

## Care service inspection report

# Hawkhill House Nursing Home

## Care Home Service Adults

234 North Deeside Road  
Milltimber  
Aberdeen  
AB13 0DQ  
Telephone: 01224 735400

Type of inspection: Unannounced

Inspection completed on: 5 December 2014



HAPPY TO TRANSLATE

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### Service provided by:

Mrs R E M Tayler

### Service provider number:

SP2003002325

### Care service number:

CS2003010393

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](mailto: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

Families and residents were generally satisfied with the quality of the care provided at Hawkhill House. Staff were seen to be warm and caring towards residents and visitors. Staff were committed to making sure residents received a good standard of care. We saw a good level of care being provided to residents.

### What the service could do better

A lot of staff changes have taken place this year. The home is working to have a stable staff group. The management should make sure they always have enough staff on duty to meet all of the residents' needs and are able to demonstrate this everyday to people in the home.

### What the service has done since the last inspection

The standard of care has remained at a good level since the last inspection. Most of the recommendations and requirements made at the last inspection about care planning, formal staff supervision and training, as well as quality assurance systems have yet to be met.

### **Conclusion**

People were generally happy with the care at Hawkhill House. A good level of care was being provided to residents. The proper staffing levels need to be in place all the time to make sure residents' needs are met.

# 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](http://www.careinspectorate.com).

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

## Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve, 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. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- **A requirement** is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Hawkhill House is a care service for older people situated in a quiet residential part of the west end of Aberdeen surrounded by well-maintained and established gardens. The care home is registered to provide a residential and nursing care service for up to 48 people and in addition, day care for up to two residents at any one time. It has been registered with the Care Inspectorate since 1 April 2011. The service aims to provide a "secure, comfortable and relaxed environment, which offers individual attention, combined with very high standards of care."

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](http://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 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

This report was written following an unannounced inspection by one inspector. The inspection visit was carried out over two days on 4 December 2014 from 8:45am to 7:00pm and 5 December 2014 from 7:45am to 5:00pm.

On the first day of the inspection we were joined by two inspection volunteers from 11:00am to 2:00pm who spoke with residents in small groups and individually.

We issued Care Standards Questionnaires (CSQs) to the service for random distribution, including 20 for people who lived in the home, 20 for their friends or relatives, and 20 for staff. We received back none from people who lived in the home, seven from relatives, and three staff questionnaires.

We gathered evidence from various sources, including relevant sections of policies, procedures, records and other documents, including:

We spoke with, formally and informally, including:

- sixteen people who live in the home
- two family members
- the owner/provider
- the consultant (in management, leadership and care provision, engaged by the provider)
- the manager
- the depute manager
- nurses
- carers
- the occupational therapist employed in the service
- the administrator
- domestic staff.

We looked at:

- evidence from the home's annual return
- audit records

- personal plans of people who live in home
- medication records
- staff rotas
- staff files including recruitment records
- staff training records
- repairs book
- health and safety checks and audits
- accidents and incident records
- policies and procedures
- CSQs requested by us at the care inspectorate
- minutes of the Friends of Hawkhill meetings
- appreciation cards
- minutes of staff and management meetings
- diaries
- general notices throughout the home
- observing how staff work with residents, visitors and each other throughout the inspection
- equipment and the environment
- we observed staff supporting residents at lunch time in both dining rooms on the first day of the inspection and the main dining room on the second day.

We gave feedback to the provider, the consultant engaged by the provider, the manager of the home and the depute manager at the end of the second day of our inspection visit.

### **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](http://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 effective arrangements are in place to identify service user health, welfare and safety needs and to monitor how well those needs are being met. In order to achieve this, the provider must ensure that:

(i) Accurate support plans are made of the care service users receive each day, and this information is used to inform the ongoing evaluation of the quality of residents' care and how well their needs are being met. Effective arrangements are in place to monitor residents' health, welfare and safety. This should include:

(a) Accurately completing monitoring records, activity and behavioural charts, and using this information to plan the residents' care and inform practice.

(b) Risk assessments are reviewed and updated when required or as changes occur, especially in relation to falls.

(ii) Effective arrangements are in place to evaluate the quality of residents' care. This should include:

(a) Consultation with residents, relatives, other professionals and staff as well as directly monitoring how resident are cared and supported.

