

## Care service inspection report

### McKillop Gardens

#### Care Home Service Adults

Parkhall Street

The Village

East Kilbride

Glasgow

G74 4JT

Telephone: 01355 598320

Type of inspection: Unannounced

Inspection completed on: 27 January 2015



HAPPY TO TRANSLATE

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### Service provided by:

South Lanarkshire Council

### Service provider number:

SP2003003481

### Care service number:

CS2003001336

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## 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	3	Adequate
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

### What the service does well

McKillop Gardens is in the heart of East Kilbride Village and within walking distance of the shops and restaurants.

The care home is decorated to a high standard. Residents have access to a beautiful Japanese garden and for others there is seating on the upstairs balconies. The balconies also have potted flowers.

### What the service could do better

The care home is supported by the local primary health care services of District Nurse and GP, Care Home Liaison Team, Pharmacist and other health professionals.

McKillop Gardens care home remains a residential service and as such its status will not be reviewed. Whilst it is accepted by the provider that some service users have additional health care needs, appropriate support and input is sought when required from NHS Lanarkshire.

The Care Home needs to improve the system of care planning and improve the recording and administration of medication.

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

The service has made progress to address the requirements and recommendations made at the last inspection.

The service has begun training staff within the 'Promoting Excellence' Scottish Government initiative and 'Stress and Distress' to support people with a diagnosis of dementia experiencing distressed behaviour.

### **Conclusion**

We thought the manager and the staff team were committed and passionate about improving the care they deliver.

We thought they had made a good start to addressing the requirements and recommendations from the last inspection, although there was still a way to go.

We look forward to seeing this progress continue at future inspections.

# 1 About the service we inspected

McKillop Gardens is a purpose-built two storey building situated in the East Kilbride area of South Lanarkshire. It is accessible to public transport routes, bus, train or motorway. Service users are within walking distance of local shops and community amenities.

The provider of this registered service is South Lanarkshire Council.

The building offers accommodation for forty older people in single bedroom well furnished flats, with full en-suite facilities. Five of these apartments are designed to accommodate couples.

People who use the service have access to communal toilets and bathing facilities, shared public spaces which are used for either lounge or dining room.

The aims and objective for the care home are laid out in their Information Brochure, providing a service to older persons and those with Dementia.

The grounds are well-kept, offering an enclosed garden with facilities to sit and admire the surroundings or potter in the grounds. Those who live on the upper floor have covered balconies overlooking the garden and these are accessible from the lounges to take in the fresh air.

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 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**

We wrote this report following an unannounced inspection visit, by one Inspector - Older People Team on 26 & 27 January 2014 between the hours of 09:20 - 18:00.

Feedback was given to the Community Living Manager, the Manager, two Enhanced Senior Social Care workers and two Senior Social Care workers on 27 January 2014, 15:30 - 18:00.

This inspection focussed on following up requirements and recommendations made at the last inspection of 22 July 2014. This report has repeated the majority of the findings from the previous inspection.

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

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

- Accidents and Incident recording
- Complaints Log
- Minutes of Relatives, Service Users and Staff meetings
- Medication records
- Registration Certificate
- Insurance Certificate
- Quality Assurance & Audits
- Service Users Care Plans - sampled
- Staff Training; Supervision; Annual Appraisal
- Staff Off Duty Rota
- Follow up the requirements and recommendations from previous regulatory activity

Discussions with various people:

- Enhanced Senior Social Care Worker
- Senior Social Care Worker
- Social Care Staff
- People who use the service

### **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)

### **The requirement**

The provider must ensure that their admission policy is adhered to and individuals pre-admission care plan and community care assessment regarding their health and social care must be up to date and provided in such a format that details and meets the changing needs of service users and the support arrangements that are currently in place.

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) Welfare of users and (SSI 2011/210) Regulation 5 - Personal Plans.

Timescale for improvement: To start immediately and be completed within 6 weeks of publication of this report.

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

See Comments under Quality Statement 1.3

**The requirement is:** Met - Within Timescales



### **The requirement**

Risk assessments and care plans must be clear, informative, specific and direct staff to what they must do to sustain safe and secure environment and meet the Mental Welfare Commissions Rights Risks and Limits to Freedom and the Adults with Incapacity (Scotland) Act and other assessed needs and personal requirements of the individual.

