

## Care service inspection report

# Castle Gardens Care Home

## Care Home Service Adults

Castle Avenue

Invergordon

IV18 0LW

Telephone: 01349 854080

Type of inspection: Unannounced

Inspection completed on: 10 March 2015



HAPPY TO TRANSLATE

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### Service provided by:

HC-One Limited

### Service provider number:

SP2011011682

### Care service number:

CS2011300648

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	4	Good

### What the service does well

The staff are friendly, approachable and residents, relatives and visitors are welcomed to the home.

There is a commitment to staff training and development of the service.

Staff seem to know the residents well and the interactions we observed were good. The feedback was good about the activities the activities organiser arranged.

### What the service could do better

The dining room experience for residents who use the upstairs dining rooms needs to be better.

The way the staffing levels upstairs are managed needs to be better and more consistently maintained.

The service should continue to develop the way person centred care is planned and delivered.

The quality assurance systems and action plans need to be fully implemented.

The staffing, management and contingency arrangements should be reviewed.

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

Some improvements have been made to the environment.

Staff have continued to further develop care plans.

Staff training has continued to be developed.

### **Conclusion**

Castle Gardens Care Home is a well used resource where staff welcome residents, relatives and visitors.

The service continues to develop care plans towards a person centred approach. Some improvements had been made to improve the environment. Arrangements need to be put in place to improve the way residents get help and support at mealtimes and to sustain these improvements.

There is a commitment to staff training and development of the service.

Overall, the residents and relatives we spoke with are happy with the care they or their relative receives.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service registered with the Care Inspectorate on 31 October 2011.

## Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- **A recommendation** is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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

Castle Gardens Care Home is registered for a maximum of 38 older people/adults some of whom may have dementia, mental health problems or physical and sensory impairment.

The provider is HC-One limited.

The purpose-built, two storey Care Home is situated within its own walled, well maintained grounds on the outskirts of Invergordon. There are 37 single bedrooms, three of which could be used as double rooms, within the maximum number of registered places. Bedrooms have en-suite toilet and wash hand basin facilities and one single bedroom has shower facilities. There are a number of communal rooms, lounges, dining rooms, bathrooms, showers and toilet facilities situated throughout the care home.

The provider's aims included to 'strive to provide all our residents with the highest standard of individualised care. We will do this within a warm, friendly, homely and supportive environment where quality of life is paramount and where residents' rights, habits, values and cultural background are safeguarded and respected.'

'We value the life experiences and knowledge of every resident. We will spend time with every resident so that they can help us fully to plan their care, which will include opportunities for fulfilment and responsible risk taking.'

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

**Quality of Care and Support - Grade 4 - Good**

**Quality of Environment - Grade 5 - Very Good**

**Quality of Staffing - Grade 5 - Very 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 after an unannounced inspection that took place on between the hours of 10:10 and 17:10 on 02 March and 09:50 and 16:55 on 03 March 2015.

The inspection was carried out by one inspector who was supported by an Inspection Volunteer, on the first day of the inspection. We gave formal feedback on the inspection findings on 10 March to the manager and deputy manager of the service. The inspection took place in conjunction with the care home service inspection. A separate inspection report has been produced about the Care Home inspection visit.

An Inspection Volunteer is a member of the public who volunteers to work alongside Care Inspectorate inspectors during the Inspection process. Inspection Volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses, or has used services. The Inspection Volunteer's role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gathering their views. In addition, where the Inspection Volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

The inspection volunteer was present on the first day of the inspection and spoke with some residents and relatives at this inspection. The comments and observations of the Inspection Volunteer have been incorporated in this report

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

We looked at:

- \* care documentation and reviews
- \* relevant sections of policies and procedures
- \* written information about the service
- \* newsletters
- \* minutes of meetings
- \* staff duty rotas
- \* training records
- \* maintenance records
- \* accident and incident records
- \* internal audits

- \* observations in different areas of the home
- \* tour of the premises.

