

Care service inspection report

Fairview House Care Home

Care Home Service Adults

Fairview Street

Danestone

Bridge of Don

Aberdeen

AB22 8ZP

Telephone: 01224 820203

Type of inspection: Unannounced

Inspection completed on: 13 March 2015



HAPPY TO TRANSLATE

Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	15
4 Other information	29
5 Summary of grades	30
6 Inspection and grading history	30

Service provided by:

Barchester Healthcare Ltd

Service provider number:

SP2003002454

Care service number:

CS2007142892

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

What the service does well

- The service has made progress with the further development of the service.
- Personal plans are now more focused and person-centred (this approach must continue).
- Most staff had completed the provider's 'So Kind' dementia course.
- We evidenced some good care practices within the service.

What the service could do better

- Management and senior staff must ensure auditing and monitoring systems continue to be improved.
- There is a need to improve some care practices and fully implement quality assurance systems.
- The service should continue with the improvements that have been made.
- There is a need to improve the planning and organisation of activities and interests, and implement the new system as soon as possible.

What the service has done since the last inspection

- Care plan recording has improved, as has team work.
- The service has re-introduced residents' /relatives' meetings and further developed ways of involving stakeholders in assessing the service.
- Quality assurance systems are being further developed.
- Refurbishment plans continue.

Conclusion

The management and the staff team were keen to progress with the improvements and further develop the service.

1 About the service we inspected

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

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

Requirements and recommendations

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

A recommendation is a statement that sets out actions the care 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 recognised good practice.

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 Care Inspectorate.

Fairview House Care Home is owned and managed by Barchester Health Care. Fairview House is registered to provide nursing care, accommodation and support to 102 older people, which includes 26 adults with mental health problems.

Fairview House Care Home is a purpose-built home located within the residential area of Danestone, Aberdeen. The service is close to local amenities and transport links.

The accommodation consists of a variety of communal sitting rooms and dining areas. The home is divided into six smaller units. One unit - 'Memory Lane', is specifically for older people with mental health problems. The home has well maintained landscaped grounds.

The service aims and objectives are to provide an environment in which high standards of care and service can be delivered.

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 3 - Adequate

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

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

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a 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

This report was written following an unannounced follow-up inspection from 10 am to 5 pm on Wednesday, 4 March 2015 and 10 am to 7 pm on Thursday, 5 March 2015, by three Care Inspectorate inspectors.

The inspection concluded on Friday, 13 March 2015 with feedback given to the manager and senior staff. We also spoke of the findings with the regional director, and some of the residents and relatives.

During the inspection evidence was gathered from a number of sources including discussions with:

- thirty residents
- eight relatives
- the manager
- the depute manager
- regional director
- nursing staff
- senior carers and carers
- housekeeping and maintenance staff .

We also looked at a range of policies, procedures, and records including the:

- personal care plans of residents
- residents' /relatives' meetings (minutes)
- catering forum meetings (minutes)
- health and safety records
- accident and incident recording
- staff communication books
- maintenance records
- cleaning schedules

- minutes of care meetings, nursing staff meetings
- social activities and events planner
- notifications
- complaint information
- clinical governance information
- photographic evidence
- previous inspection report
- staff rota
- in-house quality assurance systems and audits.

During the inspection we also observed staff practice which included how staff cared for and spoke with residents and relatives. A general tour of the home was also carried out as part of the inspection visit.

We used the 'Short Observational Framework for Inspection' (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. The observations took place in the communal upstairs main lounge area.

We evidenced a caring and supportive approach by staff - interactions we observed were warm and genuine, and residents who required assistance, were given help in a dignified and respectful way.

However, when we observed residents sitting in the lounge area upstairs, interactions although genuine, were few and far between. We spoke to the manager and senior staff about the need to ensure residents' days were meaningful and supportive. The manager agreed to address and monitor this area of concern. We will closely monitor this at the next inspection.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

The requirement

The provider must have in place an audit system which reviews the service provided, and is inclusive of nursing and staff practices concerning the administration of medication and care practices.

