Meldrum Gardens
Care Home Service Adults
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Type of inspection: Unannounced
Inspection completed on: 5 August 2014
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Service provided by:
South Lanarkshire Council

Service provider number:
SP2003003481

Care service number:
CS2003001334

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

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

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

We gave the service these grades

- Quality of Care and Support 4 Good
- Quality of Environment 4 Good
- Quality of Staffing 4 Good
- Quality of Management and Leadership 4 Good

What the service does well

Meldrum Gardens is a purpose built care home and the provider has created an environment that is of a high standard in décor, furnishings and fittings and external grounds.

Those persons who returned satisfaction questionnaires and spoken to during the inspection were happy with the accommodation and the care and support they receive from the staff.

What the service could do better

The service provider needs to ensure that the contents of respite and permanent service users care plans meet the assessed needs and dependency levels of the individual.

The outcome of audits, for example medication recording, should continue to be reviewed and overviews or action plans assist to rectify any failures to meet the providers expected standards.

The provider and management have filled some posts but have also identified vacancies within the staff group for the care service and continue to implement the recruitment policy and procedure.
What the service has done since the last inspection
Further to changes in the management and staffing group the care service continues to build a team work ethic to create positive outcomes for the residents.

The manager and staff evidenced the actions taken to meet the outcomes of the previous unannounced inspections and continuous improvement of the service delivery for those who use the service.

Conclusion
The service has continued to score grades that are indicative of a well-managed care service.

The management and staff are focussed on the continuous development of the care service in consultation with the people who use the service and their advocates.
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.scsswis.com.

Meldrum Gardens provide a care service to a maximum of 40 older people, of whom a maximum of eight at any time will be in receipt of respite care.

The registered provider is South Lanarkshire Council.

The care home is a purpose built two storey building situated in the East Kilbride area of South Lanarkshire.

The building offers accommodation in apartment style living with full en-suite facilities. As well as full ensuite facilities the service also provides communal toilets and bathing facilities. Each unit provides shared public spaces as either lounge or dining room.

People who use the service have access to a Cinema Room, Winter Gardens and designated Hairdressing Salons.

Meldrum Gardens is accessible to public transport routes, bus, train or motorway. Service users are within a reasonable distance of the local shops and community amenities.

The grounds are well kept, offering a secure area for people who use the service to sit outside or potter in the garden. The exterior areas are visible from a number of bedrooms and lounge areas throughout the home.

During the inspection there were 27 residents living at Meldrum Gardens. Carnoustie Unit, which provides seven apartments, was shut for refurbishment and the service had one vacancy.

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

Quality of Care and Support - Grade 4 - Good
Quality of Environment - Grade 4 - Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - Grade 4 - Good
This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

The level of inspection we carried out
In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection
We wrote this report following an unannounced inspection visit, by two Care Inspectorate Inspectors, on 4 & 5 August 2014 between the hours of 09:00 - 17:00. Feedback was given to the Manager and Enhanced Senior Social Care Worker and two Senior Social Care Workers on 5 August 2014.

As requested by Care Inspectorate the service sent us an annual return. The service also sent an electronic self assessment form.

Prior to the day of the inspection the service provider was supplied for distribution Care Standards Questionnaires “How satisfied are you with this care service”?

Prior to writing this inspection report:
- Five responses were received from people who use the service
- Six responses were received from relatives and carers
- Six responses were received from staff

In this inspection, evidence was gathered from various sources, including the relevant sections of policies, procedures, records and other documents.

We followed up:
- The action plan from previous unannounced inspection
- Observation of staff practice
- Examination of the environment and equipment

We spoke with:
- Manager
- 7 Staff
- 6 People who use the service
- 2 Carers

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 no resident is subjected to unnecessary restraint and only use restraint when there is a clear indisputable benefit to the resident concerned.

- The decision to restrain someone in this way must be assessed using a multidisciplinary approach along with the resident and or their representative obtaining informed consent which must be recorded to show this is to benefit the resident.

- A clear record and plan of care must be in place which is continually reviewed in accordance with best practice guidance such as the Mental Welfare Commission’s guidance “Rights, Risks and Limits to Freedom”.

- All staff must have appropriate restraint training and familiarise themselves with this document in order to safeguard residents and respect their Human Rights.

This is in order to comply with:

Timescale: to start within 24 hours and be completed within 4 weeks from receipt of this report.