This is to comply with:

SSI 2011/210 Regulation 5 - Personal Plans and

SSI 2011/210 Regulation 4(1)(a) - Welfare of Users - a provider must make provision for the health, welfare and safety of service users.

Timescale for improvement: To start immediately and be completed within 6 weeks of publication of this report.

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

See Comments under Quality Statement 1.3

**The requirement is:** Not Met

### **The requirement**

Staff must complete the medication recording sheets and the medication audit in line with the provider's policy and procedures and best practice guidance to ensure it is identifying all issues and directing the auditor to take appropriate remedial action including retraining where necessary. The service is directed to the regulators website [www.scswis.com](http://www.scswis.com) with a view to accessing medicines management information relevant to care settings.

This is to comply with:

SSI 2011/210 Regulation 4(1)(a) - Welfare of Users - a provider must make provision for the health, welfare and safety of service users

Timescale for improvement: To start immediately and be completed within 6 weeks of publication of this report.

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

See Comments under Quality Statement 1.3

**The requirement is:** Not Met

### **The requirement**

The provider must evidence to the regulator that their in-house quality assurance systems ensure that deficits within the service are identified and records are available to show the action taken to effect improvements, reduce risk and the welfare of people who use the service is not compromised.

This must include;

- Accident and incident
- Medication
- Care plan and reviews
- Weight-loss, food and fluid records
- Tissue viability

This is in order to comply with; SSI2011/210 Regulation 4 (1) (a) Welfare of service users

Timescale for improvement: To start immediately and be completed within 6 weeks of publication of this report.

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

See comments under Quality Statement 4.4

**The requirement is:** Not Met

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

See comments under the relevant Quality Themes and Statements.

### **The annual return**

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

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

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

We received a fully completed self assessment document from the service provider.

We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

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

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

People we spoke with during the inspection spoke very highly of the staff and of the service they received.

They said that they were listened to and staff treated them with courtesy and respect.

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

We did not speak to any carers during the inspection.

### 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

The provider has developed a new Welcome Pack since the last inspection.

All visitors and residents can find information and publications in the foyer and on noticeboards within each unit.

The accommodation was clean with no unpleasant odours. The flats offered a lounge and dining area, kitchen area and bedroom with en suite shower-room. A number of the flats had been personalised by the resident and their family, making them very homely. Profile beds had been installed in all bedrooms for the comfort of the resident and ease of moving and assistance by staff.

The service deals with the topic of dying and death with tact and diplomacy. The staff advises the residents of the passing of their friends and will provide support to pay their respects at the funeral if that is the individual's choice.

The records of the in-house consultation and questionnaires note that residents have been asked their views on the time of meals and the content of the menus; future activities and what they would like to do over the festive period. We found that personalised 'Memory Boxes' were now in place outside service users rooms in some parts of the home.

The service provided evidence that they have ordered new toilet seats in a colour that can be recognised by those with cognitive impairment. They have also ordered signage and artwork for the Dementia Unit and new furniture for the foyer area.

### Areas for improvement

We observed that the providers new Welcome Pack was quite a wordy document and there was no direction to it being available in any other format, for example pictorial or "talking".

The providers questionnaires were in word format and it was unclear how the care service collects and collates the views of residents who are no longer able to process the written word.

All events that the residents participate in could have been recorded in a clearer manner to provide a history trail of the individual's life style in the care home, including choosing to attend other resident's funerals and how that was facilitated.

We found at the last inspection that In some Units the doors accessing the outdoor space were locked to prevent unwanted intruders but this also compromised the freedom of choice of those persons residing in the units to move freely from inside to outside without having to seek out staff to open the doors.

We were advised at this inspection that this was being looked at. The service was considering the use of assistive technology and was planning to take an individual risk assessment approach to addressing this problem.

We were advised that there were ongoing discussion with South Lanarkshire Council ( SLC ) Technical Services around fitting a secure front door entry / exit system. When this is resolved the care home plan to disarm the key pad entry system within each unit to promote freedom of movement for service users.

We look forward to seeing how this is progressed and will monitor at future inspections.

