Burnfoot Coach House
Care Home Service Adults
Ecclefechan
Lockerbie
DG11 3LG
Telephone: 01576 300661

Type of inspection: Unannounced
Inspection completed on: 16 January 2015
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Service provided by:

Mead Medical Services Limited

Service provider number:

SP2003002327

Care service number:

CS2004073607

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

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What the service does well

This service continued to offer residents a relaxed and homely environment to live in. Residents and relatives were encouraged to be involved in the care planning process and to attend reviews and make decisions about changes in service delivery.

The service manager and staff were committed to providing the best quality of care and support to residents living within the home. They continue to work with a stable staff team who know residents and their relatives very well.

A particular strength of the home were the grounds, which were well presented and well used, including enclosed gardens which were readily accessible to service users.

What the service could do better

During the inspection, we identified a number of areas for improvement including:

- Some care planning documentation was incomplete or could have benefitted from more detail.

- Training in restraint techniques had not been carried out in line with a requirement previously made.

- Although the refurbishment of the building has commenced this is not yet complete.
- The home’s method of ensuring that windows above 2M from ground level are not capable of opening more than 100mm, should be reviewed in line with health and safety guidance.

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

We found that the home had improved since our last inspection in a number of areas including:

- The home had improved its procedures relating to restraint including multidisciplinary assessment, care planning and deployment of staff.

- The home was no longer providing a care service to tenants and were in compliance with their conditions of registration.

- The effectiveness of quality assurance systems had improved.

- Some improvements had been made to the environment.

As a result of improvements the grades for care and support, staffing, and management and leadership have been increased from Weak to Adequate.

**Conclusion**

Since the last inspection, the home had made efforts to improve in relation to the concerns raised in our report, though some further development is still required in some areas. Overall the environment has improved but again some areas have still to benefit from refurbishment, but we note that work was underway at the time of the inspection.
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.

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 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.

Burnfoot Coach House is a private care home situated 1 mile south of Ecclefechan, set within 20 acres of parkland and gardens. The care home has been registered with the Care Inspectorate since 1 April 2002. The service provider is Mead Medical Services Limited.

The Care Home is registered to provide care to a maximum of 30 older people with mental health problems and to provide a care service to a maximum of 13 older people in Burnfoot Hall in the following rooms: 1,3,4,5,6,7,8,15,17,19,21,26,32.

The home is includes an older country house and a modern extension both over two floors. The home is situated in a rural location close to the town of Ecclefechan. The home’s statement of aims and objectives state that at Burnfoot Coach House we recognise, understand and cater for individual and special needs deemed necessary for the comfort and well-being of our residents. The home’s philosophy of care, is for the staff to preserve and maintain dignity, individuality and privacy of all service users and in so doing will be sensitive to the service users’ ever changing needs.

Based on the findings of this inspection this service has been awarded the following grades:
Quality of Care and Support - Grade 3 - Adequate
Quality of Environment - Grade 3 - Adequate
Quality of Staffing - Grade 3 - Adequate
Quality of Management and Leadership - Grade 3 - Adequate

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 high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection
We wrote this report following an unannounced inspection. This was carried out by two inspectors. The inspection took place on Tuesday 13 January 2015 from 11am until 4pm and continued on Friday 16 January from 9:30am till 2pm. We gave feedback to the manager on 16 January 2015.

As part of the inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

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

We spoke with:
- residents
- the manager
- Senior staff
- care staff
- one visiting professional

We looked at:
- self assessment
- notice boards
- newsletter
- questionnaires evaluations and action plans
- service User Meeting Minutes an action plans
- relatives Meetings and action plans
- welcome Pack
- reviews
- personal Plans
- risk assessments
- activity records/Life Story books
- restraint Policy and procedures and training
- maintenance contracts
- accident and incident records
- rota
- staff training records
- staff meeting minutes
- managers Audits
- external Audits

We used the Short Observational Framework for Inspection (SOFI2) to directly observe interaction and outcomes for people.

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

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

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

**Inspection Focus Areas (IFAs)**

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

**Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firelawscotland.org
What the service has done to meet any requirements we made at our last inspection

The requirement
1) The provider must ensure that the personal plan is accurate and fully completed.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210, Regulation 5 - Personal Plans and Regulation 4 (1)(a) Welfare of users.

Timescale for meeting this requirement - within 28 days of receipt of this report.

What the service did to meet the requirement
This requirement is: Not Met

For progress on meeting this requirement see Quality Theme 1 Statement 3.

