

Care service inspection report

Full inspection

Beechwood Park Care Home Service

136 Main Street
New Sauchie
Alloa

Service provided by: Caring Homes Healthcare Group Limited

Service provider number: SP2013012090

Care service number: CS2013318118

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	5	Very Good
Quality of management and leadership	4	Good

What the service does well

Beechwood Park care home continued to provide a good quality of care, with friendly, caring staff and a range of activities. Residents and relatives told us that overall they were happy with the service.

What the service could do better

We found that:

- Some aspects of the medication arrangements needed to be improved.
- Staff should ensure that residents are always asked their views and choices.
- The provider was going to take action on some aspects of the building.
- The systems for checking how well the service was working could be more effective. This included getting more views and ideas from staff.

What the service has done since the last inspection

- The provider had met the requirement about staffing made at the last inspection.

- Invoices for residents' incidental spending were clearer.
- There was a new induction for Scottish staff.
- The staff had received the first level of dementia training and were about to start the next part.

Conclusion

Beechwood Park continued to work well and people told us they were happy with the care. This is a large home and despite some areas for improvement, the manager and staff should take credit for a relaxed and friendly home, with good outcomes for residents.

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.

Beechwood Park care home is provided by Caring Homes Healthcare Group Ltd, who are part of Myriad Healthcare Ltd, with care homes throughout the UK. The care home is registered to provide for 62 residents including 22 places for people with dementia.

The home is located on the main street of Sauchie, near local amenities, such as shops.

The home is laid out over two storeys and divided into five units providing single room accommodation, with all rooms having en-suite shower facilities. There are also some enclosed gardens areas with direct access from ground floor lounges.

The service has a statement of aims and objectives which sets out a commitment to ensure that service users feel content and secure within the home. Independence is to be encouraged as is service user participation in activities and outings. Choice is offered and respected as is diversity and dignity. The service aims to maintain the physical and mental well-being of all service users in its care.

The people who use this service are known as 'residents', therefore, the term resident will be used throughout this report. From time to time, the staff should ask residents again about what term should be used.

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 5 - Very Good

Quality of management and leadership - Grade 4 - Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com 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

We wrote this report following an unannounced inspection. This was carried out by one inspector on:

- Wednesday 3 June 2015 from 9.30am to 5pm
- Thursday 4 June 2015 from 9.15am to 5.15pm
- Thursday 11 June 2015 from 10.15am to 7pm
- Friday 12 June 2015 from 9.30am to 4.30pm

An inspection volunteer accompanied the inspector on the morning of Tuesday 3 June and spoke with residents and relatives.

The inspector gave feedback to the manager and area manager on Friday 12 June.

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

We took into account the completed annual return and self-assessment forms we had requested from the provider.

We sent 30 care standards questionnaires to the manager for distribution to residents. We received five completed questionnaires. We also sent 30 care standards questionnaires to the manager for distribution to relatives and carers. Relatives and carers returned 12 completed questionnaires before the inspection.

We also asked the manager to give out questionnaires to staff and we received 12 completed questionnaires.

We spoke with:

- * sixteen residents
- * five relatives
- * the manager and area manager
- * four nurses
- * five carers
- * the housekeeper and handyman.

We looked at:

- * the welcome pack
- * residents meeting
- * relatives meetings
- * surveys
- * care records (assessments, care plans and daily records)
- * medication records
- * accident and incident records
- * dependency assessments
- * the environment and equipment
- * staff recruitment and induction
- * staff training
- * staff supervision
- * staff meetings
- * audits and reports.

We also observed how staff cared for residents during 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. On this inspection we used SOFI2 to observe the lunchtime experience of two people.

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

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.

The Care Inspectorate received a completed self assessment document from the service provider. The service provider had completed this with the relevant information for each heading that we grade them under. The service provider identified what they thought they did well, some areas for development and any changes they had planned.

Taking the views of people using the care service into account

During this inspection we spoke with 16 residents and we also received the views of 5 residents through returned questionnaires.

Overall residents were happy with the care and said the staff were friendly and caring. Some of the comments residents made were:

- * 'Environment in the home excellent.'
- * 'Generally excellent.' (care)
- * 'I've no complaints.'
- * 'Sometimes it gets boring.'
- * 'I'm getting on alright.'
- * 'I'm getting on fine.' If I had a complaint, I'd speak to the staff and they'd get somebody for me.'
- * 'If I have any problems, I speak to the head nurse.'

