

# Care service inspection report

Full inspection

## Netherton Court Nursing Home Care Home Service

7-11 Netherton Road  
Wishaw

Service provided by: Thistle Healthcare Limited

Service provider number: SP2003002348

Care service number: CS2003010587

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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## Summary

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

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

### We gave the service these grades

Quality of care and support	4	Good
Quality of environment	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

### What the service does well

Netherton Court continues to provide a good standard of care and support to people with physical and cognitive impairment. The Provider continues to ensure that redecoration and soft furnishings are replaced regularly through regular consultation with residents and relatives.

### What the service could do better

The service should continue to work towards ensuring the standard and content recorded within the personal plans are reflective of the current health and support needs of each resident.

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

There was a refurbishment programme in place providing details of areas for development and evidence of resident/relative involvement in this. The introduction of a multipurpose room provided additional space for residents to enjoy smaller group activity sessions.

## Conclusion

The service has continued to achieve good grades in all of the statements inspected. This indicated that the service was being managed well by a stable, committed management and staff team. The management team and staff respond positively to any suggestions and/or actions asked of them in order to improve the service for the residents.

We will be looking for the service to sustain their person centred approach to the delivery of care and to continue with the good participation of residents, relatives and staff in the future outcomes of the service.

# 1 About the service we inspected

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

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body Social Care and Social Work Improvement Scotland took over the work of the Care Commission, including the registration of care services. This means that Thistle Healthcare Ltd continued its registration under the new body, SCSWIS.

The building offers accommodation for sixty three service users' in single bedrooms with full en-suite facilities. The care home has adequate facilities to accommodate couples.

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

The aims and objectives for the care home are laid out in their information brochure, providing a service to older persons and those with dementia.

The garden is well kept, offering a secure, enclosed landscaped area to the front and side and people who use the service have access to garden furniture to sit outside. The view from the lounge areas is onto a fountain and a "memorial" tree as well as the traffic to and from Wishaw and Motherwell.

On the day of the inspection Netherton Court Home had five vacancies.

## Recommendations

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

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

### Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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 4 - Good**

**Quality of staffing - Grade 4 - Good**

**Quality of management and leadership - Grade 4 - Good**

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

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

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a 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

This unannounced inspection took place on 4 and 5 June 2015 between the hours of 8.10am and 4.35pm.

We provided feedback to the Director of Operations, Manager and Depute Manager on 5 June 2015.

During the inspection we gathered information from various sources including the following;

- Methods of consultation including minutes of meetings and questionnaires
- Information recorded in personal plans
- Medication administration records
- Staff training and supervision records
- Managers quality assurance systems
- Maintenance records
- Monitoring charts including diet and fluids and personal hygiene records
- Accidents/incidents and complaints
- Staff recruitment files
- Management of residents finances

We spent time observing the dining experience, how staff supported and interacted with residents and considered the general environment of the home.

During the inspection we spoke to the following people;

- manager
- depute manager
- staff
- residents
- relatives

At this inspection we also used an observational tool called SOFI 2 (Short Observational Framework for Inspection 2nd edition). This tool has been designed to capture the experiences of people who have cognitive or communication impairments and are therefore unable to provide their opinions on the service they receive. The tool provides us with a snapshot observation for groups or one to one interactions between staff and residents. The tool allows us to enhance the observations we currently make at inspection around staff practice and interaction with residents. We discussed the outcome of this with the manager at feedback.

### **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.firescotland.gov.uk](http://www.firescotland.gov.uk)



## **The annual return**

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

**Annual Return Received:** Yes - Electronic

## **Comments on Self Assessment**

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

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under. The service identified what they thought they did well, some areas for development and any changes they planned.

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

We issued twenty Care Standard Questionnaires prior to this inspection of which thirteen were returned, seven of these were from residents and six from relatives/carers.

All seven residents indicated they strongly agreed/agreed and were happy with the standard of service provided.

One person was unsure if they were asked how the service could improve and two people were unsure how to complain to the service or Care Inspectorate.

During the inspection we spoke to five residents and some of the comments we received were as follows;

"it's not my own house but am looked after by staff, the foods OK and the staff are nice. Not aware of a care plan"

"we are well looked after and get assistance when needed, not aware of any care plan".

