

Care service inspection report

Sir James McKay House

Care Home Service Adults

18 Ravelston Park
Edinburgh
EH4 3DX

Type of inspection: Unannounced

Inspection completed on: 24 October 2014



HAPPY TO TRANSLATE

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Service provided by:

Scottish Masonic Homes Limited

Service provider number:

SP2012011848

Care service number:

CS2012308689

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Summary

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

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

We gave the service these grades

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

What the service does well

Sir James McKay House had a warm and friendly atmosphere. The service provides care in a homely, clean and pleasant environment.

Residents and relatives told us they were very satisfied with the quality of care provided. Residents told us they were happy with their choice of home. We could see that people were cared for with dignity and respect.

The service is very good at sharing information and asking people to comment on the service.

What the service could do better

More work needs to be done to improve the recording of information on health care needs within the care information. We have also made a requirement about medication and discussed development in the assessment of the potential for skin damage.

What the service has done since the last inspection

Since the last inspection the service have taken action to address the requirements and recommendations we made. They have met three of the requirements and the recommendation.

The service continues to improve the environment with a rolling programme of changes and have continued to involve residents and relatives in decision making.

Conclusion

Sir James McKay House provides good care in a nice environment. The requirements we have made do not detract from the good care we saw being provided or the good quality of life residents told us that they had.

The very good relationships between residents, relatives and staff reported at previous inspections have been sustained. Residents felt able to live in accordance with their wishes and said they were well supported by staff.

1 About the service we inspected

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

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate. The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Sir James McKay House is registered to provide a Care Home service for 23 older people. There were 19 residents in the home at the time of the inspection. The provider is Scottish Masonic Homes Limited.

The service is provided in a large, detached stone villa, located in an attractive residential area and is in keeping with the neighbouring properties. It is close to bus transport services. There is a well maintained garden and a small car park.

Accommodation is provided on three floors. Access to the upper floors is provided by stairs and a lift. Resident accommodation comprises of bedrooms, a sitting room, an activity room, a quiet room, a conservatory and a large bright dining room overlooking the front garden.

The Manager is responsible for the day-to-day running of the home and supervision of staff.

The home's philosophy of care is "to provide a high standard of person-centred care and support for residents."

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

Quality of Care and Support - Grade 4 - Good

Quality of Environment - Grade 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 wrote this report after an unannounced inspection of the service. The inspection was carried out over two days, on Wednesday 22 October 2014 between 11am and 6.30pm and Friday 24 October between 10am and 5pm. We gave feedback on our findings to the deputy manager on Friday 24 October 2014. The inspection was carried out by one inspector.

During the inspection we gathered information from a range of sources including the following:

- the registration certificate
- the staffing schedule
- care records
- staff training matrix
- staff rota
- minutes of meetings
- records of maintenance checks and servicing records
- policy on abuse
- complaints policy
- quality assurance folder

We observed staff at work and noted how staff and residents interacted. We also observed how residents spent their time and the choices offered to them throughout the inspection.

We looked at the physical environment of the home.

We spoke with the following people:

- six residents in-depth and several others in informal conversation
- two visiting relatives
- two chefs

- two senior carers
- two carers
- deputy manager

We took all of the information we gathered into account when we wrote this report. We also took into account the Public Services Reform (Scotland) Act 2010 and its associated statutory instruments, the National Care Standards Care Homes for Older People, the Scottish Social Services Council (SSSC) Codes of Practice for Social Service Workers and Employers of Social Service Workers.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

The requirement

The provider must ensure that all personal plans are kept up to date and are a working document for staff delivering care.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) - Welfare of service users.

This also takes into account National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements and Standard 6 Support arrangements.

Timescale: 8 weeks from receipt of this report.

What the service did to meet the requirement

We have made comments about our findings in relation to care plans in quality of care and support statement 3 and have amended the requirement to reflect our findings during this inspection.