The requirement is: Not Met

The requirement
2) The provider must - ensure that no service user is subject to restraint, unless it is the only practicable means of securing the welfare and safety of that or any other service user and there are exceptional circumstances. Any restraint used should be a considered part of the resident’s individual care plan. Its use should be based on a multi-disciplinary discussion, which should be fully described in the care plan, together with the decisions taken and the arrangements for regular reviews within specified periods of time.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210, Regulation 4 (1)(a) and (C) Welfare of users and in line with the Mental Welfare Commissions document Rights, Risks and limits to freedom.

Timescale for meeting this requirement - Immediately on receipt of this report.
What the service did to meet the requirement

This requirement is: Met
For progress on meeting this requirement see Quality Theme 1 Statement 3.

The requirement is: Met - Within Timescales

The requirement

3) Where restraint is to be applied, staff must receive appropriate recognised training in restraint techniques with regular refresher courses to ensure that the least restrictive methods are always used. Particular attention should be paid to the risk of postural asphyxiation associated with prone restraint.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210, Regulation 4 (1)(a) and (C) Welfare of users and in line with the Mental Welfare Commission’s document Rights Risks and limits to freedom.

Timescale for meeting this Requirement: within 12 weeks of receipt of this report.

What the service did to meet the requirement

This requirement is: Not Met
For progress on meeting this requirement see Quality Theme 1 Statement 3.

The requirement is: Not Met

The requirement

4) The assessment of dependency must include consideration of the ability to respond to individual behavioural support needs, where this assessment indicates that additional staffing is required this must be provided.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210, Regulation 4 (1)(a) Welfare of users, and Regulation 15 Staffing.

Timescale for meeting this Requirement: within 4 weeks of receipt of this report.

What the service did to meet the requirement

This requirement is: Met
For progress on meeting this requirement see Quality Theme 1 Statement 3.

The requirement is: Met - Within Timescales
The requirement
5) The Provider must comply fully with their conditions of Registration. In this regard where the provider operates services under different registrations each service must only provide care as specified within the conditions of registration applicable to that category of care service.

This is in order to comply with the Public Service Reform (Scotland) Act 2010.

Timescale for meeting this Requirement: immediately on receipt of this report.

What the service did to meet the requirement
This requirement is: Met
For progress on meeting this requirement see Quality Theme 1 Statement 3.

The requirement is: Met - Within Timescales

The requirement
6) The provider must ensure robust quality assurance systems and processes are put in place. Where areas are identified as needing improvement appropriate action plans should be put in place and progress towards meeting the actions required should be recorded.

This is in order to comply with The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order SSI 2011/210 Regulation 4 - Welfare of users.

What the service did to meet the requirement
This requirement is: Met
For progress on meeting this requirement see Quality Theme 1 Statement 3.

The requirement is: Met - Within Timescales

What the service has done to meet any recommendations we made at our last inspection
We made the following recommendations after the last inspection:

1) The provider should continue with the planned refurbishment and should ensure that the matters highlighted in this report are rectified.

National Care Standards for Care Homes for Older People: Standard 4 - Your Environment.

This recommendation is: Not Met
This is because although improvements have been made, not all work had been completed and not all matters highlighted in the previous report had been rectified.

For progress toward meeting this recommendation see Quality Theme 2 Statement 2.

2) The home should develop a procedure to ensure the management of risk in relation to the dual occupation of the building.

National Care Standards for Care Homes for Older People: Standard 4 - Your Environment.

This recommendation is: Not Met.

For progress toward meeting this recommendation see Quality Theme 2 Statement 2.

3) Staff should undertake the promoting excellence training in Dementia which relates to the Scottish Government’s National Dementia Strategy.

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

This recommendation is: Not Met.

Although arrangements have been made for staff to attend this training this has not yet been completed.
For progress toward meeting this recommendation see Quality Theme 3 Statement 3.

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 Care Inspectorate received a completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.
**Taking the views of people using the care service into account**

During the inspection we spoke with seven service users and although they were not all able to discuss the quality of the service in detail all comments were positive. Those who could not comment appeared happy, and the interaction between them and staff appeared to be good.

**Taking carers’ views into account**

It was not possible to interview carers during the inspection. However, at our last inspection in October 2014 we spoke with carers visiting the home and all comments were very positive. At that time we also received two Care Inspectorate Questionnaires from carers, both were gain very positive about the service provided by the home, no specific comments were made.
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: 3 - Adequate

Statement 1

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

Service strengths

At this inspection, we found that the performance of the home was good for this statement.