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

We issued twenty Care Standard Questionnaires prior to this inspection of which thirteen were returned, seven of these were from residents and six from relatives/carers.

Of the six questionnaires returned from relatives five strongly agreed/agreed and were happy with the standard of service provided.

We have included some of the comments from relatives/carers within this report with some of the additional comments as follows;

"we are involved in surveys and meetings to grade the home for inspection purposes. We have been involved in choosing curtain, flooring and other furnishings, well done everyone"

"there are no daily planned activities, there are not enough staff available and very little interaction between trained members of staff and residents apart from medication rounds".

### 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

At this inspection we concluded that the service was performing at a good level in areas covered by this quality statement.

The service continues to actively involve the residents, relatives and staff in all aspects of the service delivery.

There was a Participation Strategy in place which reflected the ways in which service users and their representatives could become involved in the future direction of the service; for example, through meetings, reviews, surveys and supervision.

We could see evidence of actions taken and positive outcomes following any suggestions made through consultation, for example; we could see that people had been consulted and had chosen on colours and fabric for new lounge curtains and wall coverings.

The newsletter provided a good source of information on what was happening within the service. This included information on activities and planned outings. We could see that the service encouraged and supported residents to

participate in events within the local community. For example we saw photographs of outings to the local bowling club, garden centre and local tea dance.

In addition to this there was a corporate newsletter which kept people informed of future development plans and what was happening in the other homes owned by the company. We could see that all the homes had been involved in the 'football memories group' organised by the University of the West of Scotland and Care Home Liaison team.

The reception area was well populated with relevant up to date information including a copy of the complaints procedure with contact details for the Care Inspectorate. There was information on up and coming activities, dates for resident/ relative/ staff meetings and various useful information leaflets including information on advocacy. There was a suggestion box and the manager kept a log of suggestions, compliments and complaints.

This provided an additional way for people to provide feedback on the service. We could see that any suggestions/complaints had been investigated and dealt with satisfactorily by the manager

Some of the comments included on the compliments and thank you cards we saw were as follows;

"Thanks to the staff for the care and attention they have shown my relative over the last couple of years You have made the last years much more bearable. You are all dedicated to what you do and I would just like to say a big thank you from all our family".

"Thank you to all those who looked after our relative, we really appreciate the patience, kindness and caring support shown to us all. I know a close bond was formed with many of you and it was a great comfort to know they were cared for so well ".

Various meetings were taking place at regular intervals, these included health and safety, heads of department and managers' meetings. Issues from the

previous meeting were brought forward and discussed with updates provided on any progress made to date.

There had recently been a menu planning meeting which asked residents if they were satisfied with the meals provided and the choices offered. As a way of improving and obtaining feedback on the service the manager was focusing on meeting relatives individually when they visited the home or at the weekly coffee shop. This was a good way of obtaining feedback from people who were unable to attend larger more formal group meetings.

Relatives who were unable to visit regularly and attend meetings were kept up to date by telephone or email.

Some relatives had visited carehome.co.uk and some of the comments we read were as follows;

"Thanks to the staff for the care and attention they have shown my relative over the last couple of years. You are all dedicated to what you do and I would just like to say a big thank you from all our family".

"Thank you to all those who looked after our relative, we really appreciate the patience, kindness and caring support shown to us all. I know a close bond was formed with many of you and it was a great comfort to know they were cared for so well"

"I have been here since May 2014 and have been treated like a lord with all my choices supported. Staff have promoted my independence which has allowed me to remain involved with previous social connections. They always make sure I get my papers daily ".

" I am happy in my home and the staff are very attentive. The activity co-ordinator comes into my room to keep my nails lovely and chats over cups of tea as I am in bed most of the time for medical reasons. I have my hair done every 2 weeks and feel well looked after. I enjoy visits from family and going on outings when I am able "

"It's a home from home staff have made my stay enjoyable, the quality of care is excellent. At 94 years I have had a few extra years with my family due to the support from staff "

## Areas for improvement

The manager should continue to seek and develop alternative methods of engaging with people who are unable to attend meetings. There had been some progress made since the previous inspection with some alternative methods of consultation being gradually introduced. We will review how this had been further developed and the impact this has had at the next inspection.

