Contents

Summary 3
1 About the service we inspected 5
2 How we inspected this service 7
3 The inspection 11
4 Other information 25
5 Summary of grades 26
6 Inspection and grading history 26

Service provided by:
Mericourt Limited, a member of the Four Seasons Health Care Group

Service provider number:
SP2007009149

Care service number:
CS2003014529

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 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

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>5</td>
<td>Very Good</td>
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<tr>
<td>Quality of Environment</td>
<td>5</td>
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What the service does well

Kingsmills continues to provide a very good standard of care and has retained its grades of very good at this inspection.

The manager and staff team work to ensure that care and support is provided in a person centred way and reflects the personal preferences and wishes of residents and their families.

Residents and their families told us that they were happy with the quality of care that the home provides.

What the service could do better

The providers have plans for an extensive refurbishment of the home and its environment.

Some aspects of care planning for some residents could be further developed to ensure that there was appropriate guidance in place for staff to support them to meet all assessed health and care needs of residents.

The providers are planning on introducing a new care planning format.
What the service has done since the last inspection

The home has further developed its activity provision and offers residents a range of appropriate, purposeful, recreational and stimulating activities.

Residents spoke of increased trips out on the home’s own mini-bus.

There has been some decoration of communal areas and individual rooms which residents have been involved in choosing colour and decoration schemes.

The service continues to work well with residents and their relatives to ensure their needs and wishes are met.

Conclusion

Kingsmills has retained its grading as a very good service with the service achieving positive outcomes for the residents living there in relation to health and well-being and safety.

We found that care and support was delivered in a person centred way by a motivated and dedicated staff team.

Both residents and their relatives were happy with the home and services provided and they all spoke highly about all aspects.
1 About the service we inspected

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

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

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.

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.

Kingsmills Nursing Home is registered to provide a care home service to a maximum of 60 older people.

The home is a purpose-built, two storey care home. There are 60 single bedrooms with en-suite facilities comprising toilet and wash hand basin facilities. There are five bathrooms and two shower rooms for general use within the communal facilities of the care home. There are also four communal lounge areas, one of which is a designated smoking area, two dining rooms and an activities room within the care home. Access to the first floor is provided by two passenger lifts and by stairs.

The care home has a garden to the rear of the building for the sole use of service users and an open garden in the grounds at the front of the building.

The care home is situated within a quiet residential area of Inverness and is close to
the city centre, local amenities and transport links.

The service is provided by Mericourt Limited, a member of the Four Seasons Health Care Group, a national provider. A full-time manager is employed at Kingsmills Nursing Home and is responsible for the day-to-day management of the care service.

The service’s aims and objectives are to:

* Provide a service which admits and discharges, where appropriate, residents on a planned basis. An assessment visit carried out by the manager or their deputy will ensure that the service provided is based upon the needs and circumstances of the resident.

* Respect the rights, dignity, individuality and lifestyle of the resident. Expected goals and outcomes which are realistic and achievable will be identified and documented in an individual care plan.

* Implement a quality assurance process which seeks the views of residents/relatives and reflect resident outcomes. The aims and objectives of the home will be regularly reviewed and revised in accordance with the needs of the residents. Feedback on the performance of the home will be sought from stakeholders on an individual and group basis.

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

**Quality of Care and Support** - Grade 5 - Very Good
**Quality of Environment** - Grade 5 - Very Good
**Quality of Staffing** - Grade 5 - Very Good
**Quality of Management and Leadership** - Grade 5 - Very 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 on which took place on 16 and 17 December between 08:45 - 18:15 and 09:00 - 15:00 respectively with a return visit on 18 December at 10:30 to provide feedback to the manager.

As part of the inspection we took into account the completed annual return and self assessment that we asked the providers to submit.

We received 6 completed Care Inspectorate questionnaires from residents and 4 completed questionnaires from relatives.

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

- Certificate of Registration which was displayed within the home.
- Staffing Schedule which was displayed within the home.
- Information Brochure.
- Participation Policy and Strategy.
- Records of service user and carer involvement - including resident meetings, questionnaires.
- Resident care and support plans, including reviews.
- Activity Provision
- Staff rotas
- Staff training, supervision and appraisal records.
- Medication - including storage arrangements and administration records.
- Accident / incident records and evaluation of these.
- Risk assessments, both individual and environmental.
- Complaints policy and procedures.
- Maintenance records.
- Kitchen Records.
- Cleaning Schedules.
- Quality assurance system and records including audits.
We spoke to the following people:
8 Residents.
6 Relatives.
Care and Nursing staff.
The Cook.
The Manager.