We spoke with:

- \* residents
- \* relatives and carers
- \* the manager from one of the providers other care homes and staff.

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

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

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

### **Inspection Focus Areas (IFAs)**

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

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)



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

#### **The requirement**

The provider must ensure there are sufficient staff on duty at all times to meet the needs of the people using the service taking account of recorded dependency levels, lay out of the building and the aims and objectives of the service.

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 15 - Staffing

The following National Standards have been taken in to account:

National Care Standards, Care Homes for Older People, Standard 5: Management and staffing arrangements

**Timescale: immediately on receipt of this report**

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

Please refer to quality theme 1, quality statement 3 for progress on this requirement.

**The requirement is:** Not Met

#### **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.

Not applicable at this inspection visit.

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

There were 37 people using the service during the inspection. We met and spoke generally with residents during the inspection in the communal areas at different times of the day and spoke with three residents individually in private. Some people we spoke with did not give their view of the service or were unable to tell us their views verbally due to communication difficulties they were experiencing. The people we spoke with who were able to give their views were generally positive about the level of care and support they received, the activities, the staff and the food.

Additional views of residents are included under the quality themes and statements within the report.

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

We spoke with four relatives/carers during the inspection, three of whom were happy with the service their relative received.

Views of relatives and carers are included under the quality themes and statements within the report.

### 3 The inspection

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

#### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

##### Statement 1

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

##### Service strengths

We found this service was performing very well in the areas covered by this quality statement. We examined a sample of care records and review notes, minutes of resident's meetings, information about the service and the newsletter. We also spoke directly with some residents and relatives.

The service had a written participation strategy policy and procedure which was aimed at providing 'opportunities for the exchange of views and information at local level, informal level, with staff being proactive in liaising with residents, family members and stakeholders.' The Participation strategy policy was displayed at the front entrance for visitors to the home to see.

There was a resident's guide booklet by the front entrance which included information about expressing views and opinions and how to do this. There was a newsletter that was produced two monthly that contained information about activities and what was going on in the home. Residents who were able to gave their views about the service informally on a day to day basis to staff. Residents' meetings were held monthly facilitated by the activities organisers. This created an opportunity for residents who attended the meetings to discuss and make different suggestions about different aspects of the service. We spoke with the activities organisers who gave examples where suggestions made by residents and the meetings had been taken on board. The cook had also attended some of the previous meetings, so that they could gain the opinions of the residents in their choice of food.

The management and staff operated an open door policy and relatives could speak with them when they were visiting the home. This enabled residents, relatives and

carers to approach staff directly to discuss any day to day issues.

Questionnaires were used on an annual basis to get the views of residents, relatives and staff. The last meeting relatives had attended was minuted and had taken place in February 2014. The manager was available outwith her normal working hours when she held a surgery or by appointment. We were told that previous surgeries had been held and these were poorly attended.

A suggestion box, which suggestions and comments could be posted in, was normally available at the front entrance however this was seldom used.

Where applicable, relatives and carers were invited to care reviews. The review meeting provided an opportunity to involve residents and their representatives in giving their views and feedback on their care and the service provision.

The lay inspector spoke with five residents and three relatives/ friends during the inspection. None of the residents spoken with were aware of their care plans. Two of the relatives/ friends the inspection volunteer spoke with were aware of care plans and one relative/ friend said:

'I'm not aware of a care plan, I have attended a meeting with staff to discuss care needs for my family member.'

There was a complaints procedure displayed within the service. This told people what to do if they had a concern about the service. The service dealt with concern and complaints they received and retained records about these.

The service had tried using a questionnaire in a different format for residents who are unable to express themselves verbally and proposed to develop the use of these further.

### **Areas for improvement**

Relatives meetings had been held in past, different aspects of the care service were discussed and minutes were available. The dates of relatives meetings had been displayed in advance in the past however these were not displayed at the time of this inspection visit. It was proposed that the dates for relatives meetings would be displayed in advance and that the meetings would be re-established.