What the service did to meet the requirement
Every staff member has a master key and the doors are unlocked. Consult the resident if they wish staff to administer medication or to self medicate and keep their own key to the apartment door and the pod within the apartment. There was a briefing regarding the Mental Welfare Commission documentation and best practice guidance.

The requirement is: Met - Outwith Timescales
The requirement
The Provider must:

- Review staffing levels and the deployment of staff within the service to ensure that staff are available to meet service users’ needs at all times.
Submit to the Care Inspectorate details of the arrangements that are in place to ensure that service users’ needs are met at all times.

This is to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210) Regulation 15 (a) Staffing.

Timescale as per complaint letter sent to provider.

What the service did to meet the requirement
Staff spoke to during the inspection stated they can contact any member of staff or Senior staff to assist within the unit when required

The requirement is: Met - Outwith Timescales

The requirement
The provider must ensure that all staff are trained and competent in safe and effective moving and handling procedures in order to maintain the safety of the service users they are assisting.

This is in order to comply with:
The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210) Regulations 4(1)(a) - Welfare of users

Timescale: to start within 24 hours and be completed within 6 weeks from receipt of this report.

What the service did to meet the requirement
All staff have received moving and handling training for refresher courses where required.
Observation of moving and handling practice was acceptable.

The requirement is: Met - Outwith Timescales
The requirement

The provider must ensure when a service user requests a bath and or personal care that staff respect this need and request by assisting and supporting them to achieve the care and support requested in order to respect their rights and maintain their dignity and hygiene needs.

This is in order to comply with:

The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210) Regulations 4(1)(a) - Welfare of users

Timescale: to start within 24 hours and be completed within 1 week from receipt of this report.

What the service did to meet the requirement

Service users advised that they can have a bath whenever they wish.
Staff briefings regarding personal likes and dislikes and requests by service users regarding their personal hygiene and bathing

The requirement is: Met - Outwith Timescales

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

1. Analgesia only as PRN not as routine.
  Progress:
  District nurse call half an hour before arrival before the dressings due for one service user.
  Evidence from MARs that prns were given at request of service user although were offered routinely.
  MET

2. Amendments in MARs should be reflective of who made change and date.
  Progress:
  All MARS checked at end of shift.
  Not always signed and dated appropriately
  NOT MET (repeated at Theme 1 Statement 3)

3. Staff to familiarise with the Care Inspectorate guidance on Medication personal plans, review, monitoring and record keeping.
  Progress:
  All units got a copy - read and signed.
  Staff told us that they were aware.
  MET
4. Risk assessments in care plan

Progress:
Evidence of risk assessments in most care plans although a moving and handling RA was missing in one file.
Following audits staff had retrospectively completed the month of June assessment. This is technically falsified records as they appear to reflect that the records had been completed actually in June.
Staff need to refrain from writing the month and year only and not the actual date of completion.
Daily records - did not reflect the time of entry and not d/s, l/s and n/s for day shift, late shift and night shift
NOT MET (repeated at Theme 4 Statement 4)

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

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

The service provider identified what they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account

Five Care Inspectorate satisfaction questionnaires were received from people who use the service prior to writing the report.

Overall I am happy with the quality of care I receive at this home.
Strongly Agree = 100%

Quotes from satisfaction questionnaires:

"I have been in Meldrum Gardens for a few months now and have never felt safer and more cared for which is down to the beautiful environment and caring staff and
"Whilst there are enough staff to do the essential duties I think it would be helpful to have two or three additional staff to support extra activities or just spend time talking".

"I have no complaints. Meldrum is better than any hotel I have been in. I’m proud to call it home"

"All staff fantastic and enjoyed all activities provided"

"I am very happy living at Meldrum and do not have any complaints about my care. Staff support me with all aspects of my care and I love living here. Also enjoy all activities and entertainment provided. I also am very independent and I like my apartment as I have it like a wee flat and I know all staff will be here 24/7 if I need anything"

Taking carers' views into account

Six Care Inspectorate satisfaction questionnaires were received from relatives and carers prior to writing this report.

