

Care service inspection report

Persley Castle

Care Home Service Adults

Mugiemoss Road
Woodside
Aberdeen
AB21 9XU

Type of inspection: Unannounced

Inspection completed on: 25 February 2015



HAPPY TO TRANSLATE

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Service provided by:

Renaissance Care (No1) Limited

Service provider number:

SP2011011731

Care service number:

CS2011303083

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

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

What the service does well

We saw that a very good care service continues to be provided at Persley Castle. Residents and families were very happy with the care and the staff employed at the home. People are very comfortable living at the home and are happy with the ongoing refurbishments. Residents and families continue to be kept well informed about what is happening at the home.

What the service could do better

More permanent staff need to be employed at Persley Castle to reduce the use of agency staff.

Care staff need to make sure they wear proper protection, like gloves and aprons, when they are working with dirty laundry. Staff should be following best hygiene practices at all times.

The bathrooms really need to be improved as they were looking very uncared for. Although few people use the bathrooms this could be because they are not very nice environments.

The management and staff could further improve how they promote Dementia Care Standards.

What the service has done since the last inspection

The manager left the home and the depute manager has been carrying out the job of acting manager. Residents, families and other staff were very happy with this temporary arrangement.

There continues to be use of agency staff as there are not enough permanent staff to cover holidays and sickness.

Ongoing refurbishment of the home continues area by area. Unexpected problems with the roof have created damage in the hallways which were being repaired when we visited. Plans are being developed to add a large conservatory onto the side of the home.

Conclusion

A very good care service continues to be provided at Persley Castle by staff that the residents and families are very happy with. The provider continues to invest in improving the home to increase the comfort and ambiance of the home. The residents will benefit from more permanent staff.

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 registered with the Care Inspectorate on 14 November 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it needs to 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 based on best practice or the National Care Standards.

- **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 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a Requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Persley Castle is owned and managed by Renaissance Care (No.1) Limited. The service provides residential accommodation, nursing care and support to a maximum of 40 older people. A maximum of five of these places may be used for adults with physical impairments.

Persley Castle is a traditionally built home in a rural part of Aberdeen, with nearby local amenities and transport links. There are 38 single rooms and one double, over three floors. Seventeen rooms have en suite facilities with a toilet, hand basin and shower. Nine have en suite facilities that include a toilet and wash hand basin. Twelve rooms have a sink in the room. There are a variety of communal sitting and dining rooms.

The service employs a team of nursing, care, domestic and catering staff with varying degrees of skills, expertise and qualifications.

There were 32 residents at the time of the inspection.

Persley Castle's aims and objectives state: "All our clients will be encouraged to maintain as active a life as possible, continuing to enjoy pursuits/hobbies previously undertaken by them before coming to live in one of our care homes. When assistance is required, either in promoting independence or in activities for daily living, this will be planned, implemented and evaluated using a person-centred approach. This will

be achieved by ensuring that the quality of our staff is of a high standard and that they will receive appropriate support, leadership and training to carry out their duties to the best of their abilities."

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 following an unannounced inspection that took place on 24 February 2015 from 8:45am to 6:00pm and 25 February 2015 from 8:20am to 4:00pm by one inspector. We were joined on the first day by an inspection volunteer from 11:15am to 3:30pm who spoke with residents and visitors individually and in small groups.

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

We observed how staff worked with residents, each other and visitors to the service. In addition we carried out an examination of equipment and the general environment of the home.

We used the Short Observational Framework for Inspection 2 (SOFI 2). The SOFI 2 tool provides a framework to enhance the observations we already make at inspections about the wellbeing of people using the service and staff interaction with them.

We spoke with the following people, both formally and informally:

- twenty residents
- three family members/visitors
- eleven staff, including carers, activities co-ordinator, trained nurses, catering staff, housekeeping and maintenance
- the acting manager
- the operations manager
- the managing director.

We also looked at the relevant sections of policies, procedures, records and other documents including:

- accidents records
- incidents records
- complaint records
- staff rotas

- staff meeting minutes
- medication administration records (MAR)
- nursing and care records
- communication books
- flash meeting notes
- information on notice boards
- care plans and recordings
- review minutes
- staff training records and tracker
- policies and procedures and staff guidelines
- resident and family meeting minutes
- action plans from meetings
- newsletters
- cards and letters of appreciation
- maintenance system and records
- Care Standard Questionnaires (CSQs) returned to us
- staff CSQs returned to us
- surveys carried out by the home and action plans
- quality assurance planners
- daily check sheets
- operations manager weekly report done by home manager.

