

Care service inspection report

McClymont House

Care Home Service Adults

Gallowhill Road

Lanark

ML11 7NZ

Telephone: 01555 665953

Type of inspection: Unannounced

Inspection completed on: 31 March 2015



Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	12
4 Other information	26
5 Summary of grades	27
6 Inspection and grading history	27

Service provided by:

South Lanarkshire Council

Service provider number:

SP2003003481

Care service number:

CS2003001338

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

Summary

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

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

We gave the service these grades

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

What the service does well

The service had maintained an excellent level of participation with service users in the quality of care and support and staffing within the service.

This had resulted in people benefiting from events of their choice taking place and being extensively involved in the service development.

Staff displayed a caring and dignified approach and were knowledgeable about the tenants.

What the service could do better

No requirements or recommendations were made at this inspection however the service should consider the areas for development highlighted within this report. These included ensuring minutes of staff meetings covered 'Matters arising' from previous meetings, and communicating the outcomes of service user meetings to staff at their meetings. We also suggested it would be helpful to develop the recording of overall percentages of staff training to give more 'at a glance' information.

What the service has done since the last inspection

Since the previous inspection, we concluded that three recommendations in relation to the management of medication had been met.

Conclusion

Service users and carers expressed that they were very happy with the service. The service had continued to maintain a quality service with positive outcomes for service users.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

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

McClymont House provides a service for 27 older people, which includes 2 respite / short break placements for older people.

During the inspection there were 25 residents living there.

The home is owned by South Lanarkshire Council and is situated in a small residential area of Lanark. The home is purpose built, with the accommodation on one level. It is divided into three separate living facilities; each with a lounge/dining room and kitchen. All bedrooms are set around these areas. The home has beautiful enclosed garden spaces which are accessible to all of the residents including those who require mobility aids. The aims and objectives of this service state "a happy safe and comfortable environment, where each person is treated as an individual with individual needs within a relaxed, welcoming environment."

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at www.careinspectorate.com

This service was previously registered with the care commission and transferred to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognise good practice.

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

legally enforceable at the discretion of the Care Inspectorate.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

In this service we carried out a low intensity inspection. We carry out these inspections where we have assessed that the service needs a less intense of inspection.

The inspection was carried out on 25 March 2015 between the hours of 10.30am and 4.40pm and 26 March between 9.45am and 2.50pm. initial feedback was given to the Home Manager and the Depute, at the end of the inspection and more extensive feedback was given to the Manager via telephone on 31 March.

During the inspection evidence was gathered from a number of sources.

We looked at a range of policies, procedures and other documentation including the following:

- Minutes of service users' / carers' meetings
- Sample of service users' care plans
- Accident and incident records
- Complaints log
- Medication Administration Records
- Staff training records
- Staff supervision records
- Staff meetings
- Supporting evidence from the up to date self-assessment
- Public liability insurance certificate
- Registration certificate

And we spoke with the following people:

- 14 people using the service (service users)
- 4 carers (relative)
- The Home Manager
- The Depute Manager
- 3 staff members

Observation of care practice and a review of the environment and resources were also undertaken.

In this report we have also included information and comments from an Inspector Volunteer who assisted us in this inspection. An Inspector Volunteer is a member of the public who volunteers to work alongside Inspectors during the inspection process. Inspector Volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services.

The Inspector Volunteers role is to speak with people using the service being inspected and gathering their views. In addition, where the Inspector Volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

During the inspection, the Inspector Volunteer spoke with fourteen service users and six relatives. They met within communal areas throughout the care home and also spoke with some residents in their rooms.

The Inspector Volunteers' views on the service are contained within this report.

All of the above information was taken into account during the inspection process and was reported on.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

There were three recommendations made during or since the previous inspection

1. The provider should ensure any pain relieving medication is administered in accordance with the person's lifestyle and need and does not need to be at specified times in accordance with medication rounds.

National Care standards Care Homes for Older people standard 15- Keeping Well - medication.

Care Inspectorate - Guidance note "- maintenance of medication records".

Progress: We were satisfied from reviewing the Medication Administration Records that this recommendation had been met.

MET

2. The provider should ensure any amendments or handwritten entries in the medication administration records should identify who made the change and the date and reference of the prescriber.

A new entry should be written where there are changes to the medication dosages - They should ensure there is sufficient and relevant information within the care plans to allow staff to monitor resident's medication and the condition it has been prescribed for. National Care standards Care Homes for Older people standard 15- Keeping Well - medication. Care Inspectorate - Guidance note "- maintenance of medication records".