(b) Using this information to consider whether the planned care is appropriate to meet the residents' needs and whether they may have changed since the previous evaluation.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 3 - to provide services in a manner which promotes quality and safety, respects independence and promotes choice; Regulation 4(1)(a) - the health, welfare and safety of residents; and Regulation 5(1) - person plans which sets out how the service user's health, welfare and safety needs are to be met.

In making this requirement, the following has also been taken into account:

National Care Standards, Care Homes for Older People – Standard 5: Management and Staffing Arrangements; Standard 6: Support Arrangements; Standard 11: Expressing Your Views; and Standard 19: Support and Care in Dying and Death.

Timescale: within six weeks on receipt of this report.

### **What the service did to meet the requirement**

Please see the report for detail.

**The requirement is:** Not Met

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

Please see report.

### **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.

A comprehensively completed self assessment was submitted to us within the timescales given. The service had identified areas of strength, as well as areas for developments. There was evidence that the service had consulted with residents, families and staff to inform the self assessment.

### **Taking the views of people using the care service into account**

We spoke with 16 residents formally and informally during our inspection. We received no CSQs back from the 20 we asked the home to randomly distribute. Comments from people we spoke with were used to inform our report. Comments included:

- "This building is too perfect to be true!"
- "Everything is fine, as you can see."
- "They are all wonderful here. I can't imagine anything being a problem."
- "I like my breakfast, lovely. I always have porridge, it's made the way I like it."

- "You can have a cooked breakfast if you want to."
- "The food, I find, is pretty good but could sometimes do with a bit more, I have a good appetite."
- "I don't like to miss any of Sallie's classes, they are very informative, stimulates my brain. You couldn't have a better person, she's wonderful."
- "I like to be independent and I'm allowed to be."
- "They let visitors in more or less at any time."
- "The staff change a lot, there is sometimes a shortage until someone new comes."
- "The staff are good. I just ask my 'nurse' if I need anything and she gets it done."
- "Certain people are more receptive than others if you wanted to approach them."
- "I know where the office is and would go there if I had an issue."

### **Taking carers' views into account**

Carers include family, friends, advocates and visiting professionals. They do not include staff.

We received seven out of 20 CSQs for relatives and other representatives we asked the home to randomly distribute. The majority of the responses were positive. Comments made in the questionnaires and from people we spoke with were used to inform our report. Comments included:

- "I am happy with the care here - I wouldn't put my family member anywhere else. It is as near as home as I could get."
- "I feel staff are very good at dealing with my family member's dementia. Staff are not slow to give my family member a hug and comfort. I am happy with this as their face lights up when they see the carer."
- "Staff are not slow to get in touch with me or any professional if needed."
- "My family member is always clean and well-dressed and their room is lovely and clean."
- "There are never any smells."
- "Very good care here."
- "Residents can be involved in all sorts of decisions. Residents can make their choices. Staff are always offering my family member options, not leaving them to fester in their room. They respect my family member's choices."
- "They are excellent at maintaining a person's dignity, even though the person may not care."
- "There is great banter with all the staff."
- "You can approach any staff - I would be confident the message would get through to who it needed to so that action could be taken."
- "I feel it is very safe here, leaving my family member."
- "Staff are always welcoming."

### 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

There was evidence to demonstrate that the service performed to a good standard to enable service users and carers to participate in assessing and improving the quality of the care and support provided by the service.

We saw that there continued to be a number of ways that residents and their representatives could contribute to the improvement of the service. These included:

- continued good quality day-to-day interactions between the residents, their representatives, the leadership and the staff
- leadership presence daily
- six-monthly reviews of care
- developing and reviewing care plans
- residents each have named nursed and carers
- very regular discussions with the home's occupational therapist
- the Friends of Hawkhill meetings (used to plan activities and outings to meet residents likes and interests)
- newsletters
- developing questions to be used when interviewing for new staff for the service
- surveys
- information at reception area and on planning boards.

The entertainment brought in by the service was changed from the evening to earlier in the day in response to some residents being too tired in the evening. We observed residents discussing the progress of new staff, saying to each other "how lovely" they were. We saw when we examined a care plan that a resident had moved bedrooms so

that they could see more of the activities in the corridor. Residents who attended were enthusiastic about the outing they had the day before the inspection visit.