Feedback was given to the acting manager, operations manager and the local authority's contract compliance officer at the end of the inspection.

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 recommendations we made at our last inspection

Please see the 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.

The service provided a well detailed self assessment, which helped to inform the inspection, through looking for evidence to verify the information provided. The service had identified many areas of strength as well as areas for development.

Taking the views of people using the care service into account

We sent 20 CSQs to the manager for random distribution to residents. We received 18 completed CSQs back. All residents indicated that overall they were very happy or happy with the quality of care they received at Persley Castle. We spoke with 20 residents both formally and informally during our inspection. We also gained views from the resident meeting minutes and the resident surveys carried out by the home. Comments from residents to us in person, in the CSQs or other documents included:

- "I enjoy my food as it's always tasty. It's all homemade on the premises by our chef."
- "All staff are good and helpful with my care."
- "I like Persley Castle. I've been here for so many years; it feels more than a home."
- "I'm well looked after by staff here. I'm happy where I am. It's nice and happy here."

- "The home is clean and tidy."
- "Brilliant Care."
- "Very homely."
- "Everything is excellent - good team work."
- "I'm very happy here; I don't want to leave the home. Staff are very supportive and caring."
- "Can be noisy at nights."
- "I feel very safe here."
- "I like to stay up late to watch films and that's fine."
- "The staff are lovely here."
- "I love the staff, they are all lovely to me."
- "Staff pop into my room to give me hand massages on a regular basis."
- "I like my bedroom, it's very comfortable as is my bed and I can watch TV there or in the lounge the choice is mine."
- "The buzzer is always left in reach for me if I need the staff."
- "The home is as good as you could ever get. It's not home but it's a very close second to it."
- "The cleaners keep my room spotless, as is the rest of the house."
- "I can describe the staff as being excellent and very patient."
- "Staff very good, free and easy; they like a good joke. They know how to deal with me. They are my guardian angels."
- "I'm looked after well by all here."
- "I love them all, they are so good to me."
- "I'm involved in recruiting and just love this as it's what I think is taken into account when the final decision is made."

- "I'm aware of the Care Inspectorate and what they do as I used your reports to find this lovely home and so far so good. Your report was bang on."
- "I like the meetings as we discuss what the plans are for the future and things like that. I can talk about things that I would like to bring up."
- "Impressed by the high level of care being delivered at Persley and how clean the home was."
- "I'm concerned about the amount of agency staff used."

Taking carers' views into account

Carers include relatives, guardians, friends and advocates. They do not include staff.

We sent 20 CSQs to the manager for random distribution to carers and we received 15 back. Fourteen carers indicated overall they were very happy or happy with the quality of care the residents received at Persley Castle. One family told us of specific concerns about their individual family member which we discussed with the management of the home and for reasons of confidentiality do not appear in this report. We were satisfied with the action taken by the home to address the concerns expressed. We spoke with three family members/visitors during our inspection and one other visitor. We read the comments made in some of the relatives meeting minutes and surveys. Comments made from people included:

- "Staff make this 'home' for my mum. I can go home and sleep easy at night."
- "Edwina and her staff go out their way to run a fantastic home."
- "Couldn't ask for better care for my mum and staff are absolutely fabulous."
- "Despite how difficult my [family member] can be the staff are always kind and understanding. They keep me in touch with any problems."
- "My relative's care is excellent and I am always invited to be involved and always kept informed."
- "Very happy with everything. My [family member] is also very happy. Five star."
- "I hope the care my family member receives is as good as what I see (when I visit). The staff come across as very caring and respectful to my [family member]."
- "We see the staff go out and above their duty to help the residents at all times and this is very much appreciated. We would like to thank the staff."