Progress: We were satisfied from reviewing the Medication Administration Records that this recommendation had been met.

MET

3. Management and staff should continue to familiarise themselves with the Care Inspectorate's guidance about Medication personal plans, review, monitoring and record keeping in residential care services. Management should implement this guidance and ensure that all staff are aware of the home's procedures for medication recording. National Care Standards, Care Homes for Older People - Standard 15 - Keeping Well - Medication.

Progress: We were satisfied from reviewing the Medication Administration Records that this recommendation had been met.

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.

A fully completed self-assessment document was submitted on 9th March 2015. This was completed to a satisfactory standard and gave relevant information for each of the Quality Themes and Statements.

Taking the views of people using the care service into account

We spoke with fourteen service users during the inspection.

Service users' responses were very positive about the service which they received and have been taken into consideration on grading the Quality Statements. Specific comments have been included within this report.

Taking carers' views into account

We spoke with four carers during the inspection. Again, responses were positive about the service and have also been taken into consideration when writing this 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: 5 - Very Good

Statement 1

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

Service strengths

Taking into account the evidence presented and discussions we had with service users and staff, we concluded that the service had maintained their performance at an excellent level in relation to this Quality Statement.

Service user and carer meetings continued to be held frequently and we saw where suggestions had led to appropriate actions being taken. A range of topics were discussed at the service user meetings such as the daily routine, cleanliness of home and staff input and the roles and responsibilities of the keyworker. Suggestions on the activities/entertainment had been encouraged and service users had also been reminded of the Care Inspectorate and their role.

A Key Worker system was in place and supported through team working. This meant that the service tried to ensure that the same staff worked with their designated key clients while they were on duty. People we spoke with knew who their key worker was. Key workers had helped support their key clients to attend service user meetings and acted as a support for explaining points or putting forward their views.

We saw the most recent survey results and action plan.

We also saw the survey results of carers, family and friends which had recently been completed. A range of questions had been asked about the service in relation to the environment, quality and care, role of Care Inspectorate, knowledge of manager, senior team, staff skills, décor and furnishing and overall service.

Comments recorded within the surveys included:

"Very friendly and supportive"

"patients appear very happy in this home"

Electronic standpoint questionnaires had previously been used within the service as a way of determining an 'at a glance' overview of the units.

A 'Feedback Meeting' had been held to let service users know about the results of the survey. Service users who did not wish to take part in the group had been informed on an individual basis.

We also saw that friends and relatives were additionally provided with the results

The service had been proactive in ensuring they read out the results of surveys at service users' meetings and people were asked to comment on any proposed actions.

A specific Carers Support group was held twice a year. Carers could also join the carers support group held by the Prince's Trust which met in the service every week. The service facilitated this through the use of the building for the meetings and provision of lunch for people who attended.

A newsletter was produced twice a year. This had helped keep people informed about the service such as activities and events as well as reminding people of services and support which they could access.

Service users were also reminded about ways in which they could become involved in participating within the service.

Service users had been involved in the Consultation on activities and events which were held. Feedback was consistently sought from service user about how the events had been enjoyed.

The Manager had undertaken the 'My Home Life' programme which aimed to develop ways to help people with communication and/or cognitive needs engage more effectively. The Manager discussed ways in which they had started to implement some of the approved methods. The Manager also described an open door policy and the one to one meetings which took place with people where they requested to discuss any concerns. All service users we spoke with were aware of who the Manager was.

We saw that informal comments made by service users and visitors had been recorded and developed into a separate 'Whispers' newsletter. This had been sent out to people as well as being made available within the service.

Suggestion boxes continued to be used to gather people's views anonymously.

The care plans we saw had recorded service users' preferences and the service had

worked hard to accommodate these where able. We also saw that agreement and consent forms had been signed by service users/carers.

Service users and their carers were given the opportunity to comment on the quality of the service in various ways. This included care reviews which were carried out in line with legislation. This meant that minimally every six months, service users/carers were involved in a formal discussion about their care and their views/suggestions were sought and actioned if required.

The service had a complaints procedure in place. This meant that if service users/carers had any issues, they would be addressed. Any compliments / complaints were monitored on a monthly basis.