### Areas for improvement

As noted at the last inspection, the service's written participation strategy should be further developed to make it more 'resident friendly' and should be made available to residents and relatives. It should outline the different ways in which residents and their relatives can expect to be consulted about how the home is performing and how it will continue to improve.

We saw that there was no formal way for residents to have their say about the food and beverage provision. The service should develop dining experience records where residents' comments can be fed back to the kitchen and any action needed and taken by the kitchen is also recorded for all to see. We saw that staff knew one resident did not like the soup that was on the menu one day. However, we did not see an alternative being offered to the resident. We did not see a choice of vegetables given on the menu. A complaint had been upheld in relation to nutritional needs and a requirement made **(see Requirement 1)**.

The service should ensure the analysis of responses to the questionnaire they carried out is shared with residents and other representatives. As noted at the last inspection, this could be by using newsletters and/or 'you said - we did' notice boards.

We saw that reviews of care were being planned. However, sometimes the planning of the review took place when the review was due rather than in advance of the review date. This meant that on a few occasions the reviews were happening a month or two later due to trying to co-ordinate people's diaries and availability. The service should plan in advance to ensure the reviews take place at least twice in every year. We will follow this up at the next inspection.

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

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. The provider must ensure that service users' nutritional needs are being met as far as is possible. In order to achieve this, the manager must:
  - (i) Ensure that the quality of food being provided to service users is monitored on a regular basis, any issues are addressed and communicated to the catering department.

(ii) Ensure service users' views are recorded and taken into account when the quality of food is being audited and monitored.

(iii) Ensure staff are offering alternatives to the menu, as well as snacks outwith meal times.

**This is in order to comply with:**

**The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.**

**In making this requirement, the following has also been taken into account:**

**National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.**

**Timescale: within six weeks of receipt of this report.**

### Statement 3

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

#### Service strengths

There was evidence that the service ensured that service users' health and wellbeing needs were met to a good standard.

We saw when we toured the building at the beginning of our unannounced inspection and throughout the inspection that staff had placed the call bell cords in reach of residents so that the residents could summon assistance. Observation throughout the inspection demonstrated that call buzzers were answered promptly by staff.

Staff were aware of infection control practices and made use of gloves, aprons and frequent handwashing (see Areas for Improvement). Daily classes and activities were planned and held by the home's occupational therapist. Residents told us they were delighted with the activities which helped improve their sense of wellbeing.

We saw that residents continued to have comprehensive care plans and risk assessments in place which, in general, were regularly reviewed and responsive to changing needs. The service was committed to a risk enablement approach to ensure that residents' independence and freedoms were not unnecessarily restricted. The consultant told us how the care plan recording format was being developed and staff supported with the recording (see Areas for Improvement).

Each resident continued to have a useful care plan summary in their room to ensure that the core elements of their care were effectively communicated to staff caring for them. Person-centred booklets were being developed for all residents for their rooms to detail information about their personal history, family, routines and preferences. Most residents had received a review of their care at least every six months (see Quality Theme 1, Quality Statement 1, Areas for Improvement about planning reviews, also). Residents and relatives spoken with continued to be satisfied with the support provided by the home to access GPs and other relevant health professionals, including speech and language therapists, old age psychiatrists, podiatrists, opticians and dentists.

Records and care plans indicated that the service continued to make appropriate use of the support of external health professionals. Residents and relatives told us that there was an excellent range of activities at group and individual levels, including support to maintain and regain mobility and independence. The service also employed the services of a physiotherapist who provided a weekly music and movement group. This involved seated upper body exercises and gentle leg exercises for those who were able.

We examined medication administration and recording. Staff were seen to administer medicines in a discreet and dignified way. For example, we heard staff say, "would you like some paracetamol?" rather than presume a person would need them. Proper records were made by staff after the resident had taken their medication. Medication records examined demonstrated that stock control and audits were taking place (see Areas for Improvement).

The management was aware that in July 2013 the Royal Pharmaceutical Society issued a document called 'Improving Patient Outcomes: the better use of multi-compartmental compliance aids' - see link below:

<http://www.rpharms.com/unsecure-support-resources/improving-patient-outcomes-through-the-better-use-of-mcas.asp>.