- "I am very happy with the service my [family] receives; well looked after."
- "Good things going on."
- "I always arrive to an activity taking place somewhere in the home. It gives the home a buzz and the activity co-ordinator is so good with them all."
- "Can't fault the home, it's in a beautiful setting with the River Don running close by and loads for the residents to look out at, especially the wildlife. I just love it here for my parent."
- "Home is at present being refurbished in bits and I feel this was overdue but it's so fresh and never any malodours when I visit, it's just lovely inside and out."
- "I can visit at any time between 10am and 8pm. Always made to feel welcome."
- "I can visit when I choose. Other than mealtimes the staff always welcomes me with the offer of a cuppa."
- "I would have no hesitation in recommending this home to anyone who asked me."
- "Staff appear well trained to me as they all know what they are doing."
- "They do phone and keep me updated if my parent takes unwell."
- "I always find the staff cheery and they do keep the residents upbeat all the time. I would say the staff are all brilliant here in this home."
- "There are relatives meetings. I come when I can and I find them informative as the manager leads them."
- "I find the manager friendly and approachable."
- "Concerned about the amount of agency staff."

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

There was evidence to demonstrate that the service continued to ensure residents, their representatives and carers participate in assessing and improving the quality of the care and support provided by the service to a very good standard. Comments made in the section 'views of people who use this service' and 'views of carers' are also relevant to this Quality Statement.

We saw that residents and their relatives continued to be routinely involved in evaluating the quality of the service using both formal and informal methods, such as in person or by means of surveys and meetings.

Reviews of residents' care continued to be planned to be held at least twice every year and involved the resident and any of their representatives they chose to have, including families and visiting professionals such as social work staff.

We saw that a notice board immediately inside the entrance to the home was kept updated with which staff were on in each department of the home.

Resident and relative meetings continued to be held very regularly and minutes of the meetings were shared with all residents and relatives and were on display on the notice boards. We saw that the acting manager had developed action plans and saw that these were on display for people to see how actions were being progressed. Newsletters continued to be published and shared. A display board had coloured card showing people of plans and progress to the refurbishment in the home.

Improvements made as a result of consultation with residents and their representatives included:

- Residents changing bedrooms.
- Residents changing which floor of the home to have their bedroom.
- New table linens being bought and used.
- Venues for outings.
- One resident getting satellite TV fitted in their room.
- Changes and additions to activities.
- New menus developed.
- More home baking for residents to have.
- Changes to vegetables in the vegetable garden.
- Plans for forthcoming celebrations, such as Scottish themed evenings.

Areas for improvement

The resident and relative meetings could be further developed to have someone other than the management or staff chairing them. This could, for example, be an advocate or volunteer.

The information displayed on the notice boards and the action plans should be dated to show people how current they are.

The acting manager was aware of how to improve people's ability to know who each member of staff was and aimed to add photos of the staff beside their name and designation on the staff board once the camera was working again. We saw that not all staff wore name badges so this made it hard for people to know or be prompted to remember who they were. The management advised that all staff were provided with name badges.

The service should continue to maintain the current very good standards and look at ways to further develop how they ensure service users and carers participate in assessing and improving the quality of the care and support provided by the service.

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

There was evidence that the service continued to perform to a very good standard to ensure that service users' health and welfare needs are met.

We saw that the care plans had been further developed in the recent months. The information added to them was much better at describing that individual person's needs and likes, which we call person-centred. We saw staff make good use of a variety of communication methods, including:

- repetition
- gestures
- alphabet boards
- British Sign Language
- signage on walls and doors to help people orient themselves.

We saw that staff were working to ensure the plans were kept up-to-date. We saw that pertinent information about a resident's support needs was easy to find in the plans. Staff knew the resident's needs and likes well. We saw a consistent level of care being provided throughout the day and evening on both days of our inspection visit.

Use of best practice guidance continued to be evident in many areas, including falls risk assessments, screening for skin problems or dehydration, and screening for nutritional risks. Examination of accidents and incident records and discussion with staff evidenced that accidents and incidents were properly monitored by the service and, where possible, prevented. We saw use of some dementia friendly signage such as 'toilet' signs and room name signs in the home. These signs enable people to be more self managing as they do not have to ask or worry about where the toilet or their room is. Following a suggestion from us, the staff repositioned the menu picture board during the inspection so that more people could see from their seats what the menu was.