Areas for improvement

We saw that there were different formats for the minutes of meetings being used. We suggested to the Manager that one of the formats was better at showing the actions taken, timescale for completion and responsible person. The Manager was receptive to this idea and agreed to standardise the formats. We acknowledged that due to a change in senior staff, there was currently some backlog with filing of minutes.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

Generally, care plans we saw continued to reflect how specific service users' clinical and social needs had been assessed and planned for. This meant that staff had clear direction on how to care for service users. We also saw some that monthly updates of care needs and their plans had taken place and that there were some good examples where the care plans had been completed in a person centred way.

Clinical referrals were made where required, and suitable support strategies were put into practice such as regular health checks. The service also worked closely with other local health clinicians where required to meet service users' needs including Dieticians and Podiatry. The service followed the Newcastle Model for Stress and distress to help support people where required..

We reviewed a sample of service user Medication Administration Records and were satisfied that had been completed sufficiently.

We noted that the service was a member of the National Association for Providers of Activities for Older People which was used to help promote and facilitate activity in the elderly. We saw evidence that which showed an extensive list of engaging activities held which supported mental and physical wellbeing of participants.

Service user enjoyed frequent outings and there was easy access to outdoors activities. The garden area had a small putting green as well as a greenhouse, shed and seating area. Service users had been involved in growing fruit in the garden. Festive and seasonal events were celebrated as well as local tradition events. A volunteer group visited the service regularly and spent time with service users with activities such as arts and crafts. The service had links to the local school who had been involved in the development of a mural within the service.

Tea parties were held frequently. Staff dressed up in waitress uniforms and served tea, home baking and sandwiches. A pianist who played the baby grand piano in the reception area entertained people who attended the tea parties. Additional staff were organised to help support these popular events while making sure other service users' needs continued to be met.

The service had worked hard to make sure the environment was appropriately stimulating which helped to engage service users in discussion and reminiscence. Age related entertainment was a regular occurrence within the home.

The service was installing Wi-Fi access and supporting service users to learn about and use the internet through computer classes. The service had helped service users maintain events that were important to them by keeping in touch with family through video calls and being supported to vote. Service users had been supported to access their favourite artists such as film stars and music through the use of a popular video website.

The standard and choice of food provided by the service was of a very high standard. An a la carte breakfast was provided and all food was prepared on site. Home baking was available every day as was fresh fruit and vegetables. The Manager discussed how leading brands were used as these were what service users had grown up with. The Manager explained how they:
"Attempt to recreate an 'at home' experience which is part of the 'My Home Life' project.

We received 7 Care standards Questions from tenants, which we send out before inspections. These all contained positive responses in relation to people knowing about their support plans and contents and that the service was meeting their needs.

Some of the observations and comments from the Inspector Volunteer are detailed below;

It was clear from observing the interaction between service users and carers that there was a culture of mutual respect. The carers appeared well aware of people's likes and dislikes and delivered a service with skilful proficiency.

Lunch service was a pleasurable experience with proper condiments, cutlery, table clothes, napkins and printed menus.

The cook joined the service users in each of the units as they enjoyed their tea to ensure they had enjoyed the food and to ask for ideas for future menus.

A range of audits were completed to make sure that records were completed and to monitor healthcare. These are reflected in more detail under Quality Statement 4.4 of this report.

Areas for improvement

We advised the Manager that continuation records within the care plans should be consistently completed in line with the six monthly reviews. The Manager was receptive to this and agreed to action.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

Service users and carers continued to be encouraged during consultation exercises to put their views forward about the quality of the environment.

Service users had been consulted on the décor of the home and in choosing the colour of their rooms and the lounges. Service users had also been involved in picking antique items from a local garden centre. Service users were routinely involved in compiling their own/and the environment risk assessment. A service user who enjoyed working in the garden had access to a new shed.

Other ways in which service users and carers could express their views about the quality of the environment, are highlighted under Quality Statement 1.1 of this report.

Areas for improvement

The service should continue to demonstrate the current very good standards demonstrated during this inspection.

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

Some of the observations and comments from the Inspector Volunteer have been included within this Quality Statement.

A registration certificate and up to date public liability insurance certificate was displayed.

The home had a controlled door entry system which ensured staff were aware if anyone were to enter or leave. Visitors were required to sign the visitors' book. The elegant reception area had a grand piano, china cabinets and focal fireplace where people could sit and relax. Age appropriate music was played throughout the home.

Inspection Reports, Environmental Reports and various photo albums were available on coffee tables within the reception area.