As a future area for development the information available and the overall moving in experience for new residents and families should be reviewed and improved. We spoke to residents/relatives who had received very little information and were unsure of what to expect in relation to the routine, mealtimes, staffing, who to speak to if there was a problem and any additional charges they might be expected to pay. A welcome pack containing all this information should be available to ensure people have all the necessary information and are fully informed of what to expect.

## Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

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

## Service strengths

At this inspection we concluded that the service was performing at a good level in areas covered by this quality statement.

We spoke to residents, relatives and staff, observed staff practice, looked at the medication administration records, contents of care plans, staff training records

and how the service monitored peoples' weight and dietary/fluid intake in order to assess this statement.

The written care plans were supported by summarised pictorial plans which provided a quick summary of the persons abilities and assisted residents with communication difficulties when reviewing these.

There was good information in the care plans on how to meet peoples' individual needs, their likes/dislikes with detail of past interests and hobbies recorded within the life stories. We found some good information on how to effectively manage someone with distressed behaviour by using diversional therapy. We saw from the regular evaluations that this had proved successful in alleviating these distressed episodes.

There were up to date copies of who had the legal powers to make decisions on the person's behalf, for example Power of Attorney or Guardianship. There were Anticipatory Care Plans and copies of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). This provided other healthcare professionals with information on the persons' wishes. This ensured these were taken into account in the case of any deterioration in their health or medical intervention being required. The manager had recently implemented a checklist to ensure all this information was in place and kept up to date.

Each resident had risk assessments in place relevant to their needs. These included the MUST (Malnutrition Universal Screening Tool) and BMI (Body Mass Index) Multifactorial Falls Risk Assessment and Waterlow Assessment. This ensured that peoples' weight, skin integrity and incidence of falls were monitored and reviewed regularly. We could see that staff monitored residents closely and if concerned were confident in referring them to other healthcare professionals for example, community dietician, tissue viability and falls team.

The service had recently implemented a pressure ulcer safety cross monitoring tool. This was displayed in each unit and provided an 'at a glance view' of any resident at risk of developing a pressure ulcer. This raised staff awareness and prompted any changes needed to the persons care and support to prevent further deterioration and ensure improvement.

We could see that people had been consulted in the completion of the care plans and were involved in the six monthly review process. We looked at the management of medication and the Medication Administration Records (MAR) charts. These were being audited at each shift changeover to ensure they had been accurately completed. There was a list of each residents medication, reasons for use and possible side effects which assisted staff and provided a quick reference to information. There were pictorial skin integrity care plans in place for those who required topical medications. This provided staff with a quick reference to the location and times of application.

Staff used additional monitoring charts for anyone they were concerned about, for example, weights, diet/fluids and bowel charts.

The manager assessed individual dependencies within each unit and used this information when assessing the staffing levels required to meet residents needs effectively. One of the units was currently trialling a different shift pattern in order to increase the staff available at mealtimes and medication rounds.

These smaller mealtime sittings provided a calmer environment with more staff available to provide assistance to residents with more advanced dementia. Tables were set nicely and staff offered people a choice and offered support and assistance to residents in the dining rooms or within their own bedrooms.

We looked at the staff rotas and could see that the service were working over the recommended minimal staffing levels recommended when the home is at full occupancy. At the time we inspected there were five vacancies.

## Areas for improvement

The care plans contained some good information however these still require more detail to ensure that the information recorded reflects the most up to date records of the care and support the person requires without causing confusion.. For example one care plan recorded "uses a zimmer to walk". However it also recorded "needs a wheelchair and two staff to mobilise".

Some of the monthly risk assessments for example the Waterlow which measured skin integrity had no evaluation or explanation of any changes or



deterioration to the skin, increase in risk and how this was being managed. We found lack of information the wound management plans, there were gaps with inconsistent recording to demonstrate when the wound had been assessed. We will therefore repeat the requirement made at the previous inspection and continue to monitor ( see requirement 1).