We saw that service users' nutritional needs continued to be monitored and checked for signs of malnutrition. Proper referrals had been made by the staff for residents to be assessed by speech and language therapists if the staff had any concerns about the resident's eating abilities. Residents we spoke with were happy with the quality of

the dining experience. We saw people being encouraged to have drinks throughout the day, including outwith meal and snack times (see Areas for Improvement).

Multi-disciplinary working was evident, with good links with the GP practice and community health team. We saw that input was available from a variety of healthcare professionals, including dietician, dentists, optician, speech and language therapists, community psychiatric nurses (CPN), and learning disability nurses. Podiatry and foot care continued to be arranged according to each resident's needs and some staff had received or were about to get foot care training. This training meant that simple foot care and nail cutting could be carried out by staff, following an assessment that it was safe to do so for the resident.

Staff told us and we saw from records that staff were provided with a wide range of training to support residents with their healthcare needs. Training included:

- first aid
- infection prevention and control
- dementia care
- palliative care
- Protection of Vulnerable Adults (POVA)
- fire safety
- moving and handling
- Caring for Smiles (oral care).

Nurses and some care staff received updates to nursing training, including areas such as basic life support, subcutaneous fluids, verification of expected death, and wound care and management. Good maintenance regimes for all equipment used in the home, such as wheelchairs, was in place.

We saw that staff put a good effort into maintaining people's physical, emotional and psychological wellbeing. We saw many varied activities being enjoyed by the residents, supported by staff. These included:

- dancing
- gardening
- karaoke
- craft and art
- manicures
- music and singing
- memory activities
- word searches
- chair exercises
- ball games.

Residents told us they really enjoyed the range of activities they could choose to join in. We saw activities being undertaken throughout the day and the early evening.

The management were 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's 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 (see link below) also supported this initiative (<http://www.scotland.gov.uk/Publications/2013/08/44066>).

The Royal Pharmaceutical Society guidance is a direction of travel document. However, it would be timely for the home to consider the long-term implications of the document.

Areas for improvement

At lunch time we saw that a few residents who chose not to have a starter had to wait a considerable time for their main course. The management agreed to look at and improve how staff served the meals to reduce the time residents had to wait. For example, the people who chose not to have a starter could possibly be among the first to have their main course served. The manager also agreed to ensure the menu picture board was updated prior to breakfast to help orient people to the day and the menu for the day. We will follow these areas up at the next inspection.

The management agreed to further develop the promotion of Dementia Care Standards in the home. The acting manager was looking to have dementia champions as well as other champions in areas such as wound care and continence promotion. The facilities and equipment could be further improved to improve the experience for residents with dementia and other cognitive impairments. Improvements could include improved signs and equipment (such as lighting, crockery). We will follow this area up 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

The service provided evidence that service users and carers were participating in assessing and improving the quality of the environment to a very good standard.

Please also see evidence provided in Quality Theme 1, Quality Statement 1 for further evidence for this Quality Statement.

Areas for improvement

Please also see evidence provided in Quality Theme 1, Quality Statement 1 for further evidence for this Quality Statement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

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

People we spoke with all said they felt safe at Persley Castle. Records examined and discussions with staff evidenced that health and safety checks were undertaken by the full-time maintenance man and staff, including checking fire detection and prevention equipment, water temperatures, lifting equipment, and portable electrical appliances. Monitoring of these systems continued to be undertaken by external firms, such as the legionella checks of the water system. The home had a secure door entry system.

Members of staff were inducted and updated on fire procedures and health and safety. Staff spoken with demonstrated a high regard for people's safety. We saw staff taking time to ensure residents had their balance before supporting them to walk or sit down. We saw staff make excellent use of equipment, such as stand aids and hoists to help people move safely.

Staff were able to clearly and consistently describe the action to be taken if they saw broken or faulty items and the repairs and maintenance system. Maintenance requests were logged and minor or straightforward repairs dealt with by the maintenance man employed for the home, with contractors being used for specialised repairs.

Residents told us and we observed throughout our inspection that people could summon help using the buzzer system. We saw staff and the acting manager respond promptly to the buzzers throughout our inspection. Residents told us that there were always staff around but they knew how to summon help, for example if they were in the lounge.