Physical checks on the internal/external environment were carried out routinely designated housekeeping staff had helped ensure the service was bright and clean in all areas. Service users and carers who spoke with us commented on this and said:

- "Five star hotel"
- "Wonderful"
- "Great place"
- "Not one thing to criticise"
- "lovely room and feels she is well looked after"

Service users continued to have good access to the lounge, dining area, bedrooms and sitting areas throughout the building. All service users had single bedrooms where they were able to alter the temperature to their own preference. Each bedroom had a toilet and a washbasin for the exclusive use of the occupant of the bedroom. Service users could also have their own personal keys to their rooms and could dine in the privacy of their own rooms. Lockable drawers were available in all bedrooms for occupants to store personal items securely.

Where appropriate, assistive technology was used for to help ensure service users safety and comfort such as pressure mats and loop systems.

The service was tastefully decorated with a range of old and new furnishings. There was a well-appointed hairdressing salon and a visiting services room which currently held a fully furnished dolls house and homemade bird houses. A corridor to an enclosed, safe outside space was being given a makeover by a local school that was in the process of painting a mural.

An accident / incidents procedure was in place and we looked at the records completed. Records reflected a good level of relevant and clear information. We were satisfied that the service had undertaken appropriate follow up actions where accidents/incidents had occurred.

A Facility Log Book was used. This demonstrated that a range of environmental checks continued to be undertaken periodically. These had helped make sure that the environment was maintained and repairs undertaken where required.

We were satisfied that staff demonstrated best practice infection control and manual handling practices throughout the inspection.

Areas for improvement

Records reflected the maintenance work, repairs, and testing which had been undertaken within the building. We noted that the records did not always show that the task had been completed, however the Manager discussed how they monitored any works undertaken.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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

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

We saw that some service users had been involved in the interview process of new staff within the service. Service users were routinely invited to become involved in the next interview panel or to meet and greet the candidates as they arrived. We saw that this was a well-established process and had taken place several times over the last two years.

A Scottish Government Information Film about service user involvement in the recruitment process had been published as well as a press article in a magazine produced by South Lanarkshire Council and delivered through all letterboxes within the SLC area.

Where new members of staff were appointed, service users were asked if they were meeting their expectations.

Staff Performance Development Reviews and staff supervisions sessions had included consultation with service users as a way of measuring how well they carried out their duties and responsibilities.

Ways in which service users and carers could express their views about the quality of the staffing, are highlighted under Quality Statement 1.1 of this report.

Areas for improvement

The service should continue to demonstrate the current excellent standards demonstrated during this inspection.

Grade awarded for this statement: 6 - Excellent

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

Staff interacted well with service users and visitors throughout the inspection and appeared motivated and professional. We observed staff as being extremely courteous when engaging with service users. We noted that staff followed appropriate moving and handling and infection control techniques when assisting service users. One carer told us 'She finds all the staff very helpful and enjoys chatting with housekeeping staff and cook on a daily basis'

The service had supported certain staff in their role as key workers. The aim of this was to promote best practice within the service and be a link/resource person for each service user.

Staff meetings in units took place regularly where staff could be involved in discussing a range of relevant information. We saw that important issues discussed at Senior staff meetings were taken forward to the care staff meeting. This had helped ensure issues raised were addressed by both staff groups.

We saw that there was a wide and varied training programme for staff to help support them in their roles. We saw 'Promoting Excellence' dementia training continued to be delivered to staff and specific training on the dementia strategy had been completed. The service was rolling out a programme of training linked to the Scottish Dementia Strategy such as Understanding Behaviour that Challenges and Stress and Distress. We saw that courses were reflected as being arranged within individual staff records.

We also saw a plan in place which reflected a range of other planned future training for staff. Staff who returned a CSQ or who spoke with us told us that they received a good level of training to support them in their role.

Staff had designated specific remits. This meant that certain staff had specific responsibilities for taking a leading role on including falls, ordering, oral hygiene and weights. The service had also supported staff to undertake the role of 'Champion' in specific areas. This meant that specific staff could influence practice and procedures within their service relating to their areas of expertise.

The service kept a log of Staff qualifications with any relevant renewal dates recorded. Copies of staff training certificates were also kept.

Performance Reviews were held for staff. These had helped to monitor the individual staff's development and helped to set and monitor personal aims and objectives. .

Areas for improvement

We noted that the minutes of staff meetings did not always cover 'Matters arising' from the previous meeting. This meant that it was difficult to determine progress or actions taken to address issues previous raised. At times we saw the same issues being raised at consecutive meetings and no action plan or actions recorded to reflect how issues would be dealt with. We also saw that there were different formats of minutes being used. The Manager was receptive to our findings and agreed to action these.