The requirement is: Not Met

The requirement

The Provider must ensure that any forms of restraint are supported by evidence of discussion and agreement with the service user and/or their representative.

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 service users.

Timescale: 8 weeks from receipt of this report.

What the service did to meet the requirement

This requirement is met. Find out how the provider met this requirement in quality of care and support statement 3 of this report.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure all DNACPR certificates are current and reflect the up to date resuscitation status of service users.

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 service users.

Timescale: 4 weeks from receipt of this report.

What the service did to meet the requirement

This requirement is met. Find out how the provider met this requirement in quality of care and support statement 3 of this report.

The requirement is: Met - Within Timescales

The requirement

The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform. In order to do this the Provider must:

(a) Review staff training needs taking into account the needs of the residents.

(b) Plan training accordingly taking into account the roles and responsibilities of individual staff members

(c) Satisfy themselves that the training implemented is effective.

This is in order to comply with: SSI 2011/210 Regulation 18(b)(i) - Staffing.

Timescale: An action plan indicating how and by what date the service will meet this requirement should be submitted to the Care Inspectorate within three weeks of receiving this report.

What the service did to meet the requirement

This requirement is met. Find out how the provider met this requirement in quality of staffing statement 3 of this report.

The requirement is: Met - Within Timescales

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

We made one recommendation at the last inspection about recording the actual date when a residents weight is measured instead of only the month. We saw that the service have fully implemented our recommendation.

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.

Each year all care services must complete a self assessment, telling us how their service is performing. During the inspection we check to make sure this is accurate. The service sent us a completed self-assessment.

Taking the views of people using the care service into account

We sent twenty care standard questionnaires for residents and two were completed and returned to us. During the inspection we spoke with six residents in detail. All of the comments made to us were positive about the standard of care and support in the home. Comments included;

'I've no complaints about how I'm looked after',

'There are no restrictions'.

'Everyone is always so nice'.

Taking carers' views into account

We sent twenty care standard questionnaires for relatives and four were completed and returned to us. During the inspection we spoke with two relatives who were visiting. All of the responses we received from questionnaires and from speaking to relatives were complimentary about the standard of care and support given by the home.

Comments made to us included;

'My (relative) has settled well and is happy and safe in (their) new surroundings',

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

In order to assess this statement we looked at the minutes of meetings, newsletters, care files and spoke with residents and relatives.

We found that the service was very good at the way it communicated with relatives and shared information with them. Relatives we spoke with described, both general information sharing through newsletters, speaking to staff when visiting and the social events held in the home, and the way important individual information was communicated. We found the manner of the information sharing was sensitive and encouraged participation.

Although formal relatives meetings had not proven beneficial in getting the views of relatives, the service had found social events held in the home were a very good opportunity to gain relatives views.

Residents we spoke with said they felt involved and were comfortable making suggestions and sharing their ideas with staff and the manager. They told us they could do so at any time and said there were regular resident meetings where their opinions were asked for.

We saw that monthly resident meetings were held and were well attended. From the minutes, we saw that residents who could not attend the meeting were asked for their views and contributed to the decision-making. Previous minutes of meetings and agenda proposal slips were pinned to the noticeboard in the foyer.

Overall, we saw that residents meetings were a regular part of information sharing.

Dates for the meetings were planned and the meetings were held as planned. We saw management and staff actions needed as a result of the meetings were completed and this was shared with the residents. We thought this showed that resident opinion was respected and valued.

Formal feedback opportunities were given at six monthly care review meetings which residents and relatives attended.

In addition to the positive comments we received during the inspection we saw that many relatives had sent cards, letters and emails with positive comments and praise for the staff and which expressed their gratitude for the quality of care and support that they and their relative had received.

The service had a complaints policy and procedure. In this complaints were welcomed as a way to help service improvement. We found there had been no complaints made since the previous inspection.

