this inspection we found that the service was performing at a very good level in areas covered by this quality statement

We could see through questionnaires and minutes of meetings that residents were regularly consulted in any changes or refurbishment within the home with their views taken into account. For example we saw that people had been asked if they would like a key for their door, if the lighting, ventilation and their room in general was satisfactory.

Some of the observations and comments from the Inspector Volunteer are listed below;

The unit is a purpose-built, single storey building and was light, airy, well maintained and decorated appropriately with old prints of the local and surrounding areas.

Appropriate signage was evident in corridors. Residents and relatives had easy access to Information folders in the hallway and reception areas providing access to the most recent inspection report, newsletter, minutes of meetings, plus information on local resources.

Within the building there are several small quiet seating areas with kitchen provision, (allowing tea/coffee-making) for residents and visitors to make use of as well as the larger lounge and dining area. We observed these areas being well used throughout the inspection.

Residents' rooms that were personalised, clean and comfortable with a television set, en-suite toilet/wash hand basin (with shower facilities in some). Communal bathrooms were clean, bright and freshly decorated. Bedroom doors were numbered and an attractive photograph of the occupant clearly displayed on each one.

The garden areas were well maintained and appeared attractive outdoor spaces for

residents to benefit from at both front and rear.

Emergency call cords were noted to be accessible in all bedrooms and common areas visited.

Some of the people we spoke to told us;

*"My room is kept very clean"

*"I would like a bigger room"

*"I get out in the back garden"

*"my room is spotless"

*"nice and clean - beds well made"

*"my room is okay - lovely clean bedding"

"would like to change the garden"

Areas for improvement

The service should continue with the very good work in demonstrating how it involves residents, relatives and staff in any changes being made to the accommodation. The staff should consider involving residents in the quality assurance audits carried out within the home. This will provide valuable information on how the resident views the cleanliness and quality of the environment rather than staffs' perception.

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

At this inspection we found that the service was performing at a very good level in areas covered by this quality statement.

There was a secure door entry system and book to sign in and out to ensure the safety of people within the home. There was a registration certificate and an up to date public liability insurance certificate on display.

Staff were knowledgeable about their responsibilities to keep people protected under the Adults Support and Protection legislation. Staff were aware of when residents were at risk of harm or harm had occurred and were confident to report any concerns. We saw from training records that staff had attended training in this area.

The service had good infection prevention and control measures in place. The management team were monitoring the standards for infection prevention and control through visual checks of practice and regular audits. We found the home clean

and fresh and domestic staff told us they had plenty of cleaning products and equipment available.

Maintenance contracts were in place for equipment such as baths and hoists and records showed that regular satisfactory checks were carried out on this equipment to ensure people's safety.

The maintenance log highlighted any work needed and when these had been completed. The manager contacted the repair centre at headquarters who organised a maintenance person to ensure that any repairs were carried out as soon as possible to ensure the safety of the residents with external contractors used for more complex issues.

Regular checks of the nurse call system, water temperatures, wheelchairs, emergency lighting and fire safety were being carried ensuring people remained safe and secure.

The manager had recently reintroduced a weekly environmental audit of the home. This involved observing staff practice and interaction in various areas of practice for example, the dining experience, activities and interaction with visitors. The manager had recently observed staffs' moving and handling techniques and spoken to service users about their experience of staff practice in this area.

Areas for improvement

There was a maintenance log available which highlighted any repairs identified within the home. The service should ensure that any repairs identified provide details of the outcome as was not always clear if the repair had been successfully completed.

Inventories of equipment should provide a date to ensure they are current for example we saw a full inventory of all electrical equipment within the home but were unsure when this had been completed as there was no date recorded.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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

At this inspection we thought that the service was performing at a good level in areas covered by this statement.

The service continued to involve residents in the recruitment of staff for example at the interview process applicants were asked a series of questions, compiled by residents for the manager to ask on their behalf. We could see from minutes of previous meetings that the manager kept people informed of current staffing posts available and invited residents/relatives to come along and meet candidates on the day of the planned interview.

Questionnaires and surveys had been issued at the start of the year asking for feedback on staffs performance and where issues were raised these were included in an action plan and followed up by the manager.

Areas for improvement

The service should continue to build on the good work already started in relation to this quality statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

At this inspection we found that the service was performing at a good level in areas covered by this quality statement.

We found that staff were professional, trained and motivated with good support from the management team.

The home benefits from a well-established management and staff team who are well liked by residents and their families. Staff knew residents' needs and preferences and worked hard to provide person centred care and support that led to positive outcomes for residents.

Staff told us that they had regular meetings and supervision in order to discuss their development and training needs. They said they felt listened to and well supported by the management and any training they requested was successfully actioned by the manager.

Mandatory training was organised at head office for all staff to attend. Since the previous inspection the manager had introduced an individual staff training and development audit tool. This provided the manager with information on the training needs and actions required for each staff member to ensure they were competent and knowledgeable to provide care and support.

There was a training matrix available which included a list of all mandatory training ranging from moving and handling, food safety and infection control. Since the previous inspection staff had attended a range of more specific health care training, topics included, Parkinson's disease, diabetes, catheter care and palliative/end of life care. Staff spoken with confirmed that they now had the opportunity to attend more specific training which had provided them with a better understanding and ability to provide care and support to individuals.

Staff completed evaluations following each training session which the manager used to determine if the training had been beneficial to staff.