We suggested to the Manager that it would be more effective to have overall percentages of staff training recorded to give a more 'at a glance' information. Again the Manager was receptive to this suggestion.

We also suggested that the results of the service user meetings could be carried forward into the staff meetings to which the Manager agreed

We noted that there was not always a copy of the most recent supervision sessions within staff's files. The Manager acknowledged this but assured us that they were aware and were currently working towards making sure all relevant filing was completed.

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: 5 - Very Good

Statement 1

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

Service strengths

A DVD was available and used to inform service users and carers of the Care Inspectorate grading system.

We saw that there had been meetings held for service users and carers to provide about the most recent Care Inspectorate inspection. Where required, further meetings were held to discuss progress made in relation to Areas for Development identified.

The Manager was spoken about positively by service users and carers and people told us that they he made a deliberate effort to speak with all service users and as many visitors as possible. Comments included:

- "He's well known to everybody"
- "I blether often with the Manager"
- "He will hang out of the window to talk to you"
- "No matter what's needing done, it gets done"

Other ways in which service users and carers could express their views about the quality of the management and leadership, are highlighted under Quality Statement 1.1 of this report.

Areas for improvement

We saw some records which suggested there had been service user consultation on the completion of the self assessment. However there was no clear reference made to this level of consultation within the self assessment document. We gave some suggestions to the Manager as to how this could be recorded better.

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

The service had achieved a Customer Services Excellence award which was an independent recognition of where a service had strived to achieve set standards in service delivery and customer satisfaction.

Shift dependency assessments were completed monthly with a management evaluation. The Dependency Analysis considered the physical, mental health, nutrition, toilet/personal care, and activity and medication needs of service users. A spreadsheet reflected what dependency score each service user had including recreational hours. The analysis had shown that the total care hours delivered had exceeded the total care hours required.

We saw where the outcome of the audit had resulted an extra staff at times to meet specific service user needs at times.

Regular quality assurance checks were carried out. This included the completion of audits which helped the service check how well records had been completed and how well procedures worked. These covered a wide range of areas to help make sure outcomes were positive for people including activities and entertainment with action plans where areas of deficit were identified.

Personal plan audits were completed every month within the three units to ensure person specific documentation was completed appropriately. The initial four week assessments and six monthly care reviews for service users were also sampled. A corporate system also measured the quality of service user files. This involved senior managers auditing a sample of support plans and risk assessments each year. Regular generic and individual risk assessments were audited to ensure they had been completed and updated where required.

A monthly falls analysis was completed. This helped to analyse specific service user events and ensure appropriate records and monitoring were undertaken. The analysis also gave an overview as to any injuries sustained and treatment provided. The Falls Register recorded details about service user falls such as the date and time/place/activity/ precipitating factors/ injury/ referred or admitted/falls risk assessment and Intervention.

The register directed the service to 'consider patterns' of service users falling regularly and intervene accordingly. Records reflected there were no particular trends evident.

A monthly medication administration audit was completed for each unit. This helped to make sure any discrepancies were identified timeously and actioned appropriately. External pharmacy visits were also carried out to help make sure best practice was being followed.

Regular financial audits were carried out to help make sure safe and secure procedures were being adhered to.

Other regular checks which were carried out were in relation to staff supervision and PDRs and environmental health and safety compliance.

Daily hand over briefs covered any related service delivery/service user specific topics and ensure there was a good communication link between shifts.

The service was aware of its responsibilities to notify the Care Inspectorate and Scottish Social Services Council regarding any notifiable incidents.

There were also ways in which service users/carers could become part of the service quality assurance systems. These are reflected under Quality Statements 1.1, 2.1, 3.1 and 4.1.

Areas for improvement

The service should continue to demonstrate the current very good standards demonstrated during this inspection.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

Action Plan

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

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
7 Nov 2013	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
22 Jan 2013	Unannounced	Care and support	5 - Very Good
		Environment	6 - Excellent
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
16 Mar 2012	Unannounced	Care and support	4 - Good
		Environment	5 - Very Good
		Staffing	4 - Good
		Management and Leadership	Not Assessed

Inspection report continued

20 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
21 Sep 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
8 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
8 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 4 - Good
18 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
14 Oct 2008	Announced (short notice)	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0345 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: www.careinspectorate.com or by telephoning 0345 600 9527.

Translations and alternative formats

This inspection report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.رخأ تاغل بو تا قیسن تب بل طلا دن ع رفاو تم روشنم الا اذه

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0345 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com