In March 2014 the provider had sent a quality assurance questionnaire to all of the residents or their representatives to gain their views about the standard of the accommodation, food, cleanliness and communication. There was a 60% response with most residents assessing the home as excellent or good in all areas. The provider responded positively and followed up on any comments made to them. The evaluation report of this survey was sent to all of the residents and described what action the provider had taken about the comments made. This means that residents were aware of what had happened as a result of the views and opinions which they expressed.

The provider had also introduced a wish tree concept into the home. Residents were being encouraged to put ideas and suggestions onto the tree. It had been used to request a chip shop tea. This was a successful wish enjoyed by all of the residents and was planned now on a regular basis. Staff were keen for more ideas from residents. We discussed some ideas to help encourage residents to add a wish with the deputy manager.

Areas for improvement

Residents who find communication difficult, particularly those with dementia, can sometimes find that opportunities to express their views are more limited. We saw that staff in Sir James McKay House were good at trying to involve everyone. By working on detailed, individualised and person-centred care plans the service could create better opportunity for these residents to influence their care. We have described more about later on in this report, in quality of care and support statement 3.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We did not look at all areas of health and wellbeing needs during this low intensity inspection. In order to assess how the home meets health and wellbeing needs we looked at a sample of medication administration records (MAR), nutritional information, skin care, care files and access to health professionals. We also followed up on any requirements and recommendations made at the last inspection.

Overall we assessed that the service provided a good quality of care. We could see that there were good outcomes from the care being provided by the staff at Sir James McKay House. The service had made improvements since our last inspection and had taken action on all of the requirements and recommendations we made.

When we asked people why they liked the service they said:

'I have no complaints about how I'm looked after, the service is good and all our meals are well set up. The food is good, if I don't like it I will ask for something else.',
'This place is run well. I have no complaints.',
'There are no restrictions. It is easy going'.

Health Professionals

We found that residents had good access to services from a General Practitioner. Some residents who had lived locally were able to keep their own G.P., others were able to choose from four local surgeries. From the records we saw that residents G.P's were regularly consulted and visited residents as needed. During our inspection we found staff sought G.P. advice about residents who appeared unwell and records showed that staff followed up care by phoning for results for residents and ensuring any changes to medicines were obtained quickly.

When we looked at how care was provided we saw there was evidence of good outcomes for residents. For example we found that when residents health needs became more complex, the service sought specialist advice and support. Staff in the home had a positive view of working with outside agencies and health professionals for the benefit of the residents. Staff had an ethos of respect for those they cared for. Their view was that residents should not need to leave the home if with specialist advice to the staff, they could remain in the home.

The manager and staff were good at inviting specialists to give advice and support. We noted there had been recent visits from the falls prevention lead, care home liaison nurse, behavioural support team and dispensing pharmacist.

We made a requirement about Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) records at the last inspection because we found that some forms were out of date. A DNACPR form is a record which is usually completed by the General Practitioner and is the way of communicating when there has been a decision made that resuscitation would be ineffective or unsuccessful. At this inspection we spoke with the deputy manager who told us that any resident with a DNACPR forms had been reviewed by the residents General Practitioner. We chose six DNACPR forms, at random, and noted that they were in date and valid. This means the service had met this requirement.

Nutrition and the mealtime experience

We were in the dining rooms during lunch. Lunch was well organised and calm and residents were served in two rooms. There was gentle background music. The main dining room was nicely set with cloth table covers and napkins. Each table had a flower vase as a centre-piece. There was salt and pepper and sugar on the table. Menus on each table set out the choices for lunch and staff checked with each resident what they wanted. Some residents who did not wish either choice could choose an alternative which was provided by the kitchen. Residents who had difficulty understanding options when asked were shown both dishes to help them choose. This was carried out in a patient and unhurried manner.

The second dining area was set up to provide privacy and dignity for some residents who needed extra support to take their meal. Staff were caring and competent in helping residents during lunchtime.

When we looked at care files we saw a nutritional assessment was carried out on admission to the home and at regular intervals.