We observed how staff interacted with residents and we also looked around the home to check the environment.

**Grading the service against quality themes and statements**

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

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

**Inspection Focus Areas (IFAs)**

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

**Fire safety issues**

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

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

The manager completed an online self assessment which provided information as to the considered strengths of the service along with identified areas for development.

Taking the views of people using the care service into account

Comments from residents included the following:

'I'm very happy with the care and support provided by the staff.'
'Staff are marvellous'.
'I can do what I want and when I want to do it'.
'The home is very pleasant, clean and tidy'.
'I am lucky I came here and I am looked after very well.'
'The manager is a very nice capable person, always willing to listen to my thoughts.'
'(My) opinions are taken seriously.'
'Sometimes feel that there is not enough staff but that is in unexpected and unforeseen circumstances.'
'Staff are very good'.
'Staff are very kind'.
'I have been happy during my time here'.
'i'm very happy and have no complaints.'
'Meals are tasty and the cook makes sure I have what I like'.
'Staff are so nice and so caring.'
'Staff put their hearts into what they do.'
'Beautiful food'.
'I'm 100% happy'.
'Food and meals are enjoyable'.
Taking carers' views into account

Comments from relatives included the following:

'Staff work hard to ensure best service and all are always approachable'.
'Would be great to have an extra member of staff to have time to chat and socialise a little more with those who are 'room-bound'.
'Feel menus could be changed more frequently, monthly instead of seasonal'.
'I would say my (relative) struck lucky getting into Kingsmills.'
'The staff in Kingsmills are all lovely friendly people and I have absolutely no worries about my (relative) being there'.
'The staff are always helpful, considerate and friendly and notify us immediately of any issues concerning our relative.
'We are very happy'.
'Care staff team are very good and caring.'
'The manager has open door policy, can discuss anything, very supportive of us as well.'
'Staff monitor health needs and have picked up on things we haven't and are quick with GP referrals.'
'Very, very happy'.
'No complaints at all'.


3 The inspection

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

Quality Theme 1: Quality of Care and Support
Grade awarded for this theme: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths
At their last inspection in August 2013 Kingsmills was awarded a grade of 5 - Very Good for their participation practice and involvement of residents and their families. At this inspection we considered that the service had maintained its very good practice and has retained their grade of 5 - Very Good.

We concluded this after we spoke with residents, relatives, staff and the manager. We also took into consideration resident and relative involvement in personal care planning, minutes of meetings, questionnaire findings, evidence of outcomes of involvement and other supporting documentation such as the Participation Strategy.

The home’s participation strategy is clearly displayed within the entranceway. The strategy identifies how residents, relatives can be involved in providing their views, suggestions and feedback on the home and the services provided. The strategy places an emphasis on ensuring that all participation is meaningful for those involved. It identifies that residents have a right to have a say, enjoy choice and have a say about the services offered and provided. The strategy also identified the importance of providing feedback and sharing the outcomes of all consultation.

We saw that participation methods used within the home included the following:

- Regular meetings which were held at a frequency agreed with the residents and relatives
• There was a planned schedule of future meetings and this was displayed on notice boards and in the lifts.
• Minutes of meetings were displayed within the home. We could see from these that the resident meetings generated a wide discussion and showed a sense of community within the home. This was confirmed by those residents we spoke with who have attended the meetings.
• Minutes of the last residents meeting showed that there had been discussion about the recent changes to the provider arrangements, bus trips and places they wanted to go, discussion of trips, entertainment and the Christmas party.