As an area for improvement the manager should introduce a way of monitoring the daily progress notes and additional monitoring charts that were in place. These included personal hygiene and bowel monitoring charts. The detail in the daily notes could be improved to include information on how the resident spent their day rather than " settled day, no issues". We found gaps in the monitoring charts suggesting that some people had not had a shower in the month of May as well as gaps of up to nine days in the oral hygiene and bowel monitoring charts.

We found that some of the bedroom doors were locked during the day. The doors could be opened from the inside however we found some of these locks difficult to open especially for residents with visual or cognitive impairment. We looked at the care plans and found these lacked the relevant information on the reasons for this, who had been consulted and given consent to do so. We were informed that staff currently working on this process to ensure this information was documented and that the manager would review the locking mechanisms. We will monitor the progress of this at the next inspection.

The information recorded within the six monthly review format could be improved to provide more detailed information on any changes or deterioration in the residents healthcare needs and how the service planned to manage this.

## Grade

4 - Good

## Requirements

### Number of requirements - 1

1. The service provider must ensure that residents' care plans set out how the health, welfare and safety needs of the individual are to be met. In order to do

this the service must ensure that the care plans accurately reflect all the current needs of individuals and are evaluated regularly to demonstrate any improvement or deterioration in the person's health and well-being. Where risks to an individual have been highlighted in the care plan that this is supported with accurate up to date information on how to effectively manage the risk in order to prevent any detrimental effects on the persons' health and well-being needs. Staff must be familiar with the contents of the care plans in order to demonstrate they can safely provide the care and support needs of individuals as stated in their plan.

This is in order to comply with SSI 2011/210 Regulation 5 Personal plans.

Timescale: to be completed by 31 December 2015.

**Number of recommendations - 0**

## Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

### Statement 2

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

#### Service strengths

At this inspection we found that the service was performing at a very good level in areas covered by this quality statement. We found that overall, residents were protected and the environment was well maintained, clean and welcoming.

There was a secure door entry system and book to sign in and out to ensure the safety of people in the home.

The registration certificate, staffing schedule and an up to date public liability insurance certificate were displayed at reception. We found the signage throughout the home was clear and easy to follow for people with visual and cognitive impairment.

A range of maintenance contracts, audits and risk assessments were being carried out on the accommodation and equipment on a regular basis. These included fire safety, water temperatures, legionella and moving and handling equipment. We found additional satisfactory safety checks in place for gas safety, emergency lighting, and pest control.

The maintenance person was available throughout the week to undertake general repairs and maintenance in the home. External contracts remained in place for equipment such as hoists and records showed that regular up to date, satisfactory checks were carried out on this equipment.

The management audited accident and incident records to identify any trends and put measures in place to prevent re-occurrence. There were a range of

policies and procedures in place to ensure that the environment was safe and residents protected.

All bedroom and communal areas had access to a nurse call system, this was checked on a weekly basis to ensure peoples safety.

Residents had access to transport for appointments or outings and there were satisfactory checks and insurance certificate in place for this.

## Areas for improvement

We saw that generally all maintenance issues were followed up with evidence of when completed. However there were a few instances where no further follow-up information was recorded. For example; there was a detailed health and safety risk assessment in place with an action plan highlighting actions to be taken. However there was no further information recorded to demonstrate the actions taken and outcomes achieved. We also found lack of information following a risk assessment and water hygiene survey conducted in 2013. Records showed this was due for review in March 2015. There was no further information recorded to demonstrate if it had been reviewed and the outcome of this.

As an area for improvement the manager should review the maintenance log and water temperatures regularly to ensure that where issues have been identified that these have been suitably actioned. Staff were recording water temperatures of baths and showers at thirty seven degrees which is below the recommended limit of forty three degrees centigrade.

We found the lighting in some of the bedrooms and communal areas were dull in places potentially increasing the risk of trips and falls. We also found some of the extractor fans in the communal toilets and bathrooms were not working. We have acknowledged that this had recently been identified as an area for improvement and were informed by the maintenance person that there were plans currently in place to action and rectify this. We will monitor the progress of this at the next inspection.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

### Service strengths

At this inspection we concluded that the service was performing at a good level in areas covered by this quality statement.