We could see that the service manager and staff continued to offer some good opportunities to encourage service users and relatives to participate in assessing and improving the quality of care and support they received, the quality of the environment and the quality of staffing and the quality of management / leadership.

Service users were encouraged and supported to plan their days as they wished with involvement of their relatives. They were able to get up and go to bed when they wanted and had the option of eating meals in their bedrooms, alone, or in the dining room with others.

We saw some good evidence throughout the inspection to show service users were given choice in where they wanted to spend their time, such as their own bedrooms, watching television, sitting in communal sitting areas such as lounges, dining rooms, corridors, and walking in and out of the building into the enclosed communal garden.

Service users were encouraged to bring their own belongings and furniture to the home.

We received good feedback from service users about the care and support they received in the home.
During the inspection, we looked at a number of care plans and spoke to service users about the care and support they received and how they were involved in the care planning process. We could see that relatives were given the opportunity to discuss information recorded in care plans and to agree who would be involved in the process. Relatives were encouraged to discuss and review residents' ongoing healthcare.

Six monthly reviews were taking place with service users and relatives' involvement. They were encouraged to express their opinions and were asked how they felt about their care and support and any changes they would like to make.

The home had a written complaints procedure which set out how any complaints would be investigated and how the service would inform the complainants of the outcome.

The We saw that the home had on display a copy of the most recent inspection report and a summary notice outlining the grades.

The most recent newsletter was dated December / January this contained both photographs of recent events and also a narrative of what had been happening in the home. Events included an entertainer, Christmas Carol Concert and Christmas party. There was information about the refurbishment of the coach house planned for January and February 2015 and this outlined how families had been involved in choosing the colour scheme for the hall, corridors, and bedrooms.

**Areas for improvement**

The home had issued and analysed a professional visitors questionnaire but had not recently issued one to service users and relatives. We noted at our last inspection that the home had a questionnaire considering areas such as: laundry, nutrition, informing and deciding. Using this again would be a good tool for gaining their views and should be included in the home’s quality assurance process.

**Grade awarded for this statement:** 4 - 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 this inspection, we found that the performance of the service was adequate for this statement.

All service users had a personal plan, which detailed how their care needs were to be met. Some sections of personal planning paperwork was person centred, reflecting the individual preferences of service users. Personal plans included periodic evaluations and updates of health care needs. There was evidence that reviews were taking place in line with the Regulations. Within personal plans we noted a number of assessment tools and recording systems for monitoring health needs including falls, continence, nutrition, and personal care records, and some of these were very good. There was evidence that staff had involved other health care professionals as appropriate. These included Community Psychiatric Nurses, GP's, and Social Work professionals.

At the last inspection, we noted that there were indications that, as a result of challenging behaviour, staff may have been applying physical restraint. We discussed this with the manager who stated that staff should not be applying physical restraint. We later interviewed staff who described how they managed this behaviour; from these interviews we were able to conclude that physical restraint was being used.

After the inspection we made a requirement that: The provider must - ensure that no service user is subject to restraint, unless it is the only practicable means of securing the welfare and safety of that or any other service user and there are exceptional circumstances. Any restraint used, should be a considered part of the resident’s individual care plan. Its use should be based on a multi-disciplinary discussion, which should be fully described in the care plan, together with the decisions taken and the arrangements for regular reviews within specified periods of time. During the inspection to which this report refers, we found that the home had put in place appropriate policies and procedures, and had amended care planning documentation to include a multidisciplinary plan. This requirement has been met.

At the last inspection we found that, while physical needs were taken into account in assessing dependency levels, no account was taken of the increased dependency needs of individuals who displayed challenging behaviour, and that at times all three staff members could be taken away from the main living area to respond to one individual leaving the rest of the service users unattended. After the inspection we made a requirement that: The assessment of dependency must include consideration of the ability to respond to individual behavioural support needs, where this assessment indicates that additional
staffing is required this must be provided. We found during the inspection to which this report refers that the home had this requirement had been met.

At the last inspection we found that, in addition to their duties in the care home, staff also provided care and support to tenants on a regular basis throughout the early morning, late evening and through the night. Although in close proximity, this took them away from their duties in the care home. This was a breach of the home’s conditions of registration. After the inspection we made a requirement that: The Provider must comply fully with their conditions of Registration. In this regard where the provider operates services under different registrations each service must only provide care as specified within the conditions of registration applicable to that category of care service. During the inspection to which this report refers we found that the service no longer provided regular support to tenants and this requirement has been met.