• A resident’s satisfaction survey has been used to gather views. We saw the last one which had been completed and saw that it covered all aspects of the service provided. The last set of collated results showed an increase in satisfaction since the previous survey.
• A separate survey had been used to gain resident views regarding the food and meals served within the home. In addition meetings have also been held which the cook has also attended to hear and discuss comments and suggestions from the residents. Changes have been made to the menus as a consequence of these.
• There is a suggestion box in place which residents and visitors can use. This has not been used frequently since the last inspection but has been in the past.
• A book is kept within the entranceway within which residents and their visitors can record any comments they have. We saw that there were several recent entries regarding events and activities that have taken place within the home with lots of positive comments.
• The providers have produced a brochure for home which gives an overview of services and facilities provided. During the inspection we observed that people were able to visit to look around the home to enable them to make an informed choice as to whether the home was suitable.
• We saw that residents were able to assert their choices in all aspects of daily living and this was confirmed by the residents we spoke with.
• Within care plans we saw that residents and their relatives were involved in the review of their care and support.

There are a number of information boards within the home which display information regarding daily menus, activity planning, latest newsletters and staffing each day.

We saw that residents and relatives had been able to influence different aspects of the home and service provided through their involvement, such as redecoration and colour/paper choices, changes to care and support, food and menu adjustments.
Areas for improvement

We discussed with the manager how they were to continue to develop their participation methods to support the meaningful participation and involvement for all residents including those who have dementia. We discussed how this further development could form part of the role of the staff who are now Dementia Ambassadors for the home who themselves could provide additional support, guidance and subsequent training for the staff team.

We saw within some of the care plans that some residents had not been involved in the review of their care planning. We discussed with the manager that whilst it may not be appropriate for a resident to attend a formal review meeting, feedback could be obtained through the named nurses and care staff on an ongoing process. Staff could contribute things they have learned or observed about the person whilst supporting them i.e. what they are able to do, what they enjoy or talk about.

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

At the last inspection we found that Kingsmills was very good at meeting the health and wellbeing needs of the residents. At this inspection we considered that the home had maintained these very good standards. We concluded this after looking at care plans, speaking with residents and their relatives, speaking with and observing staff, medication management and activity provision.

Care Planning

We looked at seven care plans at this inspection. Within these we saw that some had very good detail as to the care and support needs of people and which reflected their personal preferences and choices.

We saw that staff had re-written or updated care plans where there had been a change in someone’s care which provided updated guidance for staff to follow.

Staff complete a range of health needs assessments such as moving and handling and continence. This ensures that appropriate guidance is in place for staff and that suitable aids and equipment are available to support residents effectively.
We saw within the care plans that staff seek to promote independence and focus on the strengths of an individual and what they are able to do themselves.

Records within care and support plans showed that residents were able to access external health services such as General Practitioners, dieticians, speech and language therapists and community psychiatrists. The level of support from community health was determined by the health needs of the residents at any given time. Residents confirmed that they were able to see health professionals as they needed to. Staff confirmed that they had good working relationships with health professionals.

We saw that personal histories were being developed with residents and their relatives by completing the ‘Getting to Know Me’ document. This document was developed by Alzheimer Scotland and The Scottish Government and records personal information about the individual resident’s personal likes, dislikes and preferences. It assists staff to get to know the whole person and promotes a person centred approach to care and support.

Some of the completed ‘Getting to Know Me’ that we saw were very detailed and provided staff with good information as to individual residents’ previous life experiences which would assist in their current care planning.

Staff maintain information boards within the staff areas on which was recorded pertinent information for each resident which staff confirmed that they found useful.

Meals and Nutrition

Within the care plans we saw, each of the residents had a nutrition care plan in place which identified individual preferences and choices.

We saw that staff regularly monitored each resident’s weight and nutritional needs and how these were to be met. Care plans included guidance and advice from dieticians.

Residents advised us that they enjoyed the meals and food served. We saw from the menus that a variety of meals are served and that residents have a choice at each mealtime. There was evidence to confirm the cook was in regular contact with residents and care staff and they demonstrated a good awareness of individual dietary needs.

We observed that mealtime arrangements were well-managed and saw that residents who needed assistance were well supported in a sensitive manner.

Medication
There were effective systems in place for the management of medication within the home including the ordering, storing and administration of medication.

There were clear procedures in place which were supported by regular and ongoing audits of medication.

Through care planning and observation during the inspection we considered that the staff who administered medication were clear as to the procedures to follow, actively monitored the effects and effectiveness of medication and were quick to consult GP’s with any queries, issues or concerns over someone’s prescribed medication.