The entrance and reception area was nicely redecorated, bright and welcoming. There was a coffee-making machine available and plenty information for people to read on what was happening within the service. There was a range of activities displayed with dates for church services for those wishing to attend. There was a hairdressing salon, reminiscence room and family room for relatives to use for meetings or to stay if needed.

We could see that steady progress continued throughout the building with the redecorating and upgrading of bedrooms and communal areas. There was evidence of consultation through questionnaires and minutes of meetings with residents and relatives being consulted in the choice of curtain fabric and wallpaper. We could see that people had been encouraged to bring in their own furniture with rooms decorated to individual preferences providing evidence of on-going environmental consultation.

Since the previous inspection the service had created a multi purpose activity room. This provided a space for smaller, more intimate group activities, for example art and craft or listening to music. This benefitted residents who enjoyed smaller group activity meetings without having the distractions and noise in larger communal areas.

At breakfast time we observed people getting up when they wanted to taking things at their own pace. Mealtimes were relaxed with staff supporting people in a calm dignified manner in the dining rooms or within bedrooms.

There was a choice of menu with alternative options available, staff offered a choice and used diet and fluid monitoring charts for anyone they were concerned about.

We could see that two of the residents who had expressed an interest in gardening had their own garden boxes which were full of lovely plants chosen by the residents and supported by the staff to look after these.

There was a refurbishment action plan in place which identified internal refurbishment and improvements needed to the garden to improve uneven slabbing to ensure residents safety.

Residents and relatives continue to enjoy the weekly coffee shop which provided the opportunity for people to speak to the manager in a less formal setting. The service had recently introduced small key worker group meetings as a further way of allowing residents to have their say and make suggestions.

## Areas for improvement

We spoke to residents who told us how much they enjoyed visiting the hair dressing salon but found the chairs very uncomfortable. The service should review the seating in this room to ensure it is comfortable and provides support to those residents who have to sit for lengthy periods of time.

We looked at the information recorded in the key worker notes which were written following any activity or staff interaction with the resident. We found the contents and frequency of these could be improved to include more meaningful information rather than " very sleepy or sleeping today ".

## Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

### Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

### Service strengths

At this inspection we concluded that the service was performing at a good level in areas covered by this quality statement.

We reviewed a sample of staff files and found that the systems in place was comprehensive and included satisfactory references, checks of the applicants registration with the relevant regulatory body, such as the Nursing and Midwifery Council (NMC), Scottish Social Services Council (SSSC), and Protection of Vulnerable Groups (PVG).

All new staff received an office based induction at head office which included training on moving and handling, infection control, health and safety, fire awareness, food hygiene and adult support and protection. On commencing employment within the service staff worked alongside a more experience staff member until they were familiar with the residents and routine of the home.

Interviews were conducted by the manager with an additional staff member present.

The service continued to involve residents in the recruitment, appraisal and supervision process of staff. At the interview process applicants were asked a series of questions, compiled by residents which the manager asked on their behalf at the interview. Following the formal interview applicants were introduced to residents and feedback from these meetings was used by the manager to assist in the final selection process. We saw that residents had



been encouraged to provide feedback on staffs' interaction and performance which was then used when assessing their performance at staff supervision.

## Areas for improvement

The manager had a selection of questions which were asked at interview to all candidates from ancillary to nursing staff. As a future area for development the manager should review this process and develop more competency based questions which focus on the candidate's experience and area of expertise which would highlight individual knowledge and skills.

We looked at staff supervision records and found that these could be improved further. We saw that staff had signed supervision agreements however the service was not adhering to the agreed frequency of these with large gaps between supervision sessions. The supervision notes we sampled provided no record of staffs' future development and training needs.

## Grade

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

At this inspection we found that the service was performing at a good level in areas covered by this quality statement.

Each staff member had an individual file containing records of training certificates, supervision and continuous professional development.

Staff we spoke to said there was plenty of training available, covering both mandatory and more health care specific topics. Training was provided internally by the training manager and staff training facilitator. External training

was supported by a range of healthcare professionals for example care home liaison, community dietician and psychiatric services.