This document recommends:

"The use of original packs of medicines with appropriate support is the preferred option of supplying medicines to patients in the absence of a specific need requiring an MCA [multi-compartmental compliance aid] as an adherence intervention... there must be appropriate training for carers so that they are able to administer medicines from original packaging."

The Care Inspectorate response in a press release at the time of the launch was that we supported this as a way forward. The 2013 Review of NHS Pharmaceutical Care of Patients in the Community in Scotland also supported this initiative - see link below:



<http://www.scotland.gov.uk/Publications/2013/08/4406>.

### Areas for improvement

When we examined care plans we saw that different recording formats were being used. We saw in some of the monthly reviews of care plans that there was no rationale for some changes to care being made. Some reviews did not have an action plan detailing how, by who and by when, any actions would be taken. We also could not find records detailing what care had been given. For example, when we examined care plans we saw that:

- no reasons given why a person was commenced on two-hourly turning
- some sections of some care plans incomplete
- no explanation of why an individual was at risk of some things, such as burning/using hoist
- there were no records to demonstrate if staff had completed daily exercises for one resident. The management advised us that the new daily progress recording sheets were in the process of being developed which it was anticipated would demonstrate this
- no information about why a resident needed surgical stockings, what the measurements were for the stockings and instructions for staff on how to use the stockings
- risk rating scores relating to a person's risk of developing pressure sores and their body mass index (BMI) not explained about what the numbers meant for that resident. A healthy target for the person not noted
- very old and outdated information being kept alongside current information making it hard to find the most current information about a person's care
- records of attendance at appointments not always recorded in the chronological record or outcomes not always noted
- no person-specific instructions for some residents, including the proper fitting of aids and adaptations, including side tables, splints and settings for hoists
- no/incomplete action or resolution to issues noted in reviews or daily records, such as a bed that had stopped working since a power cut
- records of likes and dislikes not being kept updated as a person's needs become known
- when we examined incident records we saw that a risk for one resident had not been identified and managed by the staff and management.

We could see that the consultant engaged by the service was supporting the service to further develop and standardise the care planning process to ensure all care plans accurately reflected the care needs of the residents.

We have restated the requirement made at the last inspection about ensuring that effective arrangements are in place to identify residents' health, welfare and safety needs and to monitor how these needs are being met **(see Requirement 1)**.

On the first day of our inspection we saw in the upstairs treatment/nurses room a small medical tray had some prescribed creams, drops and ointments (topical medicines) on it. The room was also used for storing other items, including the care plans and other documentation. Having this tray sitting out meant that anybody who came into the room had access to these prescribed items. We told the nurse on duty at the time, about this, who straight away locked the items away in the drug trolley. We will follow this up at our next inspection to make sure all prescribed medicines, including topical medicines are properly stored.

We saw that rolls of aprons were on small shelves throughout the building, as well as in some bathrooms and bedrooms. The manager agreed to ensure that gloves and aprons are properly stored at the point of use (including all bathrooms) so that a person's care can be given more discreetly. We will follow this up at the next inspection.

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

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. The provider must ensure that effective arrangements are in place to identify residents' health, welfare and safety needs and to monitor how well those needs are being met. In order to achieve this the provider must ensure that:

(i) Accurate support plans are made of the care residents receive each day and this information is used to inform the ongoing evaluation of the quality of residents' care and how well their needs are being met.

(ii) Effective arrangements are in place to monitor residents' health, welfare and safety. This should include accurately completing monitoring records, activity and behavioural charts, and using this information to plan the residents' care and inform practice.

(iii) Risk assessments are reviewed and updated when required or as changes occur.

(iv) Effective arrangements are in place to evaluate the quality of residents' care. This should include:

(a) Consultation with residents, relatives, other professionals and staff, as well as directly monitoring how residents are cared and supported.

(b) Using this information to consider whether the planned care is appropriate to meet the residents' needs and whether they have changed since the previous evaluation.