We said at the last inspection that the service makes use of "Keeping in Touch - Conversation Sheets" and they appear to be recording complaints, but do not direct the reader to the records kept of the investigation and outcome of the complaint and response given to the complainant.

We sampled a complaint investigation carried out by the Care Home in respect by Mr X. We found that the response to this complaint was recorded in the "Keeping in Touch - Conversation Sheets". We were advised that the 'complaint' had been addressed using Stage One of the SLC Complaints procedure. We suggested that it would be good practice if the outcome of the complaint was communicated in writing to the complainant. We acknowledge that this was done on the day of the inspection.

We are entirely satisfied that the issue raised was dealt with appropriately. However, the way in which stage one 'complaints' were logged and recorded could be improved.

The Care Inspector made the following suggestions for consideration by the service.

- There should be a linear record of stage one 'complaints' received.
- They should always be acknowledged and responded to in writing.
- Issues raised should be analysed to identify any pattern.
- The Care Home should check that the complainant is satisfied with the outcome.
- Correspondence should include information on the next stage of the process and of how to make a complaint directly to the Care Inspectorate.

We will continue to monitor progress going forward to address this recommendation.

This recommendation was not met and is restated.

(See Recommendation 1)

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The provider should ensure that when staff record complaints in the "Keeping In Touch" sheets they are processed in line with the providers Complaints policy and procedures and records kept accordingly.  
National Care Standards, Care Home for Older People, Standard 5 - Management and Staffing Arrangements

### Statement 3

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

### Service strengths

We observed staff practice across the care home during the inspection.

We thought that staff were courteous and treated service users with dignity and respect throughout the inspection.

We previously observed staff carried out good food hygiene practice by using a temperature probe and wearing personal protective clothing before serving meals.

The pantry area offers facilities to wash the dishes and store snacks to access by all residents between the mealtimes. There was a menu in written format but not pictorial format.

The table was set appropriately and the meal was well presented. Specialised equipment was available for residents who need assistance with their meal and staff were at hand where necessary.

There was lots of chatter, banter and laughing during the inspection

We examined the contents of one respite care plans and two care plan for a permanent resident. The care plans were person centred and contained information recorded on the date of admission, personal profile of the individual and included health and medical care. Copies of the Power of Attorney document were filed in the care plans along with Anticipatory Care Plans and Do Not Resuscitate documentation.

There was evidence that care plan reviews take place every six months and the minutes are available to appropriate parties. Senior Social Care Worker has responsibility to keep a spreadsheet indicating when the last review took place and the planned date for the next meeting. This information is then passed to the Senior Social Worker at the local Social Work office to ensure that the reviews are held within the legislative timescale.

The apartments offer a POD locked cabinet system to permit residents to self-medicate.

We followed the individuals through their care plans and their Medication Administration Record Sheet (MARS). All residents on admission are asked if they would wish to self-medicate or have staff assist them. Trained staff carry out the task of administering medication to ensure positive outcomes for residents. The staff ensure the safe storage of medication and have access to the providers Medication Policy and Procedure and the dispensing Pharmacy to ensure best practice is followed.

We found that there was information in the respite plan to confirm that service users had sufficient medication on their admission for the duration of their period of respite.

We found that there was an overview and an overall analysis of falls in place. Residents also have access to the local primary healthcare team, the care home liaison team and other healthcare professionals to ensure their healthcare welfare is maintained.

The care home provides specialised equipment and systems to meet the assessed

needs of people who use the service such as profile beds, wheelchairs, stand-aids and bathing facilities with hoists and assistive technology.

We found at this inspection that service users were provided with alert pendants to enable them to freely access the nurse call system throughout the care home. We were advised that there was a programming error for one alert pendant which had been rectified.

### **Areas for improvement**

We observed that the record keeping, completion and use of paperwork is not at the same good standard as the observation of staff practice and the feedback from people who use the service. The record keeping is letting the service down and could compromise the health and wellbeing of people who use the service therefore the grade remains adequate.

We said at the last inspection that the care service and the local social work office were arranging to hold care plan reviews but the records examined showed a least one resident's care plan review had exceeded the six month timescale set by the legislation. We found at this inspection that all care plans were being reviewed at least every six months in line with legal requirements.