When we spoke with a cook they could tell us lots of individual information about residents and their nutritional needs and food preferences. This information was also recorded and held in the kitchen. Meals were served from the kitchen hatch for each individual and were well-presented. The cook was able to get information on satisfaction with meals and what was uneaten directly from observing and speaking with residents and staff. The kitchen was well-stocked with food including fresh fruit and vegetables.

In one residents file we noted they were having their food and fluids recorded although there was no risk identified in the nutritional assessment and the purpose was not recorded in the care file. When we spoke with a staff member they were able to identify the purpose was to have a baseline record for a new resident. This is a good way for staff to have information about what food residents will choose and

helps with the overall assessment. There is a need to better record why and how care is being and should be provided. We have discussed the need for care plan development in areas for development below.

At the last inspection we noted that although residents had their weight checked and recorded monthly that the actual date their weight was taken was not recorded; just the month. We made a recommendation about this. At this inspection we checked how staff were recording weight and noted that the actual date is now being used in the record. This will ensure staff can more accurately assess any changes in a residents weight.

The service asked us for help on how they should present allergy information. With information and resources from the Care Inspectorate Professional Advisor Nutrition, the inspector was able to spend time with the deputy manager and two cooks sharing these resources to help support the service.

Care planning

We found that individual residents care files contained a wide range of information about them including their medical and social history and some good information about likes and dislikes, connections with family and friends and dreams and aspirations. There were some risk assessments and we saw examples of these for nutrition and falls. We would expect to see that this information is used to produce a clear individualised, person-centred care plan, see areas for development below.

Medication

The home had an efficient system to obtain medicine prescribed for residents and to check the medicine delivered to the home was accurate. We saw residents receive medication during the inspection. A relative told us they had been impressed by the speed with which new medicines are obtained when treatment changed over a weekend.

Sensory Mats

At the last inspection we made a requirement that where sensory mats were used as a falls prevention measure, that their use should be discussed and agreed with the resident and/or their representative. From the care documents we viewed we saw that each resident or their representative had signed documentation to say the use of the equipment had been discussed and agreed. This requirement is met.

The service had an effective key worker system. Key workers knew their residents well and spent time discussing with residents and relatives how to make the care tailored to their preferences. Residents also knew their keyworkers and were pleased with how they cared for them.

Areas for improvement

Medication

We looked at the MAR charts for two residents. For a medication prescribed once a day, we found residents did not always receive their medication as prescribed. From the records we knew that this was because the resident was asleep in the morning. We discussed this with the deputy manager. We heard that normal practice should be to give this medicine when the resident was awake. The records we checked did not demonstrate that this was normally done. We also found that when medicines such as paracetamol were given that the time of administration was not always recorded. This is important for medicines such as this where a minimum time interval is needed between doses. We also noted that there was a recording error on the MAR chart when a controlled medication had been administered. This was recorded in another place and had no impact on the outcome of this residents care in this instance but has the potential to. We have made a requirement about medication. See requirement 1.

During the inspection we found the medicine trolley was kept in the dining room which gave an institutionalised feel to an otherwise homely environment. When we spoke with the deputy manager she said that this had been a temporary measure introduced during the refurbishment work. Now that the work was completed she agreed to review the trolley storage as they had planned to do.

Mealtimes were advertised as being protected. However we saw that residents meals were interrupted to give them medicine that it was unnecessary to give at that time. We discussed this with the deputy manager who agreed to review this practice.

Care planning

Sir James McKay House could improve the overall quality of their service in all quality themes and statements by improving care planning. We could see staff were knowledgeable about each individual resident. Most staff and residents had known each other for some time and staff had got to know residents' preferences and lifestyle. While we saw staff use this information and share it verbally it was not recorded in a way that it could be easily and usefully shared and used. Care plans should be simple and clear. They should follow from an assessment of needs and include how the care to meet these needs should be carried out. In this way they are individual and person-centred. This care can then be evaluated to see if the actions set out meets the residents needs or identifies whether further adjustment is needed. We have made a requirement about care planning. See requirement 2.