Some future training planned for staff included stress and distress training and leadership in social care. This covered practical management skills, policies on practice, professional roles and responsibilities, skills, knowledge and quality of practice.

New employees benefitted from a two-week induction and an informative welcome pack which provided them with up to date policies and procedures and best practice guidance. Newly appointed senior staff received a four-week induction which included information and guidance on management and leadership.

We spoke to staff during our inspection. Those spoken with felt part of a strong team and stated that they were kept well-informed about what was happening in the home or any planned changes through regular staff meetings. They advised that there were plenty of relevant training opportunities and that management were always available if they needed further support. Since the previous inspection the service had recruited additional staff and had provided more specific healthcare training for

existing staff. We were told by staff that they felt more confident in their role, some of the comments received were as follows;

" can see home moving forward since last year, lots of changes better planning due to increased numbers and better staff moral. Senior staff now able to spend more time and help develop staff further now "

" better training opportunities, more health specific, can see benefits of this training, can discuss training at supervision and how it improves outcomes for individuals "

"due to extra staff now see Increased outings even just out for a coffee or to the garden centre"

"increased staffing allows seniors to pick up and update the work they are responsible for "

" now with better staffing we can get people out more and provide more activities can see overall morale has improved "

Observations and comments from the Inspector Volunteer are included below;

Some of the comments received from residents and relatives in relation to staff included;

"good at taking me where I want to go"

"the trouble is they're understaffed but I've always had care when I needed it "

" very, very good"

" the girls are nice and kind to us"

" if there's anything wrong, I just buzz - I get a good response"

"everyone is friendly"

"the seniors are very good"

Areas for improvement

As an area for improvement the service should consider further ways of developing resident participation through induction and supervision of staff. The feedback from this should be used to demonstrate how it has positively influenced staff practice to ensure positive outcomes for residents.

The service should look at ways of improving and developing the observation of staff practice and competency and demonstrate how these assessments have been used to improve staff practice.

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

At this inspection we found that the service was performing at a good level in areas covered by this statement.

The management team remain consistent in promoting the values and vision for the home, staff said they were visible and approachable within the service. We saw that the management team encouraged open discussion with staff to share ideas and explore ways of improving the service including the further development of the staff team. This helped to ensure that staff could share ideas and concerns and be able to contribute to the day-to-day running of the home as well as the overall future development of the service.

Senior staff were encouraged to develop leadership skills and experience. We saw that some staff in the service had lead roles where they had specific responsibilities and expertise. For example some staff were promoting stress and distress management, anticipatory care planning and medication management. This helped promote leadership skills and encouraged staff to support their colleagues by providing further training and advice to ensure that residents experienced positive outcomes from well-informed staff.

Areas for improvement

The service should continue to develop and implement methods to gain the views of residents, relatives and visitors to the home in relation to staffing and management. The service should consider ways of improving the methods of obtaining feedback from external stakeholders and how it then uses this information to improve the quality of management and leadership within the service.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

At this inspection we found that the service was performing at a good level in areas covered by this statement.

The service continued to demonstrate effective consultation methods with residents, relatives and staff. This was done using surveys, meetings and questionnaires and continued to provide positive feedback on the standard of management and leadership within the service.

The service had a complaints procedure on display with contact details of the Provider and Care Inspectorate as well as a suggestion box for complaints or concerns. . As a result, people knew how to make a complaint if they were unhappy with any aspect of the service.

The service had a good system of auditing in place this ensured that any areas for improvement were highlighted with evidence of actions taken to improve these areas. The range of audits in place included, dependencies, weights, care reviews, falls, medication, care plan audit and environmental audits. Accidents and incidents were audited and included an action plan demonstrating actions identified and actions taken to prevent a recurrence.

The Provider continued to hold regular management development days and meetings bringing together managers from all services operated by South Lanarkshire Council. These meetings were used to continually review existing procedures and practices and to consider how services can continue to develop and improve over time. Areas discussed included quality assurance, staff training, development and recruitment.

Observations and comments from the Inspector Volunteer are included below;

Residents and relatives gave the impression that they were happy with the level of communication, participation and leadership within the home.

Some of the residents and relatives spoken to said;

"there are plenty meetings which I attend, if I don't go I can't complain, it lets you know whats going on "

"if I had a problem, I would go to whoever's in charge"

"residents' meetings are displayed on the Board - they listen to what we want and it does happen"

" the manager and staff keep us informed of anything we need to know"

" if anything happens they're on the phone - we're very well-informed"

"if we ask, they tell us, they are very approachable"

When asked about any changes or suggestions anyone could think of to improve the service, the majority of people commented that they were satisfied with this service at this time.

Further comments included;

"there is nothing bothering me - I'm quite happy"

"I'm happy with things the way they are"

"there's nothing I would change - I'm more than happy"

Areas for improvement

The service should consider further ways of involving people who use the service in the auditing of various aspects within the service, for example the environment, mealtime experience and staffs infection control and moving and handling practice. This would provide more information to the manager on other people's perception of the standards of support and cleanliness within the home.

As a further area for development the service should consider inviting an independent advocate to chair some future meetings. This would allow residents, relatives and staff the opportunity to discuss any issues without the presence of management.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings	
14 Nov 2013	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	3 - Adequate
30 Apr 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	3 - Adequate
28 Sep 2012	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	3 - Adequate

Inspection report continued

12 Mar 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed Not Assessed
17 Aug 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
19 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
22 Jan 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
24 Jun 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
24 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 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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