We said at the last inspection that there was lack of detail in the file regarding duration of respite period, the date of admission and date of discharge from the respite care plans we examined. We found at this inspection that the duration of respite, the date of admission and date of discharge were recorded. We also found that the pre-admission Community Care Assessment was in place.

We made a requirement at the last inspection in relation to the above issues.

We are satisfied that this requirement has been met and will removed

We said at the last inspection that staff complete risk assessments but there was no evidence what the outcome directs staff to do next, for example develop a falls care plan or personal hygiene be it washing or changing the bed linen.

We continue to have concerns about the quality of information in care plans to guide staff. e.g. falls, nutrition, continence. Examples were discussed with management and staff during the inspection.



We found information on a service users care plan in relation to 'eating well' was not dated and information on the advice given by the dietician on how to support this service users was kept outwith the care plan. This was not helpful.

We found that a service user had an exercise programme developed by a physio. There was no record of how staff were supporting and encouraging the service user to do the exercises. However, staff were able to describe in detail how they supported the service user to do the exercises. This is the level of detail we would hope to see in care plans going forward.

The information, layout and system of care planning was not supporting staff to deliver care.

Overall, we thought the care plans were disjointed. At one stage we saw four 'my personal support plan' for one service user. It was not clear which one was current.

The information in relation to a persons care were not in the same place in the care plan.e.g. nutrition

The service was using the 'Falls prevention tool', however, staff were not using the guidance effectively.

We were advised that a pilot was in progress to develop a new care plan.

We acknowledge the hard work that staff have put into improving care plans, however, there is still a way to go.

We look forward to evaluating this when it is implemented.

We said at the last inspection that the daily notes of Resident X asked for their apartment door to be locked when they retire to bed to prevent other residents from entering. We note that nightshift staff record that they enter that apartment five times per night and there was no clear clinical justification or completed assessment and outcome that this was the action to meet this individual's needs. The service did not seem to see their actions of these necessary or unnecessary visits could be the source of the resident's anxiety and be disruptive to their sleep pattern which could have a long-term health impact. We were unable to evidence that the resident had capacity or their Power of Attorney had given consent for these overnight intrusions.

We continue to have concerns about this practice. We saw that a consent form was signed by a service user authorising consent to night time checks, however, it was not clear if they had capacity to give consent. We did not see any clinical evidence to justify this practice. This was discussed with the manager and staff during the inspection.

This requirement was not met and is restated.

(See requirement 1)

We said at the last inspection that the care service plan that all future respite admissions will arrive with monitored dosage bubble pack from the community or a prescription will be sent in advance of admission and this will allow the MARs to be typed by the dispensing pharmacy and reduce the opportunity of error.

We found at this inspection that this was working for planned respite admissions.

We found that, on occasion, the MARs is hand written for unplanned respite admissions and this practice has been discussed and agreed with the Care Inspectorate Pharmacy Advisor and NHS Lanarkshire Care Homes Pharmacists. The details have been transferred from the packets brought in by the new resident.

We found other recording issues on the medication administration record (MARs).

It was hand written that a medication had been discontinued, however, there was another entry saying that the medication had been administered to the service user. It was not clear which was correct.

We found several entries where medication had not been taken. We did not see any information on how staff had went back to the service user to encourage them to take their medication. We did not see any information if staff had sought advice from health care professionals on the consequences of not taking medication.

There was no record if the administered medication had been effective.

The system of recording and administering medication needs to improve.

This requirement was not met and is restated.

(See requirement 2)

We said at the last inspection that care plan records sampled direct staff to "monitor skin care" but is not specific of who or how this was to be done. Where a resident has lost a notable size of weight in a six month period what does staff do with this information to assist the resident for example referral to dietician, visit to dentist regarding oral healthcare, and identify clinical reason.

We were advised that there were currently no service users with skin breaks in the care home. We were also advised that there were discussions taking place which

propose that the Community Health Care Team take responsibility for service users skin care going forward.

We will report on this at future inspections.

We found at the last inspection that the falls documentation was only partially completed on behalf of a resident who sustains falls. We thought it was good that the care home was using the 'Falls Prevention Tool', however, this was not being used effectively as there was no evidence of referrals being made as a result of concerns identified e.g. pain management, continence, nutrition, UTI etc.