Measures should be in place to ensure that staff are aware of the participation policy and procedure to enable them to promote and practice this.

Although minutes of residents meetings were taken, we found again that these were not always typed up and made available. Minutes of residents' meetings should be made available within the home to enable all residents to access them.

The service should continue to look at different communication tools to gain the views of residents.

**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

We found this service was performing well in the areas covered by this quality statement. We examined a sample of care records and review notes, information about the service and the newsletter. We also spoke directly with some residents and relatives.

We looked at a sample of residents' care documents. Each resident had a care file which contained a variety of assessments, care notes and care plans. The assessments had been completed to determine the level of risk in relation to, for example, nutrition, falls, tissue viability and weights, body mass index (BMI) scores and dependency levels and these were being regularly monitored and linked to care plans. **(See areas for improvement)**

There was some evidence to support that residents and their relative/representative, were involved in the care plan and the review meeting about the agreed care. The service used a standard document to record reviews and the quality of information that was recorded had improved.

There was some good information in the care plans we sampled about individual preferences and the care and support with individual care needs. Where residents were prescribed regular and/or 'when required' medication for pain, the majority of care plans contained information about pain assessment/pain management. We saw good evidence in care documentation to support the staff contacted other health professionals involved with the residents care promptly when this was needed for example if a resident became unwell or the staff identified a need for referral. A GP visited the home every Wednesday and saw any residents who needed to be seen and spoke with staff about any concerns they had or advice they needed. Out with these times the GP was called as and when needed and NHS 24 is used for out of hours.

We sampled medication records, associated documentation and storage arrangements. We found the storage arrangements were generally satisfactory. Medication audits had continued and any issues highlighted were being addressed appropriately by the service.

We also spent time in the dining areas on the first floor. **(See areas for improvement)**

The Inspection Volunteer spent time in the main dining room on the ground floor at lunch time where there were ten residents seated in the downstairs dining room.

They made the following observations:

'The dining room was bright and airy providing a pleasant dining experience.

There was a menu on each table showing a choice of starters, two main courses and a number of desserts for the residents to choose from. A choice of juices or water was available.

Food was observed to be of a good standard and portions sizes were good. The meals were well cooked and well presented.

A resident at the table I was sitting required support from a staff member to cut up their food into bite size pieces and assist with the process of eating. I saw that the staff member appropriately supported the resident respecting their dignity and promoting independence.

Four of the five residents I talked to said that food in the home was good.

Comments from residents were;

\* "Cannot complain about food, I get plenty, I enjoy the fish and chips on a Tuesday."

\* "I choose what I want to eat, food is good and I get tea and biscuits in the afternoons."

\* "Food is OK and I get enough."

There were no negative comments about food from any of the relatives that I spoke to.

The downstairs dining room was quite bright and airy providing a pleasant dining experience.

During the inspection there seemed to be sufficient staff on the ground floor to meet the needs and support the residents during the day and at mealtimes.

We found the way the dining area in the lounge upstairs had been arranged made it easier for residents to move around and access the tables than the previous arrangement.

The activities programme for the day was on the board outside each lounge, also a colourful board with the day, date and weather conditions, which was current and up to date.

There were foot paths and sitting areas in the large enclosed grounds which could be

accessed directly from the ground floor lounge. This meant residents were able to access fresh air and go outside on a regular basis. We were told that residents who resided on the first floor regularly joined in with the activities that were held on the ground floor and were supported to use the gardens. A full time and a part time activities organiser were in post; they organised and co-ordinated different activities and facilitated the residents meetings.

The inspection volunteer made the following observations:

'There was an activities calendar displayed in the entrance foyer listing such activities as, Chair exercise class, Gardening, Quizzes, Bingo, Music, Pet therapy, Outings (Cruises on Loch Ness, participation in local vegetable and plant shows), Hairdressing and Crafts.

I noticed a visitor had a dog in the communal lounge and this was well received by the residents present. Both residents and relatives/friends told me that the management welcomed pets coming into the home.