Overall satisfaction with the service - Strongly Agree = 100%

Quotes from satisfaction questionnaires:

"Meldrum is a fantastic care home. The staff in general are fantastic and the management team are very approachable and do their very best to cater for any requests you may have. Staff have been so helpful and supportive, they are a credit to their profession. Recently the wing my relative is staying in has had 2 members of staff on duty this makes such a difference to all service users. I do hope that this does not revert back to 1." (Turnberry unit)

"Definitely additional staff would benefit all residents and staff. More staff would allow more outings outside the care home"

"Meldrum House is a very well run unit. It provides a nice and secure environment for my relative where his support needs are met"

"In the short time my relative was in Meldrum Gardens he was always treated with kindness. The staff did everything possible to make his last days comfortable and dignified. Any time we visited we were made to feel very welcome. We were always offered refreshments and the staff took great care to inform us of my relatives
condition and other details of his 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: 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

Meldrum Gardens has sustained its Participation and consultation meetings with people who use the service, their relatives and carers in line with the Providers Strategy, policies and procedures.

The foyer is light and bright and during office hours there is a receptionist to greet visitors and ensure they all sign the visitor’s book for fire and security purposes.

There is information regarding inhouse and external activities including advocacy services and activities, copies of the policies, posters advertising meetings and community information.

As we walked round each of the units we observed they had individualised What’s On posters, films or radio programmes were playing for those residents using the lounge areas. Some people were sitting in the dining area partaking in their breakfast, for example porridge, or were offered a cup of tea or coffee and there was a filled fruit bowl visible and accessible to all residents. Other residents were sitting in the privacy of their own apartment. We observed some apartments were personalised and very homely.

The outcome of meetings held with users of the service, their family and friends are recorded in the minutes which are sent to the management team to action.

To collect the views of people who use the care service and their family and friends to influence the continuous development of the service there is active use of the following methods:
The residents all celebrated the Commonwealth Games and the Baton visit to the local area. There was photographic evidence of other activities that people had participated in, for example playing dominoes, hand massage or having your hair done, growing vegetables, planting the hanging baskets, filling the bird feeders.

We observed nice interaction between the care staff and people who use the service. Staff appeared knowledgeable of the people they supported and offered choices to enhance their daily lives, such as would you like to go into the garden or would you like orange or cranberry juice.

Minutes of meetings record that residents had been consulted about:
* refurbishment and new furnishings
* views on keyworker
* through the kitchen comments sheet review each meal

The dining experience was very pleasant with a calm atmosphere. The tables were observed to be well set and menus were available advertising the meal and alternatives if the choice is not of your liking. Staff offered assistance to those residents who required support to dine.

Care plans are individualised and 6 monthly care service reviews take place with all interested parties involved in this process.

People who use the service are supported by a key-worker and opinions and views are sought regarding the personality and practice of their keyworker and if it meets the expected roles and responsibilities of the individual and the provider.

Areas for improvement
We observed in the shared bathrooms and the sideboard in the lounge the storage of toiletries and hairdressing equipment which may belong to an individual and may compromise the welfare of all parties through the opportunity to share these items.

There were no requirements or recommendations generated from the inspection taking account of this theme and statement.

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
All people who use the service were observed to be well presented and their dignity and privacy was respected by all staff. There are daily activities for people who use the service to sustain both their physical and mental health well-being. People who use the service are offered the choice of accessing support services out in the community or the service to visit them in their home.

The people who use the service on a permanent or respite basis have had a pre-admission form completed and personal care plan developed. The contents of the care plans are informative to aid the staff to support the individual’s health care needs, medication support plan, likes and dislikes and preferences and social care plan. There was evidence that the advocates of people who use the service are part of the development of the care plan and the review of the individuals care.

Health professionals are easily accessible and visit those with identified needs as and when required, GP, District Nurse, Care Home Liaison Services, Community Psychiatric Nurses, Dieticians, Optician, Chiropodist and Dental Services, the Pharmacy for advice and guidance.

Identified members of staff who have received appropriate training administer medication. The trained staff ensure that all prescribed medication and homely remedies are appropriately stored and the treatment room and medication pods in the residents apartment are maintained to the necessary standards. The medication record sheets MARs are informative and supported by a photograph of the individual which assists staff to protect the welfare of the individual. A range of policies and procedures that guide staff practice in relation to the administration of medication and meeting the health and wellbeing needs of people using the service were available.

There is an emergency call system throughout the building to aid people who use the service, and their visitors, to summon assistance.

The senior staff complete the providers audit processes and record the outcomes of accidents and incidents, falls and complaints and ensure the providers policies and procedures are implemented in totality.