Activity Provision

We saw that there was an activity planner for the week displayed on the notice boards which informed residents and visitors as to what was happening during the week.

A new activities co-ordinator has been appointed since the last inspection. They have attended a range of training such as providing Meaningful activities and through the National Association for Providing activities for older people (NAPA). They were very positive in their role and it was clear through discussion with them that they carry out a lot of research to make activities meaningful and interesting for residents. They have a number of plans to further develop the activities for residents, including evening groups.

Records showed that there had been an increase in the range and type of activities provided. There has been a particular increase in the number of bus trips and outings for residents.

Areas for improvement

We discussed with the manager where some information was filed within the care plan and she was to review this.

For some residents where an Adults With Incapacity Section 47 Certificate had been granted these were not accompanied with a treatment plan which detailed what was covered by the certificate. The manager was to pursue this with the GP practice.

We considered that some aspects of care planning for some residents could be further developed to ensure that there was guidance in place for staff to meet all assessed needs appropriately, particularly when a resident could become anxious and unsettled or have particular assessed mental health needs.

Within some care plans we saw that subjective rather than objective language had been used. This was again discussed with the manager who advised that this would
The manager regularly conducts assessments of dependency needs, to ensure that changing needs of residents are taken into account. However, the assessment tool currently used is focussed on physical need with little reference or consideration given to mental health needs, which will also have an affect on the dependency levels of residents within the home. The provider should consider reviewing this to ensure that any assessment takes into consideration all assessed needs of residents.

We spoke with the manager as to the current use of 'wellbeing profiles' which were completed once with residents but not reviewed or used on an ongoing basis and we did not see what benefit the use of these had for residents or staff. The manager was to discuss this further with the providers as it is currently their policy to use these.

Completion of the 'Getting to Know Me' resource with residents should be seen as an on-going development and not a one-off exercise as some of those seen had been completed some time ago but had limited information contained within them.

The providers are planning on introducing a new care planning format and this will be reviewed at the next inspection.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 5 - Very Good

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

Service strengths
Please refer to Quality Statement 1.1 under which the findings for all participation statements are recorded.

Areas for improvement
Please refer to Quality Statement 1.1 under which the findings for all participation statements are recorded.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0

Statement 2
We make sure that the environment is safe and service users are protected.

Service strengths
At this inspection we found that Kingsmills had maintained its very good standards for this quality statement. The service had a range of policies and procedures in place to ensure that residents were safe and protected. During the inspection we looked at personal care and support plans, reviewed individual and environmental risk assessments, incident and accident records, maintenance records and other records of health and safety checks that the service kept. We also observed the environment as a whole.

On arriving we carried out a general walk around of the home, which was clean, tidy and odour free. Visitors and residents confirmed that the home was kept clean and tidy at all times.

There were effective cleaning strategies in place and staff practice ensured that
precautions are taken to prevent the spread of infection and promote safe practice. Domestic staff are employed within the home. They use cleaning schedules and were fully aware of the appropriate procedures to follow. There were good systems in place for the management of laundry within the home.

There is a safe entry system and all visitors to the home were greeted by staff.

There was also a signing in and out book for visitors so that staff were aware of who was in the building throughout the day and evening.

Repairs and Maintenance:

There are maintenance staff employed within the home for both internal and external maintenance.

Records relating to health and safety and maintenance of the environment were kept. We could see that these checks were carried out regularly and that any issues arising were addressed quickly. Maintenance staff had daily/weekly/monthly maintenance scheduled checks which covered all aspects of the environment, including the building itself and all equipment used within the home.

We could see from the records the action taken if any faults or issues had been identified and the maintenance staff signed off each repair as it was completed.

For any repairs and maintenance that internal staff could not do an external contractor was in place to address this.

Safety Certificates and contracts were in place for all services and equipment used within the building i.e. electricity, gas, lifts, hoists etc.

Kitchen staff ensured that all food safety records were up to date, covering food delivery, storage, checks on storage, expiry dates. Fridge and freezer temperatures were checked daily and we could see evidence of the action taken if temperatures were not within the acceptable temperature range.

Risk assessments were in place for safe systems of work such as moving and handling and the use of equipment such as bed rails.