While I was in the lounge the Activities Co-ordinator was reading the national, local and in house newspapers to a group of residents; this was observed to be well attended and was seen to be a popular activity with a lot of active participation from those present.

I saw a notice displayed in the foyer giving dates of regular residents meetings but could not see evidence of the minutes from previous meetings.

Three residents told me that they had been able to vote in the recent Referendum and were looking forward to voting in the forthcoming General Election.

A couple of residents told me that they attended regular religious worship within the home and one said:

'I attend services in a local church.'

Generally the interaction we observed between the staff and residents was very good. Staff were seen to be kind and caring in their approach.

### **Areas for improvement**

We found the dining experience for residents using the upstairs dining areas was not as good as the experience residents using the downstairs dining room received. There were no menus on the tables in either upstairs dining areas and condiments were not freely available. There was one menu displayed on the wall in the lounge dining area however this did not correspond with the correct day or the menu choices for that day. There was background noise from the television which was on in the background all through the lunchtime period and was distracting. On the first day of the inspection the residents in dining rooms on the first floor did not receive enough help and support. Opportunities for enablement and promoting independence were lost as

there was a lack of support and supervision from staff as there was insufficient staff available to provide this.

We were told that the meal time arrangements had been working well and when the correct number of staff were on that things were much better. There were less staff than usual during the period we observed during the first day of the inspection visit. This was explained to us as being due to sickness. Our findings were similar at the last inspection where we found the level of support, quality of the service and the outcomes for residents varied and was sometimes adversely affected by poor staffing numbers on the upper floor. The levels of staffing at any one time should take account of individual needs of the residents, the level and times that people require help and support from staff, the lay out of the building and the aims and objectives of the service. There must be sufficient supervision and support arrangements in place at all times for residents. This is to ensure that residents' health, safety and welfare needs are protected and independence can be promoted where possible. A requirement was made at the last inspection that the provider must ensure there are sufficient staff on duty at all times to meet the needs of the people using the service taking account of recorded dependency levels, lay out of the building and the aims and objectives of the service. This requirement has been repeated. **(See requirement 1)**

Although the service had contingency arrangements in place for staffing when we looked at the duty rotas and spoke with staff we found there were regular occasions when the staffing was low and inadequate on the first floor. The provider should review the staffing cover and contingency arrangements that are currently in place to ensure the arrangements are suitable and make any necessary changes where this is indicated. **(See recommendation 1)**

Staff were not following good practice when administering prescribed topical preparations. Where these are prescribed, the person administering topical preparations should sign that they have administered them. All staff involved with administration of prescribed medications, including topical preparations must ensure that medication is administered safely and in line with best practice guidance, to safeguard the health and well being of the people they manage medications for. The service should consider the use of Topical Medication Administration records (TMARs) and keeping these in residents' own rooms. **(See recommendation 2)**

The level of information and standard of care plans we sampled varied across the sample we looked at. The quality of the information was generally better in the sample we looked at from residents who lived on the ground floor than those on the first floor. Some of the care plans we looked at contained a good level of information which was clear and seemed up to date. We also found examples where there was information missing or out of date and did not reflect the persons current care needs. There was also a lack of information in some of the review notes. Appropriate measures should be taken to ensure that information in all residents' records and



care plans is easy to access, current and clearly sets out their needs and how these are to be met. **(See recommendation 3)**

One relative we spoke with told us they felt their relative should be bathed more frequently. Information about residents personal preferences should be reflected in their care plan and reviewed with them/and/or their representative on a regular basis.

We generally observed good communication and interactions between staff and residents although we discussed some isolated incidents where communication/interactions could have been better.

The service had identified that they needed to look at improving the presentation of textured diets to make them look appetising and pleasant. The work that was being implemented at the last inspection surrounding this had not progressed for several reasons and the service planed to address this.

The service should continue to develop a range of activities to meet the wide range of needs and abilities of the residents.