Further residents' comments and references to our questionnaires and discussions are included throughout this report.

Taking carers' views into account

We received 12 returned questionnaires from relatives and spoke with five during the inspection process.

The responses to the questionnaires were largely very positive. One respondent did not think that all staff had the necessary skills, another that not all clothes were clearly marked and another that the home was not always clean, hygienic and free from smells. Overall, all respondents who gave a view about their overall satisfaction were happy with the quality of care. Some comments were:

- * 'Staff are always approachable.'

- * 'The staff are good.'

Further relatives' comments and references to our questionnaires are included throughout this report.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 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

From the evidence found during this inspection we graded the service as good for this statement. We decided this after speaking with residents and relatives and looking at the responses to our questionnaires. We also spoke with staff and looked at records such as residents' information about the home, meeting minutes, surveys and residents' care records.

We looked at the welcome pack which contained the 'service users' guide' as well as the service's brochure and the last inspection report. The service users' guide included useful information for residents and relatives about the home and comprehensive information about how to complain.

There were regular meetings for residents and relatives and relatives to give their views and influence care in the home:

- There were monthly residents' meetings in each unit.
- There were two monthly residents and relatives' meetings for the whole home, chaired by the manager.

We saw from the minutes of all these meetings that the staff aimed to follow up on comments and views. For example, we saw in one of the unit meetings

that the chef had joined the meeting to discuss residents' choices. The manager had now introduced a consistent format for meetings. This included discussing the previous minutes to check that everything had been acted upon.

The provider, Caring Homes, had conducted a survey in March 2015. The views were generally positive. The results from this had been collated and discussed at the residents' and relatives' meeting.

From the sample of care records we looked at we found that residents' reviews of care were up to date. These are required by law to take place every six months.

Within the care plans there were lots of details about individual needs and preferences. We also observed throughout the inspection that staff responded to residents' choices and supported them to feel relaxed and 'at home'. One resident told the inspection volunteer, 'you get as many cups of tea as you like' and another resident said, 'If you want anything you can get it'.

Areas for improvement

The care plan review records did not contain information about what was discussed. This means it was unclear how some residents had been consulted, or what their views were. Reviews must demonstrate that residents have been asked their views (even if they choose not to attend a meeting). Every effort must be made to ask residents' opinions, with the exception where a resident's health meant this was absolutely impossible. **(See recommendation 1)**

Linked to this, there must be a clear record of the type and extent of any legal order, for example, whether it includes financial, welfare or both powers.

We made a recommendation at the last inspection about obtaining the views of those unable to attend a meeting or complete a questionnaire, particularly people living with dementia. This remained outstanding. **(See recommendation 1).**

We found some examples where residents or relatives had given views but it was not clear what action would be taken. One example was residents in one unit asking for breakfast at a particular time. Another was a comment from the

survey in March 2015 that the bathrooms were a bit 'gloomy'. There was no record of any action following these points. Whilst some requests may not be possible for the manager to fulfil, for example full redecoration of the bathrooms, this could have prompted a fuller discussion of alternative ways to improve the bathrooms. We found no evidence that this comment had been flagged up with the provider, or alternatives considered.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The service should ensure that residents and relatives have a range of ways to give their views and participate in assessing and improving all aspects of the home. Not asking residents should be the exception and staff should be able to use formal communication aids and recognised tools for people living with dementia.

**National Care Standards - Care homes for older people Standard 11:
Expressing your views.**

Statement 3

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

Service strengths

From the evidence found during this inspection we graded the service as good for this statement. We decided this after speaking with residents and relatives. We also observed care being provided, looked at care records and spoke with staff.

We received positive views from both residents and relatives about the overall care provided at Beechwood Park. Some comments were:

- 'They pay attention to what's going on.'
- 'They dress us all up in the morning' (pointing to smart, co-ordinated outfit).
- 'So far, it's very nice.'
- 'I'm getting on okay. There's a buzzer there if I need anybody.'
- 'I use the buzzer at night and they take me to the toilet.'

There was evidence of good care, for example for pressure area care and nutrition. One person told us how their relative's continence care and skin care had improved significantly since being in the home.

We found a variety of examples that staff noted changes health needs and sought appropriate health advice. The staff were using current good practice guidance, for example, two staff had rolled out 'The Gold Standard' for end of life care. We saw 'Just in case' boxes for end of life care in operation for the benefit of the residents.