We said at the last inspection that where the outcome decision of the falls audit is that a sensor mat would be put in place there was a lack of evidence that also directed staff to put in place the Mental Welfare Commission Pathway for use of restraint.

This was not examined at this inspection and will be looked at the next inspection.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 2

**Number of recommendations:** 0

### Requirements

1. Risk assessments and care plans must be clear, informative, specific and direct staff to what they must do to sustain safe and secure environment and meet the Mental Welfare Commissions Rights Risks and Limits to Freedom and the Adults with Incapacity (Scotland) Act and other assessed needs and personal requirements of the individual.

This is to comply with SSI 2011/210 Regulation SSI 2011/210 Regulation 5 - Personal Plans SSI 2011/210 Regulation 4(1)(a) - Welfare of Users - a provider must make provision for the health, welfare and safety of service users

Timescale for improvement: To start immediately and be completed within 6 weeks of publication of this report.

2. Staff must complete the medication recording sheets and the medication audit in line with the provider's policy and procedures and best practice guidance to ensure it is identifying all issues and directing the auditor to take appropriate remedial action including retraining where necessary. The service is directed to the regulators website [www.scswis.com](http://www.scswis.com) with a view to accessing medicines management information relevant to care settings.

This is to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of Users - a provider must make provision for the health, welfare and safety of service users

Timescale for improvement: To start immediately and be completed within 6 weeks of publication 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

Please see quality statement 1.1 for further information.

#### Areas for improvement

Please see quality statement 1.1 for further information.

**Grade awarded for this statement:** 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

We concluded that the service was performing at a very good level in areas covered by this statement.

The winter gardens come sun room with piano is fabulous and used regularly by the residents for a variety of gatherings including religious services.

Throughout the care home we observed the fabrics, furnishings and decoration were of a high standard and very well maintained.

Staff had access to specialised equipment to aid the daily living of residents and that included the emergency call system, hoists and stand-aids. There were memory pictures outside a number of flats.

During office hours a receptionist is located at the desk in the foyer. There is a door entry system in place at the front of the building to protect residents from intruders. All visitors are invited to sign in the book on arrival and departure for fire purposes and protection of personal security. The majority of the Units are accessible by the

use of a keypad security system. The care home also has CCTV sited on the front door and can be viewed by staff in all the Units.

Maintenance of the property is carried out by other providers departments. Housekeeping and Catering stated they had sufficient equipment and are allocated to specific Units. The staff said they received training to complete their roles and responsibilities to a very high standard.

All the residents were observed to be well presented and their clothes are cared for by the on site laundry. We found the laundry to be clean and tidy when we visited on the morning of the second day of our inspection.

The external grounds are beautifully maintained with dry-stone walls, mature planting and covered seating area accommodating large numbers of residents at one time. This area is covered with perfumed climbing plants. For those who reside on the upper floor there are balconies with seating and planting accessible from the lounge area.

### **Areas for improvement**

The use of the balcony area, which is off the lounge rooms on the upper floor, continues to be utilised by a small number of residents as a smoking area which could compromise the freedom of choice of other residents who are non-smokers.

The provider has completed a consultation process with people who use the service with regards to identifying this as an area for smokers. We did not see any service user using the balcony as a smoking area during the inspection. We request that the Care Home confirm its policy on the use of the balcony as a smoking area.

We observed a strong smell of cigarette smoke in one corridor. This should be managed to balance the service users right to smoke and also other service users right not to be subjected to a passive smoke.

We advised that the Care Home refer to 'Smoke Free Scotland' for information and guidance.

We observed at the last inspection that not every available corridor light was on in every unit during the inspection which resulted in shadows being cast in corridors and outside the resident's flat door. To assist persons with visual impairment there is suggested "lux" as best practice guidance.

We continue to find that corridor lighting was activated by motion sensor which means that the lighting is not consistent in the corridor and there are areas of shadow and darkness. We were advised that the lighting had been fitted after consultation with Stirling University Dementia Unit and the lighting was approved by them.

We have asked that the Care Home to provide confirmation that the lighting has been approved by Stirling University. We have also asked the provider to submit a development plan of how it proposes to improve the quality of lighting in service users rooms.