Areas for improvement

We found that some sections of personal plans were incomplete or did not contain sufficient detail. In particular we noted that cognitive assessments and plans for people who had dementia contained limited information, for example, they did not indicate the underlying disease such as Altzheimers which had led to their condition. This is important as it can help predict how the condition is likely to progress. At the last inspection, we had noted similar issues and had made a requirement that: The provider must ensure that the personal plan is accurate and fully completed. This requirement has not been met and will be repeated.

After the last inspection we made the requirement that: where restraint is to be applied, staff must receive appropriate recognised training in restraint techniques with regular refresher courses to ensure that the least restrictive methods are always used. Particular attention should be paid to the risk of postural asphyxiation associated with prone restraint. At the inspection to which this report refers, we found that there had been no training in “restraint techniques” and so this requirement has not been met and has been repeated.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must ensure that the personal plan is accurate and fully completed.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210, Regulation 5 - Personal Plans and Regulation 4 (1)(a) Welfare of users.
Timescale for meeting this requirement: within 28 days of receipt of this report.

2. Where Restraint is to be applied, staff must receive appropriate recognised training in restraint techniques with regular refresher courses to ensure that the least restrictive methods are always used. Particular attention should be paid to the risk of postural asphyxiation associated with prone restraint.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210, Regulation 4 (1)(a) and (C) Welfare of users and in line with the Mental Welfare Commission’s document Rights Risks and limits to freedom.

Timescale for meeting this Requirement: within 12 weeks of receipt of this report.
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 3 - Adequate

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

Service strengths
See Quality Theme 1 Statement 1.

Areas for improvement
See Quality Theme 1 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
At this inspection, we found that the performance of the home was adequate for this statement.

The outside gardens were a particular strength as were the enclosed garden space which service users accessed independently of staff.

The home had appropriate individual and environmental risk assessments in place and there was evidence that relevant safety checks were being carried out.

A range of maintenance contracts were seen and there was evidence of annual servicing of equipment.

The home had a record confirming that gas safety servicing had taken place.

There was evidence of portable appliance testing assessment. Records were available which showed that this was last carried out in March 2014.

The home had been issued with a 5 year electrical test certificate in 2012, stating that the installation was in good working order.

We sampled the home’s records of accidents, which detailed the nature of the accident location and who was involved. No concerns were raised and all action appeared appropriate.

A range of policies and procedures were available to support this quality statement, including health and safety policies.

Since the last inspection a number of issues identified had been improved and work was ongoing to further improve the environment.

(See areas for improvement).

Signage had improved throughout the home and some units had benefited from recent refurbishment and decoration.

Areas for improvement
After the last inspection, we made a recommendation that: the provider should continue with the planned refurbishment and should ensure that the matters highlighted in that report were rectified. Although refurbishment had started some areas had yet to be improved and work was due to be carried out soon after the
inspection. This programme should continue in order to bring all areas of the home to a good standard.

(See recommendation 1).

In part of the building there were number of registered care home beds, which were situated in an integrated way with bedrooms used as tenancies. This created a number of challenges for the home; for example, although window restrictors were put in place this only applied to care home bedrooms. However, residents could access tenants’ bedrooms where the windows were seen to be fully open. In addition, although visitors to tenants had to enter via a controlled entry system, there was nothing to prevent them later accessing care home bedrooms if they wished. The home should consider these issues and develop a procedure to ensure the management of risk, in relation to the dual use of the building. We raised these issues at the last inspection and afterwards made a recommendation that: The home should develop a procedure to ensure the management of risk in relation to the dual occupation of the building. This is ongoing and the recommendation has been repeated.

(See recommendation 2).

During the inspection, the manager unlocked and opened a fire door to demonstrate that it was alarmed. The alarm, which was the same as a room call buzzer, sounded but it took some time for anybody to investigate the cause. This was potentially hazardous, as the exit allowed access to an external garden and the grounds beyond. The home manager subsequently confirmed that an electronic device would be fitted onto the door, which will automatically open in event of fire. We have no locus in terms of fire safety and are not able to comment on the appropriateness of this and therefore we have contacted Fire Scotland and informed them of what we had seen and they will follow this up with the home if necessary.