The home continues to benefit from a well-established management and staff team who are well liked by residents and their families. This was evident from the feedback we received from the Care Standard Questionnaires and from speaking to people. Some of the comments were as follows;

"it's a home from home, glad we got a place in here, the manager and her team have been a godsend"

"our family have been very happy with the care and attention given to our relative, their care has been excellent, we cannot thank the staff enough for their attention to our relative"

Management monitored staff practice through the supervision and appraisal process. This ensured that staffs future development needs were identified and supported as well as any improvements needed to improve their competency and practice.

There was an annual training matrix which included a list of all mandatory training ranging from moving and handling, adult support and protection and infection control. Staff spoken with confirmed that they had access to a range of training and that if they identified any specific training needs they could request this at supervision and the management would source this.

A framework for reflection was in place, this allowed staff to comment on what they had learned from the training attended and how they could apply this in practice to improve their performance.

There were good systems in place for internal communication. Staff received a handover at the changeover of shifts, minutes of meetings, memos and newsletters were available. These helped to ensure that staff were aware of any changes that had taken place and any ongoing development plans. Staff were encouraged to read the care plans, senior care staff now wrote entries in the daily notes and carers were encouraged to record their activities in the key

worker notes. Staff we spoke to told us they were encouraged to participate and contribute in the six monthly review process.

Some of the comments we received from staff were as follows;

"the manager is busy but confident to approach if needed, there's plenty of training and meetings, can add to the agenda and see the minutes"

"have good communication with families, there been an increase in dependency and difficult to manage sometimes"

"we have a training facilitator and champions who deliver training and there's plenty on offer"

### Areas for improvement

As noted at the previous inspection staff supervision was not taking place consistently in line with company policy. Due to staff changes the service were currently working towards ensuring these were all up to date.

There were gaps in the current training matrix that reflected who had still to attend specific training. We have acknowledged that there was a newly appointed training manager in post who was currently developing an action plan to ensure all staff had the necessary skills and training to provide care and support within the home.

Although the framework for reflection had been introduced for staff to reflect on the effectiveness of any training attended we saw that staff were not completing these consistently. We have acknowledged that this had only recently been introduced and will review the progress of this at the next inspection.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

### Statement 1

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

### Service strengths

At this inspection we found that the service was performing at a good level in areas covered by this quality statement.

Staff we spoke to told us that the home was run by a management team who were approachable and supportive were needed.

Questionnaires completed by residents and relatives continue to indicate that they were happy with the management and leadership of the service. As well as feedback from questionnaires people using the service were able to provide feedback and comments online on [carehome.co.uk](http://carehome.co.uk).

The manager issued professional external stakeholder surveys twice a year which continued to provide positive feedback on the staffing and management within this service.

Please refer to Quality Statement 1.1 for further information on participation which is also relevant to this statement.

### Areas for improvement

As a future area for improvement the manager had identified through the self assessment process the need to continue to encourage residents and relatives to participate in the running of the service. Future plans included encouraging

relatives to take a more active role in meetings by chairing and compiling the minutes of these. We will review the progress of this at the next inspection.

## **Grade**

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**

At this inspection we concluded that the service was performing at a good level in areas covered by this quality statement.

Residents, relatives and staff continued to speak highly of the management team and their presence and support within the home.

There was a complaints procedure displayed and the manager kept a log of all complaints/concerns raised. We could see that any issues identified had been investigated and followed up to ensure a satisfactory outcome.

As part of the internal quality assurance process the manager carried out a range of audits. These included monthly audits of accidents/incidents, care plans and the dining experience. More frequent audits included medication, health/safety and catering.

Accidents/incidents were audited and analysed and included an action plan with details of actions taken to prevent a recurrence.

Home visits continued from external management which included spot checks and observations of staff practice, these took place at various times and included the late and night shift.

The Provider continues to hold regular management development meetings bringing together managers from all services operated by Thistle Healthcare and Associated Homes. These meetings are used to continually review existing procedures and practices and to consider how services can continue to develop and improve over time.

Areas discussed included quality assurance, Care Inspectorate grades, occupancy levels, training and maintenance/refurbishment.