Areas for improvement
The permanent and respite personal plans sampled were noted, in some files, to have omissions of information and conflicting information which could compromise the welfare of the individual, for example:
* essential information regarding allergies was not in all cases sited at the front of
the care plan to highlight to the reader
* risk assessments are completed but could be more personalised and individualised rather than generic assessments
* missing moving and handling assessment, turning charts, outcome scores from dependency tool calculations
* review dates section was blank
* monthly updates were not specific of day, month year but just the month and year
* where fluid records are in place there were no targets or totals noted and record of intervention when the individual had a poor intake
* not updating individuals change of needs such as "independent of toileting" when in fact "assistance is now given at all times"
(see recommendation 1)

The provider has in place training for staff who administer medication and complete medication audits. We sampled the Medication Recording sheets found the contents could have been presented in an improved manner to protect the welfare of the residents. For example we noted that some papers were out of date and had not been archived; sheets continued to have hand written entries which were not annotated as per best practice guidance, for example with two signatories, who gave the instruction to alter prescribed medication or date commenced or concluded. We noted that staff did not always make use of the whole MARs sheet which provides on the reverse proper boxes to record reasons for refusal, withholding or effect of "as and when required" medication. (see recommendation 2)

We observed that when the Units two staff are providing personal care to an individual in the privacy of their apartment the other six residents are left unsupervised. Care staff spoken to during the inspection state they are aware of the providers arrangements for other staff members to temporarily base themselves within units at these times. It was not clear if this practice happens in all events or if staffing levels increase on a more permanent basis in the case of care for individuals with life limiting diseases.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 2

Recommendations
1. The provider should review personal plans used for people on respite or short breaks to ensure they are in a format that is easy to use, contain key information and are more informative to readers as how to support the individuals assessed needs. All personal plans should be updated fully on or soon after admission and when service users needs change.
2. The provider should ensure any amendments or handwritten entries in the medication administration records should identify who made the change and the date and reference of the prescriber.

A new entry should be written where there are changes to the medication dosages.

The provider should ensure there is sufficient and relevant information within the care plans to allow staff to monitor resident’s medication and the condition it has been prescribed for.

NCS Care Homes for Older People, Standard 15 - Keeping Well - Medication Care Inspectorate - Guidance Note “maintenance of medication records”.
Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths
At this inspection, we found that the performance of the service was very good and consultation with the residents had taken place regarding the upgrading of the environment.

Please see quality statement 1:1 for further information

Areas for improvement
Please see quality statement 1:1 for further information

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**

Taking into account the evidence presented and discussions with service users, relatives and staff, and observation of practice the service was found to be performing at a good standard in relation to this Quality Statement.

Meldrum Gardens is well located for public transport and motorway.

Access to the care home is via a door entry system and all visitors are asked to sign the Visitors book located in the foyer. The care service also has a receptionist who is situated in the foyer. The building is easy to move around with access to a public lift to the upper floor. There are doorbells for use at the entry to each unit because there are keypad security at door to some Units which could compromise the barrier free feel to the premises but assessed as necessary to protect the welfare of individual residents.

This purpose built care home is bright, odour free and offers lounge and dining room public areas in each unit. The dining area also has a pantry facility which is accessible to people who use the service and their visitors with beverages, biscuits and fruit throughout the day.

Visitors can be entertained in the lounges or the privacy of the individuals own apartment.

The bedrooms all have name plates, are single occupancy and have full ensuite facilities. Users of the service can have their own key to secure their room when they are out. There are a small number of shared bathrooms offering specialised equipment for ease of access and egress. Individuals and their families can personalise the bedrooms and influence the upgrading of their surroundings.

There was a pleasant atmosphere throughout the home and it was observed the appearance of the environment is kept to a high standard by the house-keeping staff.

Recommendation 2 from the last inspection directed the care service to the smoke legislation "Smoke - Free Scotland" and the provider has installed an extractor in the apartment to meet the needs of the individual. The legislation also gives guidance to protect employees when requiring to work in a smoke environment.

Visiting Health professionals and the care services own trained staff have access to private treatment areas or to carry out these services in the privacy of the individuals own bedroom.
All contractors are invited to sign into the care home to protect the safety of residents. Maintenance records were available and record that they are completed in a timeous manner. The provider had completed weekly and monthly inspection checks including risk assessment, electrical testing of small items, hot water recording as well as specialised equipment including hoists.

The manager and senior staff’s office is accessible and located in the foyer area for ease of visitors and people who use the service.