Skin care

Residents did not always have an assessment of their skin carried out to prevent damage by for example providing a suitable mattress. We discussed this with the deputy manager and provided information and resources to help with development in this area of care. We will review progress at the next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must ensure that residents receive their medication and that all medicines given are recorded in the Medicine Administration Record. This is in order to comply with SSI 2011/210 Regulation 4 (1) - health and welfare. This also takes into account National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements and SSSC Codes of Practice for Employees and SSSC Codes of Practice for Employers.

2. The provider must ensure that care plans are written following an assessment of needs. The care plan should record clearly individuals needs and how staff are to meet these needs taking into account wishes and preferences. The actions set out in the care plan should be regularly evaluated to determine whether residents needs are being met appropriately. The care plan must be a working document for staff delivering care.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) - Welfare of service users.

This also takes into account National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements and Standard 6 Support arrangements.

Timescale: 8 weeks from receipt of this report.

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

Areas of strengths that are described in quality of care and support statement 1 are also relevant to this quality statement.

Again we saw that the service was very good at sharing information about the environment and inviting views about how to improve the quality of the environment.

The communal lounge, conservatory, foyer and corridors had been recently redecorated to a high standard. Residents and relatives spoke to us about their involvement in helping to choose the colour scheme and décor. We could see from minutes of meetings that there had been lots of discussion and consultation prior to the start of the work. Ideas from residents had been included and there were regular progress reports on the work as it was carried out. Residents we spoke with were pleased with the finished result.

Residents had also been consulted on the idea of making an activities room upstairs. We saw this had been decorated and had a wide variety of resources such as games, craft materials and music resources. On one of the days of the inspection it was being used as a hair dressing salon.

We viewed a number of bedrooms. The rooms in the home are all different in sizing and layout because the building was not purpose built. From the rooms we viewed we saw that each resident had made it their own by decorating it with family pictures, mementos and small items of furniture.

Areas for improvement

Areas for development that are described in quality of care and support statement 1 are also relevant to this quality statement.

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

We found that the service provided a safe environment for residents.

To make our assessment of this statement, we sampled a number of bedrooms, communal and en-suite toilets, communal sitting areas, dining rooms and bathrooms. We observed daily activity in the home, and sampled records.

We found there were a number of strengths which made sure the environment was safe and service users were protected. This included the following:

- * a sign-in book at the front door
- * appropriate checking of food temperature in the kitchen using a recognised system.
- * personal protective equipment such as gloves and aprons were available throughout the home

We saw staff use equipment which had been regularly maintained.

The home was immaculately clean when we arrived for our unannounced inspection and staff said cleaning schedules helped staff ensure all of the environment was kept clean.

We also saw that there were maintenance records for monitoring the safety of many aspects of the environment such as water temperatures and equipment checks. We looked at records of these and found they were being carried out.

External contractors were used to check and maintain equipment such as profiling beds, and moving and handling equipment.

Ensuring the ongoing maintenance and replacement had recently led to a new boiler being installed. During our inspection we found that the environment was warm and comfortable for residents.

A recent staff forum had detailed how to use and check slings and the dangers of misuse. Good infection control practice had been reinforced in the storage and individual use of slings. This ongoing instruction for staff in the correct use of equipment helps to ensure residents are safe and protected.

The garden of the home was neat and well kept. There were picnic benches and garden seating for residents to enjoy. Some residents who liked to go out frequently kept their coats nearby and were able to use the garden as they pleased. The internal and external environment had been assessed and recent changes had been made to make the garden safe and improve the appearance by the addition of new railings.

Residents were able to leave the home at any time. At a resident meeting a request had been made for an out board in the foyer so that staff knew which residents had gone out. We saw that this board was in place during the inspection.

There was an ongoing maintenance and redecoration programme which had improved the environment and made it safer, by for example, the fitting of new floor coverings and the installation of a new lift.