In order to achieve this, the provider must:

Consider if the current routines, practices and systems in place meet the needs of the service and the residents and support best practice principles.

- identify where there are any shortfalls
- have in place an action plan to address the shortfalls
- have in place a review system to monitor the outcomes of the action plan.

This is in order to comply with:

SS1 2011 210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

Timescale for completion:

Immediately upon receipt of this report to address recording shortcomings.

Two months to develop and implement appropriate audit and monitoring tools.

What the service did to meet the requirement

The provider must have in place an audit system which reviews the service provided and is inclusive of nursing and staff practices concerning the administration of all medication and care practices. We noted that overall there had been an improvement within this area.

We carried out spot checks on the administration of medication and noted that staff were promoting best practice.

We also noted that regular audits were being carried out.

This requirement has been met.

The requirement is: Met - Within Timescales

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

We made three recommendations following our last inspection in October 2014.

Recommendation 1

The service should continue with their plans to review documentation, highlighting and detailing action indicators, when actions were carried out and if outcomes were met.

We saw a small improvement with the care plans but the management recognised that further improvements were needed.

Whilst this recommendation has been met there is a need to continue with these developments ensuring outcomes and needs are clearly defined.

Recommendation 2

The manager and senior staff must review the provision for activities and ensure that there are opportunities for interests to be supported individually and that outcomes are monitored. This should involve all relevant staff.

Whilst we noted that there were group activities and community events, the staff and management team were aware of the need to carry out a full audit and make improvements within this area. We saw prospective plans to further develop this area but they had not been implemented as yet.

This recommendation has not been fully met.

Recommendation 3

The management should ensure that all staff has a good understanding of the guidance 'Rights, Risks and Responsibilities' and make appropriate arrangements for staff to access information on best practice including a working knowledge of 'Power of Attorney' powers. This in turn should be appropriately monitored. We noted that most staff were aware of the powers.

Whilst this recommendation has been met there is a continuing need to ensure staff have the opportunity to discuss powers and the specifics to each individual resident.

The service gave us an appropriate action plan.

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.

This was not applicable to this follow-up inspection.

Taking the views of people using the care service into account

We spoke with approximately thirty residents during the inspection visit and observed staff practice and interactions across the various units and lounges. Most residents said they were happy with the care and support given by the staff team at Fairview House.

Some residents said they would like more 'things to do' but said 'they enjoyed the social activities'. Residents were complimentary about the food and said there was always a choice available if there was something on the menu they did not like.

Both residents and relatives were pleased to hear about the forthcoming refurbishment of the home.

Taking carers' views into account

We spoke with eight relatives during our inspection. The overall feedback from relatives was positive saying that they thought the care at Fairview House was good or was improving. Where relatives had raised issues concerning laundry, and a care practice issue - we spoke with senior management who agreed to monitor the concerns. We evidenced that action had been taken by the management team.

Comments received included:

- 'the staff are so kind and have a lovely way with them'
- 'I'm really impressed with the staff - they are wonderful with my wife - and so patient'
- 'the staff are always very busy but they always have time for you'
- 'they should remember and clean people's glasses'
- 'the staff take time to speak with everyone and they support us as well'.

The relatives we spoke with said the in general communication was good and that the residents' and relatives' meetings were informative and helpful. Many said that they had seen some improvements over the past few months.

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

Following discussion with residents, relatives, staff and management regarding stakeholder involvement in assessing and improving the quality of care and support provided, the service was found to have a good level of performance in relation to this statement.

We comprehensively looked at this during our last inspection in October 2014.

Please refer to this report for additional information.

We made a recommendation following our last inspection.

Recommendation 1:

The service should continue with their plans to review documentation, highlighting and detailing action indicators, when actions were carried out and if outcomes were met. We saw a small improvement with the care plans but the management recognised that further improvements were needed.