**This is in order to comply with:**

**The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 3 - to provide services in a manner which promotes quality and safety, respects independence and promotes choice; Regulation 4(1)(a) - the health, welfare and safety of residents; and Regulation 5(1) - person plans which sets out how the service user's health, welfare and safety needs are to be met.**

**In making this requirement, the following has also been taken into account:**

**National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements; Standard 6: Support Arrangements; Standard 11: Expressing Your Views; and Standard 19: Support and Care in Dying and Death.**

**Timescale: within six weeks on receipt of this report.**

## 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

There was evidence to demonstrate that the service performed to a very good standard in assessing and improving the quality of the environment. Please see comments noted in Quality Theme 1, Quality Statement 1.

#### Areas for improvement

There was evidence to demonstrate that the service performed to a very good standard in assessing and improving the quality of the environment. Please see comments noted in Quality Theme 1, Quality Statement 1.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

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

#### Service strengths

There was evidence that the service ensured to a very good standard that the environment is safe and service users are protected.

We saw that excellent standards of cleanliness in all areas of the home continued. There were no unpleasant odours. Residents and families were happy with the standard of cleanliness. Appropriate infection control arrangements were in place, including appropriate handwashing facilities.

The home continued to be well-lit, warm and decorated to a high standard throughout. All parts of the home were very homely including residents' own bedrooms. Generally appropriate arrangements were in place to ensure that

the environment was safe and well-maintained, including checks of equipment. Staff recorded any maintenance needs in a log book which we saw being checked daily by the handyman who continued to be employed by the service. The home also engaged professional trades people to undertake some checks, such as on the fire prevention and detection equipment. We saw again during this inspection that the home and grounds were maintained to a high standard. People we spoke with all said they felt safe at the home.

Members of staff were inducted and updated on fire procedures and health and safety. Staff spoken with demonstrated a good understanding of people's safety. Records were kept of any accidents or incidents and there were examples of these records being used to ensure that residents' care and support needs were reviewed and care plans developed accordingly. However, please see the Areas for Improvement.

At the last inspection we saw that one bedroom did not have a thermostatic valve fitted to the radiator which could be easily controlled by the resident. This had been fitted so that the resident could better control the temperature of their room.

Hot water outlets which were accessible to service users were fitted with thermostatically controlled valves to maintain the water at a safe temperature and bath water temperatures were monitored by staff at the time of use. We saw that the service had implemented routine and systematic checks of the hot water temperatures. This helps to ensure that thermostatic valves are working effectively to maintain safe water temperatures. The recommendation made at the last inspection was seen to be met.

### Areas for improvement

Through our observations of practice in the home, examination of the environment and of incident records, and through discussions with staff, we could see that there were times that some residents were at increased risk of harm from leaving the building through the front door, unobserved by staff. The control measures in use at the time of the inspection were seen to not be effective at all times. We have made a requirement about this **(see Requirement 1)**.

Two of the bedrooms did not meet the minimum space standards set out in the National Care Standards (NCS). The management advised us that they would ensure that residents using these rooms and their relatives are fully aware of the possibility of moving to a bigger room should they wish when one becomes available. Staff told us that residents had been given the choice to move and one had chosen to move rooms while the other had chosen to stay. The manager should ensure the resident's choice to stay in the smaller room should be clearly evidenced in their care plan. We will follow this up at the next inspection.

As stated at the last inspection, the service should develop a long-term plan to ensure continuous improvement of the premises, including carrying out a 'dementia friendly' review to establish what further developments might enhance residents' independence and day-to-day experience.

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

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. The provider must ensure that service users are safe and secure while residing in the home and that nobody is able to enter without permission.

**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) - a requirement to make proper provision for the health, welfare and safety of service users.**

**In making this requirement, the following has also been taken into account:**

**National Care Standards, Care Homes for Older People - Standard 9: Feeling Safe and Secure.**

**Timescale: within six weeks on receipt of this report.**

## 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

There was evidence to demonstrate that the service performed to a very good standard in assessing and improving the quality of staffing in the service. Please see comments noted in Quality Theme 1, Quality Statement 1.

#### Areas for improvement

There was evidence to demonstrate that the service performed to a very good standard in assessing and improving the quality of staffing in the service. Please see comments noted in Quality Theme 1, Quality Statement 1.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

#### Service strengths

Evidence from the inspection demonstrated that staff were trained and motivated to a good standard.