We saw an emergency grab pack in place so that there was basic information about people and equipment in place should there be a need to evacuate the home. The staff office and the manager's office had been swapped around providing staff more opportunities to see the residents and visitors to the home when they were in the office to make their records or have short meetings with others. Some areas of the home were being redecorated by the maintenance at the time of our inspection. These areas included ceilings and hallways.

We found unevenness in the flooring of the lift during our inspection which we reported to the manager. Immediate action was taken to have a company measure up and replace the flooring by the end of our inspection visit.

Areas for improvement

We were disappointed to see that the bathrooms were of a poor quality. Elements included:

- A grip covering the grab rail beside a toilet badly worn and no longer able to be cleaned properly.
- Stark, tired, worn and damaged walls and woodwork.
- Inappropriate signs on display.
- No lampshades.
- No window coverings.

- Flooring missing and patched.
- Damaged ceilings which had been repaired but not redecorated.
- No homely features, such as pictures to interest people, or colours being used.
- Being used to store dirty laundry trolleys.

The senior management had a look at the bathrooms and agreed with us that the bathrooms were of a poor quality. We noted in our last report that the bathrooms had previously been identified in the refurbishment plan but the work had not been carried out as other areas had been prioritised. Staff told us the bathrooms were not used very much. This could be because they need refurbishment. The management agreed to undertake an environmental audit of the home and to draw up an action plan of works required to improve the quality of the environment of the home. We recommend that the bathrooms be refurbished to address the areas noted above and any other issues identified by the environmental audits **(see Recommendation 1)**.

At the last inspection we found that the stock of personal protective equipment (PPE), such as disposable gloves and aprons, had run out in some toilets and bathrooms before the daily stock refill happened. We saw this again on both days of our inspection. It is important that this equipment is always available at the point of use to help prevent and control the spread of infection. We asked the manager to ensure that PPE stocks were replenished in a timely manner. The part of the recommendation made at the last inspection about PPE stocks will remain in place.

The boiler is to be upgraded in the months following our inspection visit. This is needed to ensure consistent, adequate water temperatures in all parts of the building. We will follow this up at the next inspection.

The provider was planning to build a large conservatory onto the side of the building later in the year following our visit. This was to provide more and improved alternative living space for residents and their visitors. We reminded the management that the provider requires to submit a notification to us at least three months before the work is to begin so that we can check the plans and measures to be taken to ensure everyone living, working or visiting the home are kept safe.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should refurbish the bathrooms in the home to ensure residents can enjoy a good quality bathing experience.

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

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

The service provided evidence that service users and carers were participating in assessing and improving the quality of the staffing to a very good standard.

Please also see evidence provided in Quality Theme 1, Quality Statement 1 for further evidence for this Quality Statement.

Areas for improvement

Please also see evidence provided in Quality Theme 1, Quality Statement 1 for further evidence for this Quality Statement.

Grade awarded for this statement: 5 – Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

Evidence from the inspection showed that staff were trained and motivated to a very good standard. Comments made in Quality Theme 1, Quality Statement 3 about health and wellbeing is also relevant to this Quality Statement. Comments made in the section 'views of people who use this service' and 'views of carers' are also relevant to this Quality Statement.

The staff were warm, friendly and caring in their approach to resident care. We saw that they displayed good patience and understanding especially when residents were presenting as stressed and distressed. This appeared to help reassure and settle people when they were becoming distressed. We saw staff give good eye contact with

residents when they were supporting them with their needs. Care was consistently given in an attentive way throughout our inspection. As noted in the views of residents and carers, staff were well liked.

We saw a strong ethos of team working to be in place. Staff told us access to training was good. New staff were given an induction. Staff told us support and supervision took place for them mostly informally but also formally. We saw a supervision and appraisal planner in place.

Training provided to staff was an appropriate mixture of in-house and external training, with use of resources such as DVDs and computer based training. A training plan was in place to identify gaps in core training needs of the staff team. Staff told us that team training events had been given about conditions which affected residents. This training should continue to ensure new staff also learn about such conditions. The managers told us that training resources with another of the provider's homes was to be shared to increase staff training opportunities.

We saw evidence of very positive, motivated staff from observation, through discussions and from our staff questionnaires. Staff comments in our questionnaires included:

- "I think our home delivers a high quality and standard of care to service users. Well skilled and qualified staff are here to deliver care."
- "Being part of a team of this workplace will help me to promote the highest standard of care to maintain the good, homely atmosphere."
- "I feel morale of the staff can go down when agency staff are taken in to cover staff shortages."