There were appropriate systems in place for the reporting of any accident or incident that occurs within the home. The home uses an electronic system for recording these and there is a thorough audit of accidents and incidents by both the care home manager and the health and safety officer employed by the providers. We saw evidence of the manager and staff team taking follow-up action after any incident to minimise the risk.
Through looking at staff rotas and staffing information displayed on notice boards we considered that staffing was maintained at levels suitable to meet the needs of the current residents.

**Areas for improvement**

We did identify that some risk assessments were needing to be reviewed. The manager was aware of this and was to ensure that all risk assessments throughout the home reflected the most up to date versions.

We did discuss with the manager that there could be some further development of the evaluation of accidents and incidents with a clearer link to the risk assessment process which would evidence how some decisions had been taken to minimise potential future risk.

We discussed the 'Managing Falls and Fractures' resource toolkit for care homes with both the manager and one of the Moving and Handling Staff leads and they were to consider the use of some of the tools within the home.

The providers are planning a future upgrade/refurbishment of the care home.

**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: 5 - Very Good

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

Service Strengths
Please refer to Quality Statement 1.1 under which the findings for all participation statements are recorded.

Areas for improvement
Please refer to Quality Statement 1.1 under which the findings for all participation statements are recorded.

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
At this inspection we found that Kingsmills had maintained its very good standards for this quality statement. We concluded this after we had spoken to residents and their relatives and to staff. We looked at records such as a staff training matrix, staff training and supervision records, minutes of meetings and general observation.

An induction programme was in place for new staff members. These programmes vary in accordance with the role someone is employed to do within the home and covers all aspects of their roles and responsibilities. A mentor system is in place with staff matched with more experienced staff who they work alongside until they feel confident in their role.
We saw that there was a staff training matrix in place for this year. Training provided for staff included Moving and Handling, Caring for Services, Dementia Care, Continence management, care planning, first aid, catheter care, nutrition and dining experience.

The providers also use an on-line e-learning training programme. Staff completion of on-line training is monitored by the manager who can assess the training started, completed, due and needing to be completed for each individual member of staff. Overall we could see that there was a high level of completion of the on-line training.

There is a daily ‘huddle’ morning meeting of departmental representatives to discuss any issues and events planned for the day. This supports effective communication between the staff teams. Staff also attended staff meetings where they met with other staff to discuss all aspects of service provision. Staff spoken with considered that communication amongst the team was very good and effective.

Staff received regular appraisal, support and supervision. Supervision records showed that all aspects of their role, responsibilities and practice could be discussed. Agreed actions from previous supervision were followed up and training needs discussed and identified.

The manager also has a policy of the month which is discussed with staff and this is also followed up through supervision. We saw a recent detailed series of supervisions regarding infection control within the home.

Staff have also received training to support them to become ambassadors or champions in different aspects of service provision. The home currently has a number of ambassadors or champions in dementia care, falls awareness, infection control, continence management and moving and handling. The role of these staff is to take the lead in these areas, promote best practice within the staff team and provide training and awareness sessions.

We observed during the inspection that staff were professional in their approach. We considered that they worked well as a team and supported each other during the shifts. We observed caring and supportive relationships between staff and residents.

Since the last inspection the Deputy Managers hours are now supernumerary which enables her to fully support the manager within the home and whilst available whilst on shift to support the staff team is not included within the rota for care hours. This has proved beneficial given the size of the care home.

We received six completed Care Inspectorate Questionnaires from staff and also spoke with a number of care and nursing staff during the inspection. Within questionnaires all staff confirmed that they were aware of a range of policies and procedures and that their training needs were met. All staff confirmed that they received supervision
and had opportunities to meet with other staff to talk about their day-to-day work. All staff considered that they had the skills needed to support the residents, that residents were treated with respect and that overall the home provided good care and support to the residents.

Comments from staff included the following:

‘Staff co-operate with each other and work as a team’.
‘Staff and residents build a good relationship with each other’.
‘Good atmosphere within the home’.
‘Lots of training opportunities’.
‘There are more activities and bus trips’.
‘Good communication’.
‘Standard of care is very good’.
‘Communication is good, teamwork is good’.
‘I enjoy my job’.

Areas for improvement

Staff are encouraged to evaluate the training they attend. The manager is to review this process to ensure it is effective. The Dementia Ambassadors are to provide dementia training to the staff team using the Promoting Excellence Framework, (Scottish Government 2011) to ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia. We considered that this will help to address the issues we identified within some aspects of care planning and use of subjective language.