The service had experienced a period where there were shortages of staff over the summer and early autumn of 2014 (see Areas for Improvement). The service had undertaken a staff recruitment drive since the end of summer 2014. The staffing complement was at full level and more staff were being recruited in anticipation of winter. Evidence during the inspection indicated that the service was well-staffed and that residents received a prompt response to any requests for assistance. The service continued to employ a higher number of domestic staff who supported residents with

provision of drinks and meals. This enabled more of the carers time to be available to meet residents' care and support needs. Residents and relatives told us, and it was observed again at this inspection, that the staff had a very caring, attentive and patient approach towards the care of the residents.

A wide range of appropriate mandatory and development training had been completed by staff across all disciplines of the staff team. A comprehensive induction programme was in place which had been used in the induction of all recently recruited staff.

All staff had applied or were registered as required by the Scottish Social Services Council (SSSC). Examinations of staff files evidenced that appropriate arrangements were in place for the safe recruitment of staff.

Excellent work was almost complete on developing a folder which listed all the ingredients and allergens in all foods prepared in the home. This is required by the Scottish Food Standards Agency (FSA) for all food outlets.

### **Areas for improvement**

Examination of the staff off duty and discussion with staff evidenced there had been many occasions particularly during August, September and October 2014 that there were staff shortages. This was due to sickness and seasonal staff returning to university. It was evidenced that agency staff initially had not been utilised. However, following a recruitment drive and the use of an agency, staffing levels had increased and were meeting the minimum staffing levels as set by the Care Inspectorate. It was also evidenced that no tool was being used to determine the dependency levels of service users which would then give some guidance as to how many staff were required to be on duty to meet their needs **(see Requirement 1)**.

Weekly training events were due to be re-instated. These were to be held in-house and used to focus on any identified development needs within the staff team. There were good ad-hoc support arrangements in place to support staff in their professional development, including mentoring and allocated supervisors. As noted at the last inspection, it would be beneficial to develop more formal and recorded support and supervision, particularly for those nurses and carers in the earlier stages of the career, to support their professional development **(see Recommendation 1)**.

At the last inspection, the management advised us that they planned to review the service's current dementia training in accordance with the dementia Promoting Excellence Framework to identify whether this comprehensively covers the same knowledge base or whether any further action is required. This was still to be done. Observation of the meal times demonstrated that some staff practice could be improved. For example:



- residents with memory problems were asked their choice of lunch rather than be shown what was on offer
- tables were not set with additional cutlery, including teaspoons that would enable the residents to be self-managing whilst maintaining their dignity
- tables were not always attractively set with condiments or flowers
- staff did not always offer residents drinks to have while they waited for their meals (all residents were seen to be given plenty drinks)
- tables did not have menus on them for residents (and staff) to refer to.

Also noted at the last inspection, whilst staff had taken part in a wide range of relevant training, it was not clear what the overall training aims of the service were and whether these were being met. The service should develop clearer staff training aims and an overview of training to establish whether all staff have received training in accordance with the training aims and to identify any gaps in training which needs to be arranged **(see Recommendation 2)**.

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

**Number of requirements:** 1

**Number of recommendations:** 2

### Requirements

1. The provider must ensure that service users are cared for by a sufficient number of suitably qualified and competent staff who have the necessary qualifications, skills and experience to meet their needs. The provider must be able to demonstrate that the physical, social, psychological and recreational needs have been considered and aggregated in a way that would direct the required staffing levels in relation to the identified needs of residents. In order to do this the provider must:
  - (i) Undertake assessments of residents' dependency levels at least every four weeks.
  - (ii) Ensure there are always sufficient, suitably qualified and competent staff working in the service to meet these assessed 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 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users; and Regulation 15(a) - a requirement to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.**

**Timescale: within six weeks of receipt of this report.**

### Recommendations

1. The service should develop more formal and recorded support and supervision, particularly for those nurses and carers in the earlier stages of the career, to support their professional development.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

2. The service should develop clearer staff training aims and an overview of training to establish whether all staff have received training in accordance with the training aims and to identify any gaps in training which needs to be arranged.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

## 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

There was evidence to demonstrate that the service performed to a very good standard in assessing and improving the quality of the management of the service. Please see comments noted in Quality Theme 1, Quality Statement 1.