Whilst this recommendation has been met there is a need to continue with these developments ensuring outcomes and needs are clearly defined.

We have re-instated this recommendation. **Please refer to recommendation 1.**

We evidenced the following:

Meetings were being held for residents and their relatives, which included aspects of running the home, discussion about the provision of meals, and the refurbishment of the building. Feedback from stakeholders said that in general communication had improved.

Care plan documentation was seen to be improving and better documented. This improvement should continue.

Everyone was seen to have a named nurse or keyworker. The management was progressing with the work to review the roles and responsibilities of keywork support staff. We will monitor this at the next inspection. The team were looking at ways to further develop and expand reviews to ensure outcomes were noted.

Individual likes and dislikes including food preferences were detailed in care plans, as were information about allergies. We evidenced that faith needs continued be supported. The home has regular services that residents can go to, if they choose.

We spoke with 30 residents during the inspection. The feedback we received was generally positive, with residents saying staff were helpful and friendly.

Some residents did raise some issues with the lack of activities, and we have highlighted these in other statements. The management team were aware of some of the concerns and were seen to be working to improve this area.

Areas for improvement

The manager said that the staff and management team were keen to make progress, building on the successes made.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should continue with their plans to review documentation, highlighting and detailing action indicators, when actions were carried out and if outcomes were met.

National Care Standards care homes for older people.
Standard 5: management and staffing arrangements.

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service strengths

Following discussion with residents, relatives, staff and management regarding stakeholder involvement in assessing and improving the quality of care and support provided, the service was found to have an adequate level of performance in relation to this statement.

We comprehensively looked at this during our last inspection in October 2014.

Please refer to this report for additional information.

We made a recommendation following our last inspection.

Recommendation 1:

The manager and senior staff must review the provision for activities and ensure that there are opportunities for interests to be supported individually and that outcomes are monitored. This should involve all relevant staff.

Whilst we noted that there were group activities and community events, the staff and management team were aware of the need to carry out a full audit and make improvements within this area. We saw prospective plans to further develop this area but they had not been implemented as yet.

This recommendation has not been fully met.

We have reinstated this recommendation.

We have graded this statement at adequate for the time being, as some of the plans to support activities and interests have not been fully implemented. The manager was fully aware of the need to improve and further develop this area.

We observed some staff promoting and engaging in good care practices during our inspection visit, and observed that most staff listened, and responded appropriately to the specific needs of residents, in a way that was appropriate.

However, there was a need to make further improvements in this area.

We spoke with residents and staff about the group activities and how interests were supported. We noted that there was the 'Gentleman's Afternoon Club' and social and group activities on offer.

Through discussion, staff were seen to have a good knowledge of the specific needs of residents. This was backed up by comments made by relatives. The service was seen to promote special events such as birthdays or anniversaries (evidenced during the inspection) as well as social events and evenings.

Areas for improvement

We noted that there had been still a need to make improvements with the provision of activities and interests. There was still some confusion between the roles and expectations of the activity support staff and that of the staff teams. We spoke with the activities staff and members of the management team about the need to clarify roles and remits, which also includes the role of the supporting keyworker. The management were aware of the need to make improvements within this area.

We saw an outline of plans and descriptors that had been drawn up detailing social events and activities that will be available to residents. The manager hoped to have the new system implemented in the forthcoming weeks. We will closely monitor this at our next inspection.

We have reinstated the previous recommendation to ensure improvements continue.
Please refer to recommendation 1.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager and senior staff must continue with the work being presently carried out in reviewing the provision for activities; and ensure that there are opportunities for interests to be supported individually and that outcomes are monitored. This should involve all relevant staff.

**National Care Standard care homes for older people.
Standard 5: management and staffing arrangements.**

Statement 3

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

Service strengths

Following discussion with residents, relatives, staff and management regarding supporting the health and wellbeing needs and the quality of care and support provided, the service was found to have a good level of performance in relation to this statement.