The car park is to the front of the care home and the garden is secure and has ease of access from the building. The area offers protected seating and flower beds for anyone who wishes to do gardening and there are facilities to permit residents to feed the birds.
Areas for improvement

Some minor matters were discussed at feedback with the management team regarding the volume levels of radios and TV’s in shared lounge areas and if this invades the space of some individuals.

We observed an unlabelled bottle of decanted fluids and bottles of nail varnish which were easily accessible to residents and may have been hazardous should the contents be ingested.

Staff had received training from The Dementia Services Development Centre - Director of Lighting and can refer to a very good and informative document. We note that the inhouse sensor lighting in corridors of the units contradicts what the guidance says about sudden changes of lighting. We referred the care service to the providers own circular with regards to reducing energy consumption and if by following the contents of the circular the outcome would be to create hazards for the people who use the service.

Recommendation 1 from the previous inspection was with regard to directional signage for residents but especially for those with cognitive impairment and dementia. The care service has identified and is resourcing signage to assist the freedom of movement by residents throughout the premises. We will monitor at the next inspection that the signage has been installed.

As Meldrum House does not have a designated room for smoking the provider should continue to record the regular consultation with all residents regarding the choice of individuals to smoke in their own apartment and the impact on all parties.

There were no requirements or recommendations generated from the inspection taking account of this theme and statement.

Grade awarded for this statement: 4 - 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 found that the performance of the service was very good for this statement.

Please refer to Theme 1 Statement 1 for further information

Areas for improvement
Please refer to Theme 1 Statement 1 for further information

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
Throughout the inspection it was observed that all staff treated service users and other colleagues with respect.

The provider’s comprehensive policies and procedures including recruitment, training, supervision and personal development, complaints and whistleblowing were available to staff and people who use the service in paper and electronic format.

All new employees receive an induction course and workbook to complete and to meet the necessary standard. New employees continue their learning by shadowing an experienced member of staff at the care home while being on the off-duty shift rota.

The provider has a learning and development department who provide the service with a training planner which highlights staff have access to courses covering topics such as induction, mandatory and specialised content. The courses accessed by staff are delivered by internal and external agencies and attendees are invited to complete an evaluation form at the end of each event for quality control purposes. A summary of learning related to continuous professional development is logged for each individual.

The individual employees keep the training records in their personnel file and builds their evidence for registration purposes with the Scottish Social Services Council.

Staff competency is reviewed and recorded by line management and where required discussed at individual supervision meetings with regards to personal effectiveness and providing customer service.

We were able to evidence positive outcomes in relation to staff implementing training into practice with regards to communication, personal assistance as well as respecting the individual’s dignity and privacy.

Staff have access to supervision and annual appraisal which is supported by a framework of meetings for all staff employed within the care home setting. Staff can influence the agenda, minutes are kept and action plan developed.

Six Care Inspectorate staff questionnaires were received prior to writing this report. The majority have indicated they have previously or continue to receive training course pertinent to their roles and responsibilities, love their job in care, catering or housekeeping and are aware of the providers policies and procedures.
Quotes:

"I have worked in Meldrum Gardens for nearly five years and I love my job"

"I feel Meldrum Gardens is a fantastic care home for both residents and staff. Staff ensure all residents are treated as individuals and are treated with respect and dignity. Staff, residents and management build meaningful relationships and support each other. I am happy working at Meldrum and love my job"

"I think the council provides great opportunities also for advancement. The training is absolutely great although staff do not need training for caring as you cannot train anybody in compassion the compassion is there"

"Meldrum Gardens is very much a team. We all work very well together and the effort from staff is 100%. I feel valued in my role. Staff offer excellent support to the service users within the home and I feel that all service users feel safe and secure in their environment. Service users participate in all aspects and are consulted on changes to their environment such as furniture, décor, garden areas, menus etc"

Areas for improvement
The service has an attendee sheet for each course delivered but it was difficult to tell who or if individual staff members had presented for the training as the sheets did not contain the signature of those at each event.

There were no requirements or recommendations at this inspection from Theme 3 Statement 3.

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 performance of the service was very good and consultation with the residents had taken place regarding the management and leadership and continuous development of the service.

Please see quality statement 1:1 for further information

Areas for improvement
Please see quality statement 1:1 for further information

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
The provider had quality assurance policies and procedures in place. The provider, care service management team and staff members completed audits for various areas of the service to protect the welfare of the people who use the service. For example complaints, accidents and incidents, falls, medication, dependency levels of people who used the service and the supervision, competency levels and annual appraisal to assist with the future development of the care service.