During the inspection, we found a cupboard in one of the units to be unlocked. This contained alcohol and a lighter, which were potentially hazardous to service users with a cognitive impairment. These should either be removed or the cupboard made inaccessible.

(See requirement 1).

The home’s method of ensuring that windows above 2M from ground level are not capable of opening more than 100mm should be reviewed in line with health and safety guidance.

(See requirement 2).

Grade awarded for this statement: 3 - Adequate
Number of requirements: 0
Number of recommendations: 2

Requirements
1. The provider must ensure that the environment is safe and that service users are protected, in this case the securing of hazardous items, and reviewing the method of securing windows above 2M from ground level.

   This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210, Regulation 4 (1)(a) Welfare of users and in line with health and safety guidance.

   Timescale for meeting this requirement: immediately on receipt of this report.

Recommendations
1. The provider should continue with the planned refurbishment and should ensure that the matters highlighted in previous reports are rectified.

   National Care Standards for Care Homes for Older People: Standard 4 - Your Environment.

2. The home should develop a procedure to ensure the management of risk in relation to the dual occupation of the building.

   National Care Standards for Care Homes for Older People: Standard 4 - Your Environment.
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 3 - Adequate

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

Service Strengths
See Quality Theme 1 Statement 1.

Areas for improvement
See Quality Theme 1 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
At this inspection, we found that the performance of the home was adequate for this statement.

During this inspection we spoke with a number of staff and observed practice. Staff appeared well motivated in relation to their role. They were able to outline the training that they had received including Moving and Handling, Infection Control and Adult Support and Protection. Records examined indicated that training was taking place for most staff in relation to core areas, some non core training had also taken place.

Staff were observed to interact well with service users.

There was evidence that staff received supervision from line managers and had attended staff meetings, where any issues could be raised. Staff spoken with said that management were supportive and said that they felt confident to raise any issues and that these would be dealt with appropriately.

After the last inspection, we made a recommendation that: Staff should undertake the promoting excellence training in Dementia which relates to the Scottish Government’s National Dementia Strategy. At the inspection to which this report refers the manager told us that she had begun allocating staff members to this training and it is expected that eight staff members will complete this training within 6 months. We will reassess progress in this area at a future inspection.

Areas for improvement
Within Quality Theme 1, Statement 3, we noted that some personal planning documentation was incomplete or lacking sufficient detail. The manager should complete an audit of these and where additional staff training or guidance is needed, this should be provided.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 0
Number of recommendations: 0
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 3 - Adequate

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
See Quality Theme 1 Statement 1.

Areas for improvement
See Quality Theme 1 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
At this inspection, we found that the performance of the home was adequate for this statement.

A home audit tool was available which included:

- home presentation
- staff presentation
- exterior of the building
- medications
- care documentation
- training records
- staff supervision
- social activities

There was evidence that in the past there had been a system of external audit

A professional visitors questionnaire had been distributed in 2014 and all responses received had been positive and there had been a good analysis of these by the home. In addition the staff had been issued with questionnaires and most comments were again positive.

A monthly personal plan audit was in place, as was a catering audit and a medication audit.

At the last inspection, we found that the above quality assurance systems had not been effective in identifying the those areas of concern which we identified and we made a requirement that: The provider must ensure robust quality assurance systems and processes be put in place. Where areas are identified as needing improvement appropriate action plans should be put in place and progress towards meeting the actions required should be recorded.

At the inspection to which this report refers, we saw that these processes were working to better effect and this requirement had been met. However we will continue to assess this at subsequent inspections to ensure that performance is maintained.
Areas for improvement
The service should continue to build on current practice.

Grade awarded for this statement: 3 - Adequate
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

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<td>Statement 1</td>
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<th>Quality of Staffing - 3 - Adequate</th>
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<th>Quality of Management and Leadership - 3 - Adequate</th>
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6 Inspection and grading history

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<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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<td>Care and support 4 - Good, Environment 2 - Weak, Staffing 4 - Good, Management and Leadership 4 - Good</td>
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<td>15 Mar 2013</td>
<td>Unannounced</td>
<td>Care and support Not Assessed, Environment Not Assessed, Staffing 4 - Good, Management and Leadership Not Assessed</td>
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<td>Date</td>
<td>Method</td>
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<td>Unannounced</td>
<td>5 - Very Good</td>
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<td>14 Dec 2010</td>
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<td>5 - Very Good</td>
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<td>13 May 2010</td>
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<td>4 - Good</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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