We continue to comment on how beautiful the grounds are and how the residents will enjoy using the area but we noted that the freedom to move from inside to outside when the individual chose was restricted because of locked doors.

We continue to report that there are issues regarding safety and security outside in the garden because the gates to the street are only secured by a bolt not a keypad or other technology without compromising Rights  
Risks and Limits to Freedom.

The service was reminded about the Scottish Governments focus on Dementia - Promoting Excellence. The care service must refer to best practice with regard to colours of paint or patterns on wallpaper, lighting and signage for people with Dementia or cognitive impairment and those with visual impairment. Directional signage for residents continues to be an area that the care service has the opportunity for improvement.

Whilst we thought the signage had improved since the last inspection directional signage still needed to be improved.

We were shown that plans were in place to purchase appropriate directional signage and we look forward to seeing this at future inspections.

(See recommendation 1)

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Recommendations

1. The provider should review the signage to assist people who use the service to move freely from apartment to other public spaces within the unit or other internal and external rooms of interest within the home, accessing the public lift or garden area to enhance their daily living and in line with best practice guidance for those with dementia, cognitive or visual impairment for example Dementia - Promoting Excellence.

NCS Care Homes for Older People, Standard 4 - Your Environment

## 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

Please see quality statement 1.1 for further information.

#### Areas for improvement

Please see quality statement 1.1 for further information.

**Grade awarded for this statement:** 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

We concluded that the service was performing at a good level in areas covered by this statement.

The Learning and Development Department provide the care service and employees with the 2014 training calendar. Social care workers confirmed they had access to and attended a menu of training courses to meet their roles or responsibilities, registration and personal development.

The most recent courses delivered included Food Hygiene, Adult Support and Protection, Dementia, Moving and Assisting and Falls Prevention, Oral Health and Boots Pharmacy. Other specialised courses included Scottish Vocational Qualification for registration purposes and administration of medication. On completion of a training course the attendee is invited to complete an evaluation form.

The Scottish Government and Scottish Social Services Council have lead on Dementia - Promoting Excellence, a course including a workbook and DVD that all staff in the care field must attend and has previously been delivered to staff.



The Manager has attended the Enhanced level and is preparing to roll out further training to the staff at McKillop Gardens.

We were advised that staff have the opportunity to attend a three day training 'Promoting Excellence' course on dementia. This is supported by a tutor who is able to offer 1:1 support for those staff who need it. We were also advised that five of the senior staff team have completed 'Stress and Distress' training for managing people with distressed behaviour and this was being rolled out to all direct care staff.

We look forward to seeing how this training results in improved outcomes for people who use the service.

### **Areas for improvement**

The residents could have more involvement in the recruitment of new staff, give their feedback that could be included in staff supervision meetings and about allocated keyworker system.

The Scottish Social Services Council has set the timetable for the registration of all staff employed in the field of social care. The provider and care service should continue to review their systems to reflect and take account of the SSSC framework.

Some care staff may have a "condition" on their initial registration specifying the qualifications they require to obtain prior to being fully registered.

To renew and retain registration every three years care staff will require completing self-directed learning. The provider will require considering the contents of a new training matrix that will deliver the necessary training courses and the employee to evidence their attendance and reflective learning.

It was not clear if the provider had made any progress in implementing the SSSC Framework for Continuous Learning and we would signpost the provider to this guidance for information and guidance.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

#### Service strengths

Please see quality statement 1.1 for further information.

#### Areas for improvement

Please see quality statement 1.1 for further information.

**Grade awarded for this statement:** 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

We thought that the service was performing at a good level in areas covered by this statement.

The manager and senior management within McKillop Gardens are visible and accessible to people who use the service and their visitors as their offices are located in the foyer.