The manager identified though their own areas for improvement that they were to promote the Participation strategy amongst the staff team to ensure all staff are fully aware and can promote this with the residents. One member of staff did advise that they were unsure as to the participation policy however, this should be addressed through the manager’s own actions.

The manager advised that they were to make minor changes to formalise recording of the daily meetings.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0
Quality Theme 4: Quality of Management and Leadership
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 management and leadership of the service.

Service strengths
Please refer to Quality Statement 1.1 under which the findings for all participation statements are recorded.

Areas for improvement
Please refer to Quality Statement 1.1 under which the findings for all participation statements are recorded.

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
Kingsmills has maintained its very good standards for this quality statement. We concluded this after we talked to residents, relatives, the manager and staff. We also took into account personal plans, minutes of meetings and other supporting documentation. We found that there were a variety of quality assurance processes and systems in place to assess and improve the quality of service.

The strengths we identified and reported under the participation statement 1.1 are also relevant to this statement.
Some of the quality monitoring systems we saw included the following:
• Care Plans audits which identifies if care plans required rewriting or updating following any changes in individual need, the action to be taken and by whom. A matrix was in place which identified actions required and when these had been completed.
• Service provision audits such as medication, nutrition, dining experience, infection control and wound care with action plans to address any issues.
• Health and Safety audits including fire safety, staff training, equipment and resident bedrooms.

Staff Questionnaires have been distributed to the staff team and we saw that these covered all aspects of the service and provided staff with the opportunity to give their views and feedback.

A complaints procedure is in place. All bar one of the people who completed care standards questionnaires told us that they were aware of the complaints procedure and they knew how to make a complaint. They were also aware of the role of the Care Inspectorate with regards to complaints, again with the exception of one. The home had not received any complaints since the last inspection.

The service is also scrutinised by other agencies such as, environmental health, fire service, and the contracts and commissioning team within the local authority.

The manager operates an open door policy and is available to speak with residents and their relatives on request. We observed this during the inspection and this was also confirmed by residents and relatives spoken with.

Areas for improvement
There have been changes within the service providers who are now known as Brighterkind. They are to introduce a new quality assurance system using care quality indicators which will cover all aspects of care provision, use of equipment, involvement and participation and staffing (training and supervision etc). The manager will be expected to complete the quality assurance and provide a monthly report to the service providers.

The Service Providers are in the process of rolling out a survey to all staff across all of their homes.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
4 Other information

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

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

Additional Information

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

<table>
<thead>
<tr>
<th>Quality of Care and Support - 5 - Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement 1</td>
</tr>
<tr>
<td>Statement 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Environment - 5 - Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement 1</td>
</tr>
<tr>
<td>Statement 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Staffing - 5 - Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 3</td>
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</table>

<table>
<thead>
<tr>
<th>Quality of Management and Leadership - 5 - Very Good</th>
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</thead>
<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 4</td>
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## 6 Inspection and grading history

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 Aug 2013</td>
<td>Unannounced</td>
<td>Care and support 5 - Very Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment 5 - Very Good</td>
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<td></td>
<td>Staffing 5 - Very Good</td>
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<tr>
<td></td>
<td></td>
<td>Management and Leadership 5 - Very Good</td>
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<tr>
<td>9 Jan 2013</td>
<td>Unannounced</td>
<td>Care and support 4 - Good</td>
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<tr>
<td></td>
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<tr>
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<td>Staffing 4 - Good</td>
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<tr>
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<td></td>
<td>Management and Leadership 4 - Good</td>
</tr>
<tr>
<td>12 Jul 2012</td>
<td>Unannounced</td>
<td>Care and support 4 - Good</td>
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<tr>
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<td>Environment 3 - Adequate</td>
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<td></td>
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<td>Staffing 3 - Adequate</td>
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<tr>
<td></td>
<td></td>
<td>Management and Leadership 3 - Adequate</td>
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<tr>
<td>Date</td>
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<tr>
<td>22 Dec 2011</td>
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<tr>
<td>Date</td>
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<td>23 Dec 2008</td>
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<td>3 - Adequate</td>
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<td>2 - Weak</td>
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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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