We comprehensively looked at this during our last inspection in October 2014.

Please refer to this report for additional information.

We made one requirement following our last inspection in October 2014.

Requirement 1

The provider must have in place an audit system which reviews the service provided and is inclusive of nursing and staff practices concerning the administration of all medication and care practices. We noted that overall there had been an improvement within this area. We carried out spot checks on the administration of medication and noted that staff were promoting best practice. We also noted that regular audits were being carried out.

This requirement has been met.

We evidenced that staff took their time to assist residents at meals times. Any disruption or noise was kept to a minimum to ensure meal times were enjoyable. We evidenced good care practices including staff giving residents appropriate time to have their meal.

Staff were seen to make meal times an enjoyable experience for residents. Additional tabards were now available for residents who required them. We noted that all staff wore disposable aprons and followed appropriate routines to ensure best practice.

The management team had reviewed the organisations' policies, procedures and practices for homely remedies and these were detailed in the plan of care. Homely remedies protocols have been updated by the provider and where required discussed with a health care practitioner.

We noted that GPs routinely visited the home. We spoke with a senior practitioner during our inspection who was pleased with the general care that was provided by the staff, saying that staff were attentive and quick to seek help or advice where this was required.

We did not evidence any secondary medication dispensing during our observations of the administration of medication. Staff were seen to be detailing information, highlighting outcomes, where required on the MAR recording sheet. The general auditing of MAR sheets had improved.

Most care plan health logs were seen to be up to date. In general, we noted that there had been some improvements with care plan documentation.

Accidents and incidents were seen to be monitored by the staff and management and recorded (evidenced). Most information was seen to be up to date. We reminded staff of the need to ensure falls risk assessments were updated after every incident.

Through discussion and questioning of staff, they were seen to be aware of the nutritional and hydration needs of residents. We evidenced that residents were encouraged to drink lots of fluids and noted 'juice jugs' around the home. We suggested that some of the jugs could be smaller in size so it could be easier for residents to lift.

We noted that fortified diets, where required, were routinely monitored. However, we noted that there had been a slight time delay in a resident's fortified plan due to a dietician being off on holiday. This was fully addressed during our inspection.

We noted that oxygen therapy protocols were administered properly and notices were displayed highlighting risk. This had been updated following our last inspection.

Residents care plans continued to highlight multi-disciplinary involvement - physiotherapists, dieticians, podiatrists, opticians, community psychiatric nurses (CPNs), oral hygienists, dentists, continence nurses.

Areas for improvement

We spoke with staff about 'Power of Attorney' certificates and how they are implemented.

Most staff were aware of the powers but there is a continuing need to keep staff informed.

We mainly evidenced good practice and noticed that there had been some improvements. We did notice some staff interactions that could be improved, for example by remembering to inform residents if they are going into the lift, or moving them somewhere whilst in their wheelchair. We spoke with some staff reminding them to ensure they listen to requests, and take action within a reasonable timescale.

We spoke with the nursing staff and the head of care about the need to ensure a step-by-step protocol was in place where guidance was required to support people with agitated behaviours, or who required specific help. The staff agreed to review this. We will monitor this at the next inspection.

We noted that some staff were not fully following the providers' own policies and procedures regarding the recording of wound care issues. The service and management took appropriate action during our inspection to rectify the issues. We have made a requirement to ensure appropriate standards and procedures are maintained. **Please refer to requirement 1.**

The management were very keen to improve practice and improve the quality of care and build on the successes made.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that effective systems are in place for assessing and managing wounds.

This in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1) (a); a requirement that the provider must make proper provision for the health, welfare and safety of service users.

Timescale for Implementation: Immediately upon receipt 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

Following discussion with residents, relatives, staff and management regarding stakeholder involvement in assessing and improving the quality of care and support provided, the service was found to have a good level of performance in relation to this statement.