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

**Number of requirements:** 1

**Number of recommendations:** 3

### Requirements

1. The provider must ensure there are sufficient staff on duty at all times to meet the needs of the people using the service taking account of recorded dependency levels, lay out of the building and the aims and objectives of the service.

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 15 - Staffing

The following National Standards have been taken in to account:

National Care Standards, Care Homes for Older People, Standard 5: Management and staffing arrangements

**Timescale: immediately on receipt of this report**

### Recommendations

1. The provider should review the staffing cover and contingency arrangements that are currently in place to ensure the arrangements are suitable and make any necessary changes where this is indicated.  
National Care Standards Care homes for older people, Standard 5: Management and staffing arrangements
2. All staff involved with administration of topical preparations must ensure that medication is administered and recorded safely and in line with best practice guidance.  
National Care Standards Care homes for older people, Standard 15: Keeping well - medication
3. Appropriate measures should be taken to ensure that information in all residents' records and care plans is easy to access, current and clearly sets out their needs and how these are to be met.  
National Care Standards Care homes for older people, Standard 5: Management and staffing arrangements  
National Care Standards Care homes for older people, Standard 6: Supporting arrangements

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service strengths

Please refer to Quality Theme 1, quality statement 1.

#### Areas for improvement

Please refer to Quality Theme 1, quality statement 1.

**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

We found this service was performing well in the areas covered by this quality statement. We examined a sample of policies and procedures, risk assessment - personal and environmental, accident/incident recording and maintenance recording and carried out observations of different areas of the home. We also spoke with the management, some staff, residents and relatives.

Overall the home was bright, appeared to be maintained to a good level of cleanliness and the majority of the furnishings appeared to be well maintained. We found the arrangements for maintenance and repairs to be satisfactory. A handyman was employed to carry out routine maintenance, checks and repairs and to maintain the gardens. Staff were aware of the systems in place to report faults and repairs. A maintenance book was in use in which the staff record necessary work. The maintenance man checked this regularly and carried out the repair work timeously. There was evidence of regular maintenance by outside contractors and records of servicing of equipment. The arrangements for accident reporting, risk assessments and monitoring of healthy and safety issues was found to be generally satisfactory.

There were health and safety policies, procedures and arrangements in place aimed at ensuring the safety of people using the service, staff and visitors. The procedures for infection control were found to be of a satisfactory standard in all areas of the home and staff practice was noted to be good during the inspection.

There was a keypad on the door and visitors were asked to sign in and out of the building. This made it possible to monitor anyone who entered and left the building.

There was personal protective equipment for example, gloves and aprons for staff to use when necessary.

There was a system in place for monitoring accidents and incidents. The incident or accident form was filled out by staff and this was entered on the Datix risk management system and was externally monitored by the provider at corporate level.

The large, enclosed, walled garden could be accessed directly from the ground floor accommodation independently or with support depending on the residents needs. There were paved areas, a green house, borders and an enclosure with tame animals, including rabbits and hens.

There have been some environmental improvements made within the home since the last inspection including improved lighting within the upstairs corridors and additional lamps downstairs were in place as an interim measure. The provider had arranged for the lighting lux levels to be tested with a view to making further improvements based on the findings.

There was restricted access to the hairdressing room. Bathrooms and toilet areas were being monitored to make sure that items such as equipment and toiletries were not stored inappropriately. This was an area which needed to be monitored regularly as there was a lack of storage within the building.

The inspection volunteer spoke with residents and relatives during the inspection about the environment and made the following observations:

All the residents I talked to said they were reasonably happy with their rooms and were able to personalise them should they wish.

A relative said, 'Décor was tired and should be updated and refreshed as there was a lot of wear and tear.'

Walking around the home I noticed a lot of the woodwork had scuff marks and chips.

The downstairs corridor was dark, lacking natural light, this was in contrast to the more airy and lighter corridor upstairs.

One resident told me that there was a smoking room upstairs which they were able to access whenever they wanted.

A relative said, 'My family member enjoys getting out into the garden to feel the wind on their face.'