The care service makes use of questionnaires to gather the views of the residents, their relatives and friends. Topics that have been discussed all have impacts on the outcome of the daily lives of the residents:

- Menu - content and times to take meals
- Forthcoming Celebrations
- How to celebrate the 10 year anniversary of McKillop Gardens
- Meaningful Activities
- Visiting Services

The provider has a framework of audits that management are expected to complete and report the outcomes for:

- Accidents & Incidents with form 10b Falls Tool
- Care Plans and Reviews which have outcome minutes and indicate who was in attendance
- Complaints, Compliments, Comments
- Dependency Tool which indicates the hours of intervention for care and directs the service to the appropriate staffing levels per shift.
- Maintenance including spot checks of emergency call cords completed by in-house departments
- Medication
- Residents Weights using MUST tool which scores the individuals risk of being malnourished and dehydrated

The care service is also regulated by the Environmental Health Department, Scottish Fire and Rescue Service as well as the Care Inspectorate.

The external auditor for medication is Boots who completes a six monthly audit with written feedback and will provide staff with training as and when required. The provider communicates with their staff through meetings and publications. Residents and relatives also hold regular meetings which have outcome minutes and action plans. The provider keeps the regulator updated of reportable events through the electronic notification process and procedures.

The provider has a number of policies and procedure including complaints and whistleblowing which all interested parties can access in electronic or hard copy formats.

We found a clear audit tool in place to monitor service users weight with clear action taken where there was weight loss.

We acknowledge that responsibility for Tissue Viability in the care home will be managed by the Community Health Care Team.

### Areas for improvement

We said at the last inspection that the audit processes could have been more informative to the provider to ensure that staff protect the health and wellbeing of all and individual residents. While we saw progress had been made in terms of audits e.g. weights, and reviews there were still issues which needed attention, therefore, we have repeated some of the comments we made at the last inspection:-

- The audit of accidents and incidents and 10b Falls Tool there was a lack of overview, collated events and action plan to reduce a repetition.
- The medication audit continued to highlight errors which were recorded by in-house auditors. It was unclear when the outcome states "Ensure receives" or "Monitor" who is directed to carry out this instruction, when, why, what, how this is going to take place and what the follow-up will be. The medication audit was in place, however, it was not identifying the issues reported on at this inspection. We signpost the service to the information in the Care Inspectorate web site 'The Hub' for information and guidance;
- We found that a 10% sample audit of care plans was in place and appropriate action was in place to address issues found. This was a good start and should be rolled out to include all care plans.

We will review progress at the next inspection.

This requirement is not met and is restated.

(see Requirement 1)

All care staff should be aware of the provider's Complaints policy and procedure and the processes expected of them when residents, relatives or any visitor raises an issue, gives an opinion or observation of practice, regardless of the status being a formal or informal complaint. Failure by staff to adhere to the provider's policy and procedure may result in compromising the welfare of people who use the service and at worse even fail to refer possible Adult Support and Protection matters to the appropriate agency.

All of these observations provide challenges for the manager and senior management team but at all times every member of care staff have a code of conduct to adhere to and ensure positive outcomes for people who use the service.

(We have made a recommendation (1 ) under Quality Statement 1.1 in relation to the above).

We found at this inspection that the Care Home was in breach of the conditions of registration.

The provider should consider submitting a variation to the conditions of registration to the Care Inspectorate for consideration.

(see Requirement 2)

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

**Number of requirements:** 2

**Number of recommendations:** 0

### Requirements

1. The provider must evidence to the regulator that their in-house quality assurance systems ensure that deficits within the service are identified and records are available to show the action taken to effect improvements, reduce risk and the welfare of people who use the service is not compromised.  
This must include;

- Accident and incident
- Medication
- Care plan
- Falls

This is in order to comply with; SSI2011/210 Regulation 4(1)(a) Welfare of service users.

Timescale for improvement: To start immediately and be completed within 6 weeks of publication of this report.

2. The provider must comply with the conditions of registration as detailed on the Certificate of Registration.

This is in order to comply with; SSI 2011/210 Regulation 4(1)(a) Welfare of service users.

Timescale for implementation: within 3 months of the publication of this report.

# 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 - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 3	3 - Adequate
<b>Quality of Environment - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	5 - Very 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
22 Jul 2014	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
28 Feb 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
8 Oct 2013	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate



## Inspection report continued

19 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good 3 - Adequate
12 Sep 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
12 Sep 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
24 Feb 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
28 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
20 Aug 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed Not Assessed
29 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good
24 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good

## Inspection report continued

15 Dec 2008		Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
2 Apr 2009	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	4 - Good
		Management and Leadership	5 - Very 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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