We noted that residents and relatives were being informed about the forthcoming refurbishment plans. Information was displayed on the noticeboards, and relatives and residents meetings were being planned.

We noted that the management had ordered more lounge chairs for the upstairs communal area.

Please refer to Quality Theme 1, Quality Statement 1, for a full description of involvement.

Areas for improvement

The manager said the service would continue to develop and improve with the present ongoing changes to service user involvement and the environment.

We will monitor this at the next inspection.

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

Following discussion with residents, relatives, management and staff as well as looking at documentation the service was found to have a good level of performance in relation to this statement.

We comprehensively looked at this during our last inspection in October 2014.

Please refer to this report for additional information.

We made a recommendation following our last inspection:

The management should ensure that all staff have a good understanding of the guidance 'Rights, Risks and Responsibilities' and make appropriate arrangements for staff to access information on best practice including a working knowledge of 'Power of Attorney' powers. This in turn should be appropriately monitored. We noted that most staff were aware of the powers.

Whilst this recommendation has been met - there is a continuing need to ensure staff have the opportunity to discuss powers and the specifics to each individual resident.

Whilst the home had a keypad entry system the manager was aware of the safety aspects and limitations of such systems. Appropriate procedures were in place to allow unrestricted access for more able people without creating risk for others. The management team were continually reviewing this area.

Personal protective equipment (PPE) was available to enable staff to implement effective infection control. We saw disposable gloves and aprons being used appropriately by staff.

We evidenced that safety checks were carried out regularly (evidenced). Where repairs were required these were seen to be actioned quickly by the service. Portable Appliance Testing (PAT) had been undertaken for small appliances and hoists had been serviced. This helped promote safety and helped the provider meet some of its legislative requirements.

We checked various records including water temperature checks, and noted that regular health and safety checks continued to be carried out and recorded appropriately (evidenced).

The home was seen to be clean, tidy when we carried out our inspection and the general home was maintained to a good standard. We noted that there had been some improvements and during our visits that there was little malodour.

We looked at accidents and incidents recordings and noted that they were seen to be monitored by the manager and staff (evidenced). Slips, trips and falls continued to be monitored by management and the provider.

Most care plans recorded where there was a need to highlight the use of sensor mats. We reminded staff to ensure that any potentially restrictive system was regularly assessed. We noted that all care plans were now held in the locked staff office and no longer stored in the communal areas.

We sampled the staffing rota and noted that the conditions of registration were upheld and maintained. The management continue to inform the Care Inspectorate where there are any specific issues under the notification system.

The manager was presently undertaking dependency audits to ensure the needs of the service are met.

The provider had a valid insurance policy and safe recruitment procedures were in place.

Areas for improvement

We noted that part of the ventilation system would to be replaced over the forthcoming year.

We reminded staff to ensure the use of lap belts was clearly detailed in the plan of support and regularly audited in accordance with best practice principles. The senior staff agreed to review this.

The manager said she were very keen to ensure the safety of service users, staff and visitors and would continue to support best practice.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

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

Following discussion with residents, relatives, staff and management regarding stakeholder involvement in assessing and improving the quality of care and support provided, the service was continued to have a good level of performance in relation to this statement.

Areas for improvement

The manager said the staff and management would continue to look at meaningful ways to involve service users and their representatives in assessing and improving the service.

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

Following discussion with residents, relatives, staff and management regarding the training and motivation of staff, the service was found to have a good level of performance in relation to this statement.

We comprehensively looked at this during our last inspection in October 2014.

Please refer to this report for additional information.

During our last inspection we noted that very few staff had completed the 'So Kind' dementia course. However, we evidenced that over 80 staff within different departments at Fairview House had now undertaken the course. Staff said they were enjoying the course, and that it made them think about their care practices and approach. The home now had dedicated weekly training days for 'So Kind' and moving and assisting.