Staff ensured the safe storage of medicine. For example we saw that the medicine fridge temperature was recorded everyday and defrosted regularly and there was a weekly audit of medicines which were stored out with the sealed nomad system.

A state of the art call system had been installed in the home. The call system was designed to be silent so as not to upset residents by the noise. Staff had pagers to tell them who was calling and the location of the call. During the inspection a staff member demonstrated to us the information which could be provided by the system. For example staff could see how long it took them to reach calls in various areas of the home. The service were experiencing some teething problems with the pagers for the system. The audible alert was switched on during the inspection because the pagers had broken. Staff said the goal was that each member of care staff would carry a pager so that they could all be available to answer the call bells. We will follow up how the system has improved care at the next inspection.

Areas for improvement

We have asked the deputy manager to take advice to ensure the window restrictors meet current standards and send us written confirmation of this. We will report on this in the next inspection report.

We discussed the care of specialist foam mattresses and pressure relieving cushions. The service did not carry out routine checks on this equipment. We checked one mattress and found it to be in good order under the zipped cover. We discussed that the home should carry out regular checks of these mattresses in accordance with the manufacturers instructions with the deputy manager. We will follow up progress with this at the next inspection.

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

All of the information in statement 1 of quality of care and support is also relevant to this statement.

Specifically residents had been asked if they would like to be involved in the interview process for a new activities coordinator. Some personal qualities and attributes had been suggested.

Views about staffing are invited in the questionnaire sent by the provider. We heard that the external manager makes regular visits to the home and spends time speaking with residents about their care and how staff deliver the care.

Areas for improvement

Areas for development that are described in quality of care and support statement 1 are also relevant to this quality statement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

All staff were pleasant, caring and approachable to the residents throughout the inspection. Residents and relatives told us that staff were always helpful, patient and kind. We saw residents being treated with dignity and respect when being helped by staff. Staff took time to talk to residents and spend time with them.

Staff forums were scheduled for every Monday and Friday. These forums were held in

addition to staff meetings. The forums had planned topics and were used to explain and discuss the topic and staff understanding in some depth. Staff said they attended and found them useful. Examples of previous topics had been registering with the Scottish Social Services Council and reviewing the food and fluid folder. The forum had also been used to update staff on a new skin care regime for a resident. These forums were a good way to ensure staff knew their roles and responsibilities and to make sure staff practice continued to lead to good outcomes of care. We saw that a residents new treatment plan had been explained and good infection control practice restated. This means staff forums had an important education and development role.

From staff meeting minutes we could see that staff were encouraged and supported to develop in their roles and take senior responsibilities if they wished to do so.

Staff we spoke with said they received regular supervision from a more senior member of staff. They said that they could request training, discuss their work and felt supported.

The manager is participating in 'My Home Life' initiative. This initiative is designed to improve the culture of care homes through effective management and leadership.

The Scottish Social Services Council register staff who work in care settings. By 30 September 2015 all care staff must be registered and applications had to be submitted by 30 September 2014. Care staff need a Scottish Vocational Qualification in order to register or be working towards one. All staff currently working in the home have an appropriate registration with the SSSC or have made application for registration. Staff said they were supported to complete their SVQ qualification.

At the last inspection we made a requirement about staff training. This was because staff had not received training about some health conditions of the residents such as diabetes. It is important that staff know how to care for residents health conditions. Since the last inspection we saw that the manager had carried out a review of the training needs of staff in the home and produced a training matrix. The training matrix should help to identify training needs and develop a plan to meet these needs. It also helps the manager to have oversight of who is up to date with training. From this document we could see that staff had received training in moving and handling and infection control and food safety. Some staff had received training on other topics such as palliative care, continence care, diabetes and tissue viability. We have met the requirement. The system should be further developed to show that staff have had their competency assessed after receiving training.