We saw from written evidence and speaking with staff, that there were regular conversations with specialist health staff. Staff themselves were knowledgeable about health care needs.

Residents were happy with the food. The inspection volunteer received the following comments:

- 'Food is not bad. They do their best to give you what you want.'
- 'I don't know that I've any complaints (regarding menu), they have a list that comes round at the beginning of the season.'
- 'We're well fed. We get a cup of tea at 2.30, at teatime we get sandwiches and toast and tea at suppertime. They have a card which tells you what's on the next day. Some things are good, others not so. I like macaroni and chips.'
- 'It's nice to get a meal rather than making it yourself.'
- 'Meals are lovely. On the menu, there are two choices.'

We observed a mealtime in two units. We saw that staff knew residents' needs, were attentive when assisting and encouraged good food and fluid intake without being overbearing.

When we looked at the medication administration in Myreton unit, we found

these were satisfactory, mostly following good practice guidance with some areas for improvement which we have discussed below.

The manager completed a regular dependency assessment to consider staffing hours. We found some evidence of staffing being adjusted to cover increased dependency. The provider had a support team of sessional staff who could provide staff to the three local care homes when necessary.

Beechwood Park had activity co-ordinators attached to each unit. They provided a range of activities such as arts and crafts, quizzes and bingo. One resident told the inspection volunteer that they, '..go out in the garden when it is nice'. Another said, 'I watch telly and spectate the dominoes. We have guitars and singers.'

A particular strength were themed events. There had recently been a very successful 'Victory in Europe' (VE) day and preparations were in hand for Ascot Ladies Day. Staff were also planning a beach party. As far as transport allowed (see areas for improvement), there were trips; to the shops, or further afield.

A further very successful initiative was a short break to the coast for three residents, with staff. Residents had loved this and staff were planning the next one.

We were pleased to hear that a resident told the inspection volunteer that they had been out in the minibus to vote in the recent general election.

All these examples of activities showed a motivated and imaginative staff group with a significant impact on the well-being of residents.

Areas for improvement

When we looked at medication arrangements in Myreton unit, we there were some issues to improve. We found:

- Missed signatures (particularly with the creams and ointments on the topical medication administration records (TMARs). This meant it is not clear that the medication had been administered as prescribed.
- Topical medications with different instructions on the TMARs from the main

medication administration records (MARs).

- An example where the tablet count did not match the MAR and was found to have been given from someone else's medication (although it was exactly the same medication).
- We also noted that the medication storage on some units was very warm. Staff were recording the temperatures, however, it was not always evident that a high temperature resulted in a fan being used, or monitored to check that this was sufficiently effective. This needs a more systematic approach.

(See Recommendation 1)

We found that in Ben Cleuch unit, staff were not always offering residents a choice of meal. Instead, residents were given what staff thought they liked. There was no ill intention with this and it was good that staff had observed what residents seemed to enjoy. However, this is not the same as having an actual choice, (preferably a visual choice at the table for people with dementia). As noted above in Quality theme 1, Quality statement 1, all residents should make their own choices and be asked their views as far as absolutely possible. Clarity about this should be part of the care plan.

We suggested to the manager that more fruit could be offered to residents, perhaps cut up fruit on a platter. This has been recommended for care homes in the past and can encourage residents to eat more fruit. Staff could also try offering smoothies.

Whilst we found that activities in the home were vibrant and interesting, we noted that in the Ben Cleuch unit there were less hours per resident, due to the way the activity co-ordinators' hours were deployed. As Ben Cleuch is a specialist dementia unit, residents may require more help to enjoy an interesting and fulfilled life. We asked the manager and area manager to look at this.

In a further point about staffing, we also found that on the days of this inspection some staffing numbers were less than the planned levels. This was due to a combination of staff sickness and holidays. The manager advised that she was working to recruit suitable staff.

Although a keyworker (a named member of staff) was allocated to each

resident, this operated at a basic level and was not understood by the relatives we spoke with. The role could be developed, with staff focusing moments of available time on their key residents to help maintain past interests and provide quality time.

Looking at the care records, we found that the use of forms was inconsistent and staff were unclear about these. We did not find poor outcomes for residents but it is important to have streamlined care planning to use staff time effectively and provide a coherent record of care provided.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The staff should ensure that all medication is administered in line with current good practice guidance.

National Care Standards for care homes for older people, Standard 5:
Management and staffing

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

See Quality theme 1, Quality statement 1 for evidence of how residents and their relatives may express their views about the environment and influence how the service improves.