The management were planning the next intake of SVQ candidates (Care Award) later in the spring. The management were also developing 'champion' roles to help aid and promote good practice. We will monitor this at the next inspection.

We noted that there had been a lift in morale, and staff came across as keen and willing to learn. We also noted that there had been some success in the recruitment of staff and additional posts for charge nurses had been added over and above the staffing levels. The manager said this would lead to better monitoring of practice where senior practitioners would take the lead to further improve and develop the service.

Whilst there was still a reliance on agency staff we noted that this had been reduced. Where agency staff were used, we noted that the management tried to get staff that were familiar with the service.

Staff said that the daily 'flash meetings' between departments was helping to aid communication.

In general the feedback from staff was positive, motivated and enthusiastic.

Areas for improvement

The management team were enthusiastic about the new charge nurse posts saying that it would enhance the service and promote better care practices.

The manager said that the service will continue with the present approach to ensure staff accesses relevant training, supervision and team meetings.

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: 3 - Adequate

Statement 1

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

Service strengths

Following discussion with residents, relatives, staff and management regarding stakeholder involvement in assessing and improving the quality of care and support provided, the service was found to have a good level of performance in relation to this statement.

Please refer to quality statement 1, statement 1, quality statement 2, statement 1 and quality statement 3, statement 1 for additional information.

Areas for improvement

The manager said she would continue to encourage stakeholders to participate in assessing the service. We will monitor this at the next inspection.

Please refer to Quality Theme 4, Quality Statement 4.

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

Following discussion with the management and staff regarding quality assurance and looking at audit systems the service was found to have an adequate level of performance in relation to this statement.

We comprehensively looked at this during our last inspection in October 2014.

Please refer to this report for additional information.

We have graded this statement presently at 'adequate.' Whilst the auditing of systems throughout the service have improved we want to ensure the improvements continue. We will monitor this closely at the next inspection.

We noted that the complaints procedure was previously linked to the policy and procedure based on English law - 'Mental Capacity Act 2005' this had now been amended and was now guided by the Scottish legal system.

We evidenced that the management team had various audit tools in place, which measured various aspects of the service, including training, risk assessment, slips, trips, and falls, accident and incident recording, as well as various health and safety audit systems.

The service had a valid employers liability insurance and certificate of building and contents insurance which was displayed.

Areas for improvement

The manager was keen to progress with the full implementation of the audit systems both at corporate and local level. This work continues.

We have reinstated the previous recommendation to ensure this work continues.

Please refer to recommendation 1.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The management and staff team should continue the work with the implementation of the audit and monitoring tools to ensure continuity and consistency, ensuring outcomes are met, and best practice initiatives are implemented and supported.

**National Care Standard care homes for older people.
Standard 5: management and staffing.**

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

This was not applicable to this follow-up inspection.

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 - 3 - Adequate	
Statement 1	4 - Good
Statement 2	3 - Adequate
Statement 3	4 - Good
Quality of Environment - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 3 - Adequate	
Statement 1	4 - Good
Statement 4	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings
6 Oct 2014	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate
18 Dec 2013	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate
1 Jul 2013	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good

Inspection report continued

		Management and Leadership	3 - Adequate
1 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 4 - Good
16 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
27 Jun 2012	Re-grade	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed Not Assessed
8 Mar 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
22 Dec 2011	Re-grade	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed 3 - Adequate Not Assessed
20 May 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
6 Sep 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
21 May 2010	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak

Inspection report continued

15 Jan 2010	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
21 Sep 2009	Announced	Care and support 4 - Good Environment 4 - Good Staffing 2 - Weak Management and Leadership 3 - Adequate
9 Feb 2009	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and Leadership 4 - Good
9 Sep 2008	Announced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and Leadership 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 iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایں تسد یں م و ن ابز رگی د روا ول کش رگی د 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 رفاوتم روشنملا 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