Areas for improvement

Residents, families and staff all told us that they were concerned about the continued reliance on agency staff. We saw that efforts were made to have the same agency staff to cover any short falls in the staff rota due to sickness and holidays. Recruitment was ongoing. We were aware that the provider was looking at how staff recruitment and retention could be improved. We will continue to follow-up the use of agency staff.

Some staff were seen to be carrying dirty laundry in their arms from bedrooms through the corridors to the laundry trolleys in the bathrooms. Some staff were not wearing PPE, such as gloves and aprons. Containers such as laundry bags or boxes were not used by staff to put dirty laundry in when they removed it from the bed or resident. We observed the practice of the laundry staff and found this to be well organised and in keeping with good hygiene practices.

We recommend the manager looks at and improves how staff take dirty laundry from bedrooms to the laundry bags so that infection control practices are used (**see Recommendation 1**).

The management agreed to consider how residents can be enabled to remain as self managing as possible in areas such as serving themselves teas and coffees and spreading breads, toasts and other snack items like pancakes and scones. This may mean providing more manageable crockery than the large catering sizes of tea pots and juice jugs. We will follow this up at the next inspection.

The management should consider how bank staff are supported to keep their training and development needs up-to-date. They should also consider how they can evidence that bank staff skills and abilities are appropriate for the duties they are required to undertake. This could include auditing skills and providing supervision and appraisal for bank staff. We will follow this up at the next inspection.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should audit the care staff practice with handling dirty laundry and ensure the staff practice is in keeping with best infection control and hygiene practices.

National Care Standards, Care Homes for Older People - Standard 4: Your Environment; Standard 5: Management and Staffing Arrangements; and Standard 16: Private Life.

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

There was evidence that service users and carers were participating in assessing and improving the quality of the management to a very good standard.

Please also see evidence provided in Quality Theme 1, Quality Statement 1 for further evidence for this Quality Statement.

Areas for improvement

Please also see evidence provided in Quality Theme 1, Quality Statement 1 for further evidence for this Quality Statement.

Grade awarded for this statement: 5 – Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

There was evidence that the service continued to perform to a very good standard to ensure quality assurance processes were in place, involving service users, carers, staff and stakeholders. Please also see comments made throughout this report including 'views of people who use this service' and 'views of carers' as they are all relevant to this Quality Statement.

We saw that the very good formal and informal quality assurance arrangements continued to be in place. The acting manager continued the practice of having a very 'hands-on' approach, being visible and available to residents and their visitors. The acting manager had already been employed in the home for many years as the

depute manager so knew the residents and their families well. The acting manager also worked some weekends to ensure high standards were maintained at all times.

The comprehensive recording system for health and safety continued to be in place and was reviewed regularly. We saw that scheduled audits and contracts for servicing of equipment continued to be in place. The senior managers continued to be closely involved in the service, visiting the home, the residents and staff very regularly.

The provider had checklists and audit plans in place to audit the quality of all aspects of the service being provided. Action plans continued to be put in place following the audits. We saw very good accident and incident monitoring taking place. Examination of records and discussion with staff showed us that proper follow-up to accidents, including further follow-up actions, had been done. We saw that staff were mindful to check and record residents' progress following falls or accidents (see Areas for Improvement).

Residents, staff and families we spoke with all expressed a high level of confidence in the manager's approachability and willingness to resolve any issues. An appropriate complaints procedure was in place.

The manager advised that residents had been offered opportunities to be involved in the quality assurance process but had declined these offers. Opportunities should continue to be offered, especially to new residents and their representatives.

Areas for improvement

The accident records for staff could be further improved to determine if any further action or follow-up is needed. For example, one accident record advised that a staff member was to attend accident and emergency but there was no record of this happening nor the outcome. We will follow this up at the next inspection.

The manager and staff should continue to maintain and further develop these very good quality assurance processes, particularly looking at how residents and carers can become involved in the processes.

As noted previously, the management agreed to undertake an environmental audit to determine what action required to be taken and to develop an action plan of work to be done.

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

None.

Action Plan

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

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
12 Mar 2014	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
19 Dec 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
24 Apr 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good

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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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