Areas for improvement

See Quality theme 1, Quality statement 1 for areas for improvement in how residents and their relatives may express their views about the environment and influence how the service improves.

Grade

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

From the evidence sampled during this inspection, we graded the service as very good for this statement. We decided this after looking at the environment, speaking with residents and relatives and looking at records.

When we arrived for this unannounced inspection we were quite satisfied with the standards of cleanliness in the home. There were no odours and people told us that the home was always kept to a high standard. No one raised any concerns about the cleanliness during this inspection. One person told the inspection volunteer, 'It's like a hotel. Cleaners are hoovering all the time and cleaning all the time.'

The home was also regarded as a pleasant place to live. The inspection volunteer received the following comments:

- 'It's warm and comfortable. If it wasn't I could complain about it and get something done.'
- 'I brought stuff in from home. It really is nice. I have fancy covers.'
- 'I have a lovely bedroom. Its nice and bright.'

We also noted that the communal areas were homely and comfortable.

The accidents and incidents were monitored using current good practice guidance and we saw that falls risk assessment were present within care plans.

The home had been without a handyman for some time but the new handyman was working hard on some issues which needed attention. There was a maintenance log to record repairs and the handyman was making progress with acting on these.

The provider had a number of maintenance contracts and during the inspection we saw that that the on call for the lift was utilised.

At the last inspection we had noted that invoices sent to relatives for residents' incidental spends were not clear. We saw that since then the computer software had been changed to itemise each item.

Areas for improvement

The two upstairs units had an on-going problem with being too hot in warm weather. On the days of this inspection, the temperatures in the units were uncomfortably hot for both residents and staff. This is an issue for the provider to resolve as they are responsible for providing premises which are suitable for the needs of residents. **(See Recommendation 1)**

Although the home was generally clean, we noted some examples could increase the risk of cross infection. These needed more attention; including cleaning and improvements to the fabric of the building:

- Some bed tables had dirt (old food) at the side edges and some had worn and chipped surfaces which could not be cleaned properly.
- The sluice areas mixed sinks with other storage and two had only one sink for all uses.
- Where staff provided personal care for residents, there should be soap and disposable towels (in a dispenser) available in each room.
- A number of bathrooms and toilets throughout the home had tiles missing or other surfaces which were no longer intact thus could not be cleaned properly.
- The kitchen unit doors and drawers in Ben Cleuch were falling apart. **(See Recommendation 1)**

Recommendation 1)

We also discussed that whilst the home was a pleasant place to be, some areas, for example the stairs, some lounges and the bathrooms could be improved and there should be a plan for this. **(See Recommendation 1)**

We have maintained the grade for the quality statement at very good, as residents and relatives were happy with the home and the manager and area manager assured us that action would be taken urgently to address these issues.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should ensure that the premises meet the needs of older people by:
 - Making the necessary arrangements for ambient temperatures throughout the home to be comfortable for residents (and staff) at all times.
 - Ensure that the equipment is replaced and the premises maintained to a

high standard, to reduce the risk of cross infection.

- The provider should have a rolling programme for redecorating the home.

**National Care Standards for care homes for older people, Standard 4:
Your Environment.**

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

See Quality theme 1, Quality statement 1 for evidence of how residents and their relatives may express their views about the quality of staffing and influence how the service improves.

In addition we found very good evidence that residents had been involved in recent recruitment. Some residents had met with candidates and then given their views as apart of the overall assessment. It is hoped that this involvement will be developed.

Areas for improvement

See Quality theme 1, Quality statement 1 for areas for improvement in how residents and their relatives may express their views about the quality of staffing and influence how the service improves.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service strengths

From the evidence found during this inspection, we graded the service as very good for this statement. We decided this after speaking with residents and relatives, and looking at the responses to our questionnaires. We also spoke with staff, observed their practice and looked at records, for example, about meetings, training and supervision.

Everyone told us that the staff were kind and helpful, with an ethos of respect for residents. We received comments such as:

- * 'They're always very nice. You can call if you need anything.'
- * 'They're nice. They help you...'
- * 'They're all very nice. No complaints about anything at all.'

One person said, 'They're alright most of the time. If I needed anything, I would get it'. This indicated that the management team should continue to observe staff practice.

We saw that recent recruitment followed good practice (with some areas for improvement).

The provider had a recently created an induction more relevant for Scottish staff, as the provider's original one included lots of references to English law and guidance.