We saw a business development plan for 2014-2017. This highlighted the future business plan, refurbishment, staff development and continual quality improvement plans for the business. The plan gave an overview of the future initiatives in each home and whether these had been achieved or remained under review. This was regularly reviewed and updated by the project manager to ensure the information available reflected the most up to date information.

The manager completed monthly Key Performance Indicator (KPI) reports for senior management providing a full overview of what was happening in the service and included; staff training/supervision, weight management, skin integrity/wound management and number of falls. This provided an additional quality assurance report to ensure any issues identified were being satisfactorily actioned.

Additional audits included environmental and observational audits which covered the dining experience, staffs' moving/assisting and infection control practices with any issues identified included in an action plan.

As part of this inspection process we looked at how the service managed residents personal finances. We saw up to date records of who was responsible for the residents finances for example records of power of attorney or guardianship as well as records of personal allowance and receipts of any transactions. From the records we sampled we were satisfied that these were being managed and audited appropriately. Records provided a statement of opening and closing balances on all accounts with records of credits and debits accurately recorded.

Records indicated that where individual funds were being managed by an

external agency that the home were regularly checking to ensure the resident had sufficient funds available.

## Areas for improvement

As an area for improvement the service should look at ways of improving the information available following issues identified through the auditing process. We found that this was not always happening consistently for example we looked at a falls analysis completed in March 2015 which included an action plan however there was no outcome to demonstrate if these actions had been successfully completed.

We noted that when residents accounts were being credited that receipts were not always provided. We highlighted this to the manager during feedback who assured us that this would be rectified.

## Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

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

### Previous requirements

1. 1. The service must ensure that where risks to an individual have been highlighted in the personal plan that this is supported with accurate up to date information on how to effectively manage the risk in order to prevent any detrimental effects on the persons' health and well-being needs. Staff must be familiar with the contents of the personal plan in order to demonstrate they can safely provide the care and support needs of individuals as stated in their personal plan.

This is in order to comply with SSI 2011/210 Regulation 5 Personal plans - a provider shall - prepare a written plan which sets out how the service users health and welfare needs are to be met.

Timescale for implementation: Three months from receipt of this report.

**This requirement was made on**

Please refer to Quality Theme 1 Statement 1.3 for further information on this requirement.

**Not Met**

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

### Previous recommendations

1. The following recommendations were made at the previous inspection in July 2014 with progress noted as follows.

#### Recommendation 1

The service should develop ways of engaging with a wider range of residents and relatives who do not attend meetings/forums. They should also consider and demonstrate how to engage and obtain feedback from people who are unable to attend meetings either through choice or due to physical/cognitive impairment.

National Care Standards: Care Homes for Older People Standard 11 Expressing Your Views.

This recommendation has been met. Please refer to Quality Theme 1 Statement 1.1 for further information.

#### Recommendation 2

The service should ensure that a clear record of any complaint/concerns is



available to demonstrate the issues raised, actions taken and outcome achieved in order to comply with the services' complaints procedure.

National Care Standards: Care Homes for Older People Standard 11 Expressing Your Views

This recommendation has been met. Please refer to Quality Themes 1 and 4 Statement 1.1 and 4.4 for further information.

This recommendation was made on

## 7 Complaints

The Care Inspectorate received a complaint in November 2014 about this service and was fully assessed by the complaints team which resulted in it being withdrawn.

## 8 Enforcements

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

## 9 Additional Information

## 10 Inspection and grading history

Date	Type	Gradings
1 Jul 2014	Unannounced	Care and support 4 - Good
		Environment 5 - Very Good
		Staffing 4 - Good
		Management and Leadership 4 - Good

21 Jan 2014	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
29 Jul 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed 4 - Good
24 Jan 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good Not Assessed
31 Jul 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
1 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed Not Assessed 3 - Adequate
29 Jul 2011	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed Not Assessed 2 - Weak
19 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good Not Assessed Not Assessed
8 Jul 2010	Announced	Care and support Environment	5 - Very Good 5 - Very Good

		Staffing Management and Leadership	Not Assessed Not Assessed
19 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
26 Aug 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 4 - Good
1 Dec 2008	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
11 Jul 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

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