#### Areas for improvement

There was evidence to demonstrate that the service performed to a very good standard in assessing and improving the quality of the management of the service. Please see comments noted in Quality Theme 1, Quality Statement 1.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

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

#### Service strengths

There was evidence to demonstrate that the service used very good quality assurance systems and processes to assess the quality of the service provided. Please see comments made by resident and carers as noted in the sections 'taking views of people who use the service into account' and 'taking carers views into account' at the beginning of this report. Comments made throughout this report are also relevant to this Quality Statement.

We saw that good informal quality assurance arrangements, such as the 'open door' policy and day-to-day communication with residents and relatives continued to be in operation and that this approach was well-integrated in the overall service delivery.

We saw that the managing director of the service continued to take the time to get to know residents and relatives. She was very actively involved in ensuring that high standards were achieved within the home.

The service had in place a quality assurance policy which covered a wide range of aspects of the service. The service had in place a complaints procedure which was on display at the reception area. There was evidence of some formal and systematic auditing in some areas of the service, such as care planning and medication (see Areas for Improvement).

### Areas for improvement

Examination of incident records demonstrated that staff did not always fully complete these or demonstrate if all areas of follow-up action had been considered or taken. The service should ensure review of risk assessments are considered for each incident or accident. The service could further develop the recording format to include considering whether next of kin need to be informed and subsequently if they have been. We will follow this up at the next inspection.

At the last inspection we noted that the rationale for the selection of particular indicators of quality in the quality assurance policy was unclear. It was also not clear what the arrangements and processes were for completing audits to fulfil the policy. The service should develop and implement a more comprehensive and systematic system of quality assurance which links to resident participation and informs the service's development and improvement plan. The recommendation made at the last inspection has been restated **(see Recommendation 1)**.

Examples of the service provision that audits would look at include:

- quality of care provided
- safety systems, including accident and incident reporting
- quality of participation in decision-making
- staff practices
- quality of care planning
- quality of daily recordings about residents
- quality of medication administration, recording and storage
- quality of dining experience
- quality and effectiveness of maintenance systems
- quality of cleanliness and hygiene practices
- quality of the environment
- quality of staff training
- quality of staff supervision processes and staff appraisals
- complaints and satisfaction surveys
- feedback from stakeholders

- how all audit processes feed into the aims of the home and the strategic aims of the organisation
- self assessment and how service users are involved in this.

The quality assurance systems and processes should:

- ensure sustained positive outcomes for service users
- involve all stakeholders, including residents, families and visiting professionals
- audit and assess the quality of all aspects of care and service delivery
- identifying areas of good staff practice, as well as areas where improvement is required
- enable the management of the service to develop specific and measurable action plans
- demonstrate to all stakeholders how developments have and will be met.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The service should develop and implement a more comprehensive and systematic system of quality assurance which links to resident participation and informs the service's development and improvement plan.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing 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

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Environment - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Management and Leadership - 4 - Good</b>	
Statement 1	4 - Good
Statement 4	4 - Good

## 6 Inspection and grading history

Date	Type	Gradings
3 Feb 2014	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
3 Feb 2014	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
9 Oct 2013	Re-grade	Care and support 2 - Weak Environment Not Assessed Staffing Not Assessed Management and Leadership 2 - Weak

## Inspection report continued

21 Nov 2012	Unannounced	Care and support 6 - Excellent Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
25 Jan 2012	Unannounced	Care and support 6 - Excellent Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
21 Oct 2011	Unannounced	Care and support 6 - Excellent Environment 6 - Excellent Staffing 6 - Excellent Management and Leadership 6 - Excellent
31 Jan 2011	Unannounced	Care and support 2 - Weak Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
20 Jul 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good
12 Feb 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership Not Assessed
18 Aug 2009	Announced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
2 Mar 2009	Unannounced	Care and support Not Assessed Environment Not Assessed Staffing 5 - Very Good Management and Leadership 5 - Very Good



12 Nov 2008	Announced	Care and support	5 - Very Good
		Environment	5 - Very 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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ہے بایں تہہ سہ ہونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

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Telephone: 0345 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

Web: [www.careinspectorate.com](http://www.careinspectorate.com)