Staff had received a range of training in various topics and told us they were happy with the level of training available. The provider use an ELearning package and the statistics showed that most staff had undertaken a high level of training. We saw in the staff meetings minutes evidence of discussions about training, various topics and current good practice guidance. As the majority of training is by ELearning we discussed with the manager the importance of supplementing this with team discussions about specific topics, relevant to the home's residents and circumstances.

We also advised that informal learning, such as discussions and reading, can be used in in each staff's Scottish Social Services Council (SSSC) learning log.

We saw that regular supervision was in operation for all staff. There was a clear

structure and format for this.

The majority of staff were registered with the SSSC and new staff were in the process of submitting their applications. This meant that Beechwood Park should be able to meet the legal expectation on 30 September, that the home only uses care staff who are registered.

Areas for improvement

When looking at recruitment we found:

- One example where there was only one reference, when there should always be two.
- A lack of clarity about when and the purpose of staff completing a health questionnaire.
- The provider did not seek a Protection of Vulnerable Groups (PVG) scheme update every three years, which is recommended as good practice. **(See Recommendation 1)**

Some staff were vague about whether they had actually fully completed their induction. This could be covered as part the audit system.

All staff had completed the first part of the provider's own dementia training and were beginning on the second part. This was matched with the 'skilled' level of 'Promoting Excellence'. All nursing and care staff should be trained to this level (or the equivalent), as soon as possible, particularly those working in the specialist dementia units.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. It is recommended that the provider obtains a PVG scheme update every three years.

National Care Standards for care homes for older people Standard 5 -

Management and staffing

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

See Quality theme 1, Quality statement 1 for evidence of how residents and their relatives may express their views about the quality of management and leadership and influence how the service improves.

Areas for improvement

See Quality theme 1, Quality statement 1 for areas for improvement in how residents and their relatives may express their views about the quality of management and leadership and influence how the service improves.

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

From the evidence at this inspection, we graded the service as good for this statement. We decided this after looking at records such as audits, complaints and other feedback.

Beechwood Park had a very good range of quality assurance processes in operation. These included, policies, procedures, training, supervision, meetings and systems to update staff on changes and improvements needed. We found during this inspection, that these were in operation and generally effective.

In addition, there were a range of audits, both internal and also by the area manager and the provider's clinical governance staff.

There had been no recent complaints but people told us that they could raise any issues with the manager or senior staff and were confident they would be acted upon. We noted throughout the inspection that the manager worked from a sound value base, with significant experience in making decisions and guiding staff.

There were folders in each unit to record any informal concerns.

The manager sought feedback from other stakeholders (for example health and social work professionals who knew the service). This could be a useful source of information about where the home was working well and where it could improve.

Areas for improvement

We thought that a number of issues raised during this inspection should have been highlighted by the audit system. Examples included: the state of the Wallace garden, the set up of the sluice areas, the broken surfaces in the toilets and bathrooms, the deep cleaning of bath seats, an inappropriate notice in Ben Cleuch unit and the need for more clothes protectors for mealtimes.

We asked the manager and area manager to reflect on how to improve the effectiveness of the audits. This could include different questions, or different staff doing the audits with 'fresh eyes'.

We also thought that there should be more observations of mealtimes to make

sure these were operating most effectively for the residents and the number of staff on duty.

Linked to both of these, the management team (the manager and nurses) should reconsider how staff's views are gathered and fed into actions for improving the service. We found that whilst staff thought that the management team were approachable, they did not think their ideas effected change. This acted as a disincentive for staff to make suggestions or raise issues. We found an example which illustrated that issues discussed in a unit meeting had gone no further. All ideas for improvements to the quality of the service (which cannot be implemented at unit level) should go to the manager. If costs are involved and the provider decides they are prohibitive, this should be explained to staff (and residents and relatives where applicable).

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. The provider must ensure that there are suitably qualified and competent staff on duty in sufficient numbers to meet the needs of service users.

In order to achieve this, the provider must staff to the dependency assessment and check that this is sufficient to provide good quality care for residents at all times.

This requirement was made on

This requirement had been met by the recruitment of staff to cover the necessary shift.

Met – Within Timescales

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

Previous recommendations

1. The recommendation made in the last report remains outstanding. We have discussed this in Quality theme 1, quality statement 1 in the report below.

This recommendation was made on

7 Complaints

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

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
17 Jun 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

To find out more

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