At the last inspection we reported that the activity coordinator post was vacant. At that time the service had plans to send two members of care staff on 'Activities for Dementia' training. We spoke with one of the care staff who had completed this course. We heard how it had helped the service to provide some activities while the

activity coordinator post was advertised and that additional care hours had been allocated to help care staff provide day-to-day activities. Residents told us about trips that they had enjoyed recently, however they missed the dedicated role of the activity coordinator. They said 'Things to do here-well that's a problem', and 'We are advertising for a new activities coordinator but have been unsuccessful'. Some residents told us of the kinds of activities they had enjoyed with the activity coordinator and how they missed the day-to-day activity that they provided. When we spoke with the deputy manager we heard that due to the unsuccessful recruitment from adverts a different strategy was planned to help fill the post. We will follow up these plans at the next inspection.

In 2011 Promoting Excellence: a framework for all health and social services staff working with people with dementia, their families and carers was published. The purpose of this framework is to ensure people with dementia are cared for and supported by a workforce who know about their condition. This will lead to a better quality of life for people with dementia, their families and will support services to embed the Standards of Care for Dementia in Scotland (2011). There are four practice levels within the framework which represent the type of knowledge and skills that workers should have according to their role and practice setting. We asked the deputy manager about the progress the service were making to ensure staff receive the knowledge and skills appropriate to their work. We heard that a senior carer had completed the promoting excellence facilitator training. There were plans to start working through the informed level with all staff and skilled level with care staff. The work was planned but not yet started. We will continue to report on the progress with this work and its impact on this service at future inspection.

Areas for improvement

The service should consider offering further training opportunities to all staff in the home such as the cooks to help them further develop in their roles.

As described above the service should progress with their plans for the activity coordinator post in order to give residents the opportunity for day-to-day activities.

Further development of the staff training plan is needed to demonstrate that staff achieve competency after receiving training.

We will follow up these areas for development at the next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

Key strengths described in quality of care and support, statement 1 are relevant to this quality statement. For example, questionnaire sent by the provider and the periodic visits to the home from a manager, who is not involved in the day-to-day running of the service, gives opportunity for residents and relatives to participate in improving the quality of management and leadership.

Areas for improvement

An area for development that is described in quality of care and support statement 1 is also relevant to this quality statement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

In order to assess this statement we took into account all of our findings from the previous quality themes and statements. We also spoke with staff, residents and relatives and looked at the available documentation.

There were a number of ways in which the provider assessed and monitored the quality of the service.

We saw that information from checks and audits carried out by other stakeholders such as environmental health and fire resulted in an action plan. We saw that the planned actions were carried out and the action plan signed as completed by the manager when the work was done. This shows that the home are compliant in meeting the legislation designed to protect residents.

We found that the service encouraged and welcomed feedback from staff, residents, families and other stakeholders on how the service could improve. This was through formal questionnaires, general conversation and family events held by the service.

We could see that the manager and staff invited and welcomed specialist services into the home. Any advice and guidance was listened to and valued as a way of keeping up to date and continually improving the quality of care.

The care home nurse liaison service and the behavioural support team had both helped the home with specialist information recently. Their contributions were viewed positively by the staff.

There was also evidence of regular visits from the dispensing pharmacist who carried out an audit on a sample of medication records to check if residents received their medicine as prescribed by their doctor.

The home kept a log of all accidents and incidents. We have made comments in areas for development below.

Areas for improvement

The home kept an accurate log of accidents and incidents. We noted that the information had been improved to show the actions taken. We thought that further use could be made of the information collected to help analyse the accidents and incidents. This would see if there were common themes, whether there was an area of the home or time of day when accidents and incidents were most likely to occur. This information could then be shared with staff for accident/incident prevention, where possible. We will follow up any development with this work at future inspection.

Care plan audits should be introduced to help guide staff in the recording of information and evaluation of care actions. We will follow up this work at future inspection.

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

None

Action Plan

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

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
17 Mar 2014	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 4 - Good
19 Feb 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

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

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