The care service had in place a bi-annual competency audit "COMAM" completed by Senior Social Care Workers for employees who administer medication and an annual observational check of the practice of good hand hygiene and washing to protect the health and welfare of people who use the service and visitors to the service.
People who used the service, their carers and advocates participated in the individuals care assessment and support plan review process a minimum of every six months to ensure that legal requirements were met. The care plans were discussed with the keyworker and social worker as well as the individual and their advocate. All parties were also invited to participate in meetings, surveys, and questionnaires internal and for other scrutiny bodies.

There was a framework of meetings to aid communication between employees with local management and the provider, as well as other professionals and agencies. All these meetings had a set format with agenda, minutes and action plans in place.

The care service had copies of publications and care triggers from the Care Inspectorate, NHS Lanarkshire and Scotland, South Lanarkshire Council as well as other professional bodies.

**Areas for improvement**

The contents of a number of the evidence documents and files provided by the care service may have benefited from being archived so as not to confuse any reader.

It was not clear what the person who has been delegated to review the entries was in fact quality assuring be it quality of content, quantity of entries or frequency of completion:
* the maintenance log book
* the daily environmental audit of the unit
* the kitchen paperwork audit
* fluid record sheet
* food record sheet

For example there was a lack of fluid totals at the end of every day during a monitoring period. There was no target on the food record chart.

The individual’s care plan is supported by a second file. There was duplication of documentation within the care plan and no at glance information for staff referring to what they must do to care for the individual. Where a risk had been identified there was not always a supporting care plan, such as a turning chart in use by staff to ensure the positional record for specific individuals and failure to keep this record may compromise the persons skin integrity. (See recommendation 1 - repeated from Theme 1 Statement 3 from previous inspection)

The provider makes use of a recognised dependency tool, Isaacs and Neville, to identify the needs of the individual but the outcome score was not recorded in the care plans sampled or the second file. We noted conflicting information between the care plans and the separate file sampled which could compromise the health and welfare of the individuals with regards to:
* NATVNS Waterlow scores and the capacity to weigh and complete calculations accurately depending on the individuals capacity to weightbear
* SSKIN Care Bundle with focus on times of changes and record with regards to mobility

The care service is completing the audit process for safe administration, storage and record keeping of medication but all audits should be easily followed for the person who has been allocated the duty to complete the audit and quality assurance process. For example to ensure that all new amendments are appropriately recorded. We observed that the medication care plan does not always have dates commenced recorded and do not always reflect the up to date medication on the MARs. The service is using “one sided” MARs sheets when other double sided ones have the proper boxes with reason for carrying out an act such as “withholding” or other instructions.

It was not clear how the provider plans to consult with more than three quarters of the people who use the service who have not yet participated in the evaluation of Meldrum Gardens.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. Risk assessments in personal plans should be primarily centred on the risk to the individual who uses the service and have a care plan that details how to minimise the risk to the individual concerned. It may also be appropriate to highlight the risk to staff but that should not be the primary function of the risk assessments in personal plans.

NCS, Care Homes for Older People - Standard 6 - Support Arrangements
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

<table>
<thead>
<tr>
<th>Quality of Care and Support - 4 - Good</th>
</tr>
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<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 3</td>
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<thead>
<tr>
<th>Quality of Environment - 4 - Good</th>
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<tr>
<td>Statement 1</td>
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<tr>
<th>Quality of Staffing - 4 - Good</th>
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<tr>
<td>Statement 1</td>
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<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 4</td>
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## 6 Inspection and grading history

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<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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<tbody>
<tr>
<td>13 Jan 2014</td>
<td>Unannounced</td>
<td>Care and support 4 - Good</td>
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<tr>
<td></td>
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<td>Environment 4 - Good</td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Management and Leadership 4 - Good</td>
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<tr>
<td>30 Nov 2012</td>
<td>Unannounced</td>
<td>Care and support 5 - Very Good</td>
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<td></td>
<td>Environment 5 - Very Good</td>
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<td>Management and Leadership 5 - Very Good</td>
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<td>28 Feb 2012</td>
<td>Unannounced</td>
<td>Care and support 4 - Good</td>
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<td></td>
<td>Management and Leadership Not Assessed</td>
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<tr>
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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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