During my time in the home I saw visitors coming and going in a very relaxed manner.

### Areas for improvement

The service should regularly review the safety arrangements within the service and take appropriate action to minimise risks where these are highlighted.

We highlighted at the last inspection the three sets of stairs leading to the first floor. One main staircase and two fire stairs. Each of the stairs was secured at the top by a keypad but there is no restriction of entry to the stairwells from the ground floor. Although a risk assessment had been carried out last year, the needs and abilities of residents had changed, for example, there had been an increase in residents who were mobile and several residents from the first floor used the lift to access the ground floor. No review of the risk assessment had been carried out to take account to these factors. The arrangements should be regularly reviewed and findings recorded within the written risk assessment including any action to reduce the risk posed. **(See recommendation 1)**

Although the home was generally clean and free from odours, there was a noticeable malodour on entering the upstairs unit on the first day of the inspection visit. The service should continue to take steps to ensure the home is maintained in a clean and hygienic way, appropriate infection control arrangements are followed and the home is free from odours.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. There was no restriction to access to the three stairwells that led from the ground floor to the first floor although entry was restricted at the first floor level. An appropriate risk assessment should be carried out taking account of the abilities and needs of the residents. A written record of the findings should be maintained including any action to reduce identified risks.

National Care Standards Care Homes for older people, Standard 4: Your environment

National Care Standards Care Homes for older people , Standard 5: Management and staffing arrangements

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service Strengths

Please refer to Quality Theme 1, quality statement 1.

#### Areas for improvement

Please refer to Quality Theme 1, quality statement 1.

**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

We found this service was performing very well in the areas covered by this quality statement. We decided this after speaking with staff and management, examining training records and information; minutes of meetings and care documentation records.

The home had registered nurses on duty 24 hours a day. A high proportion of care staff held a relevant (SVQs) at level 2 or 3 and the full time activities organiser had a relevant level 2 qualification in Activities. Staff who did not currently hold a relevant qualification were encouraged and given the opportunity to undertake an SVQ relevant to their post. The service regularly monitored the percentage of care staff who were qualified or on an appropriate training. Care staff made appropriate application to register with the Scottish Social Services Council (SSSC). Progress was also monitored and followed up with staff by the management where necessary.

We found the commitment by the provider and management to the provision of

training had continued. Good systems were in place for the induction of new staff, mandatory training and staff development.

The provider used a computer based e-learning training system (Touch training) for staff development and training which was often complimented with classroom work/ learning. A range of training was available. Staff training records supported that these training opportunities took place and staff had attended, or were working through them. There system used provided an overview of the training staff had received and those who still had to attend or receive different aspects of the training. Progress was also monitored and followed up with staff by the management where necessary. The company had a Central Learning and Development event calendar, which the manager could access and book places online.

There was a range of training at different levels to improve staff knowledge and understanding of dementia care.

The company trainer arranged additional local training for staff where a need was identified.

There was a system in place for staff supervision and appraisal, a comprehensive planner for supervision was in place aimed at achieving a consistent approach to timescales.

The inspection volunteer spoke with resident and relatives who made the following comments:

The residents and relative that I talked to said they were generally happy with their care by the staff. I observed good positive interactions between residents and staff as I walked around the home.

Resident's comments about staff;

'They are good although they don't listen to anybody.'

'I get on very well with the staff.'

'I know most of the staff, they know me well enough to be able to have a laugh with me. We often have a good blether. They are good to me.'

'Staff very nice and treat me well. I like to keep them going!'

'All right and look after me, listen to me from time to time.'

Relatives commented;

'Some nicer than others, things done when I am here, when I'm not I am not so sure.'

'Staff trained sufficiently well to look after my partner.'

### Areas for improvement

The provider and management should continue to support staff training and development and monitor, review and develop the training provision. Arrangements for evaluating training and monitoring practice should continue to be developed to ensure that practice continues to improve as a result of the training provided.

The service should ensure that all staff receive appropriate training to ensure they are aware of the correct procedures to follow if they have any adult support and protection issues.

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

**Number of requirements:** 0

**Number of recommendations:** 0



## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 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 refer to Quality Theme 1, quality statement 1.

#### Areas for improvement

Please refer to Quality Theme 1, quality statement 1.

**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

We found this service was performing well in the areas covered by this quality statement. We examined quality assurance documentation, audit results, records and reports, questionnaire responses and information about the service. We spoke with some relatives, residents, staff and management and took account of their views.

There were systems in place for induction, appraisal and staff supervision, which were used to monitor staff development and training needs. Staff meetings were held, which looked at practice issues and ways to improve the service. The views of residents, relatives and stake holders were sought through reviews, annual surveys/questionnaires and meetings. In addition, the management had an open door policy and welcomed suggestions and comments about the service. The way people are involved in giving their views on the service under Quality Theme 1, Quality Statement 1 are also relevant to this statement.

HC-One Limited, the provider of the service, had a Quality Assurance system in place, which was used to monitor the quality of the service. Within the company there was a

Senior Quality inspector who conducted an audit of this service at least annually. There was a Quality Assurance manager/Operations Director assigned to the service, who generally visited the home on a monthly basis for monitoring and support purposes. We saw evidence to support that internal audits took place. The last Quality Assurance Manager Home visit had been carried out in January 2015 and a report of the findings was available with specific actions and timescales to address issues raised through the visit.

There was a complaints policy in place, which was displayed within the service. Arrangements were in place for the Quality Assurance manager to check complaint activity during her regular visits and carry out any follow up action if this was required.

It was evident from the inspection visit that the service had a pro-active approach to quality assurance and planning for improvements.

### **Areas for improvement**

During the period since the last inspection, the managers hours within the service had decreased as she had been involved in other work within the providers organisation. Some relatives told us they were not sure what the management arrangements were and the manager didn't seem to be there very often. Although the manager was present in the service a few days each week it was not clear what staff supernumerary arrangements were when they were acting up in her absence or how relatives had been informed of the changes. The provider should ensure that residents and relatives are kept fully informed about the management arrangements with in the home, any changes to these and who to contact if they have any concerns or questions regarding the arrangements.

Our inspection volunteer spoke with residents and relatives during the visit. The observations they made and comments they received are included below:

'Three residents knew who the manager was and knew that she was on maternity leave. Two said they did not know who she was.

Two relatives/friends knew the manager, the other stated they were not sure who the manager was as they changed so many times.

Comments from residents:

'Don't know who the manager is, don't know who the Care Inspectorate are but I do know how to complain.'

'I know who she is but I don't talk to her.'

'Don't know anything about Care Inspectorate or what they do.'

'I do know the managers, sometimes I speak to them, but most times they don't bother.'

Comments from relatives:

'Happy with the management and aware of complaint procedures. Aware of the Care Inspectorate and their role'.

'Things seem to be fine but not always sure of who is in charge in here.'

During my time spent in the home I saw visitors coming and going in a very relaxed manner.'

We noted that the daily audits had not taken place as regularly recently and there had been some slippage in the audit schedule and action plans. New management arrangements were about to be implemented and it was discussed that once these were in place that the systems that were previously in place would quickly be re-established.

The provider and management should continue to develop and monitor the effectiveness of the quality assurance system to ensure there are improvements to the quality of the service and the quality of outcomes for people using it. Where areas for improvement are identified, the service should continue plan and take appropriate action to effectively improve the quality of the service provision. Action plans should be followed up and a record maintained of when these are completed and closed off.

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

**Number of requirements:** 0

**Number of recommendations:** 0

# 4 Other information

## Complaints

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

## Enforcements

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

## Additional Information

## Action Plan

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

## 5 Summary of grades

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

## 6 Inspection and grading history

Date	Type	Gradings
4 Sep 2014	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
22 Nov 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
11 Oct 2012	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 6 - Excellent

## Inspection report continued

24 May 2012	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div>

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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