

Care service inspection report

Full inspection

Dewar House Care Home Service

3 Woodburn Grove
Hamilton

Service provided by: South Lanarkshire Council

Service provider number: SP2003003481

Care service number: CS2003001358

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.

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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

Dewar House is a small, warm and welcoming home providing care and support to people with a diagnosis of dementia. The staff encourage and support people to maintain their independence and remain part of the local community with regular outings and visits to the local dementia café.

What the service could do better

At the previous inspection in October 2014 the service had introduced new support plans, we found these had still not been fully implemented. This new documentation had been introduced alongside the old paperwork which caused confusion and difficulty when trying to locate information. Some of the new care plans had not been fully completed in order to provide the most up to date information on the current needs and abilities of the residents.

What the service has done since the last inspection

Since the previous inspection there have been internal environmental changes in the home which has had a positive impact for residents. For example a small

quiet lounge had been created for people who required a more calm, quiet environment where staff provided sensory stimulation therapy.

Conclusion

At this inspection we found the standard of information recorded in the support plans and medication administration records required improvement. We found clinical waste bins still located in individual bathrooms. These opened freely, fully exposing the contents and posing an infection control risk to residents.

Lack of progress since the previous inspection over all quality statements has resulted in a reduction in grades in some areas, further details are included within this report.

1 About the service we inspected

Dewar House Care Home is registered to support 16 older people who have dementia and physical disabilities. There were 14 people living in the home on the day that we visited. The home is owned by Hanover (Scotland) Housing Association and is managed by South Lanarkshire Council.

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 (SCSWIS), took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS, known as the Care Inspectorate.

The home is situated close to Hamilton town centre and as such is close to local amenities including shops, train and bus routes. The building has an enclosed garden next to it providing good outdoor space for service users. The outdoor space is well equipped and attractively laid out.

The accommodation is on one level and incorporates two separate units; both have lounge and dining areas. The accommodation is decorated and furnished to a high standard. There was a good level of private and public spaces for people using the service to make use of.

The aims and objectives of the service are 'to promote and maintain a high quality life for older people, in a homely and welcoming environment'.

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 compiled this report following an unannounced inspection. The inspection took place on 11, 12 and 29 May 2015 between the hours of 08:00 and 13.20. Feedback was given to the manager and two senior social care workers on 29 May 2015.

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

- methods of consultation including minutes of meetings, questionnaires and surveys
- staff training and supervision
- staff recruitment files
- personal support plans
- medication management
- maintenance records
- managers audits
- the services' most recent self assessment.
- accidents/incidents
- compliments and complaints log
- observation and monitoring charts
- management of residents finances

We also spent time observing how staff interacted with service users and considered the general environment of the home. We spoke with various people including;

- the manager
- the chef
- staff
- residents

- relatives

We spent time observing how staff interacted with residents and the general environment of the home. At this inspection we 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.

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 service provided us with a self assessment which contained good information and areas where they would like to improve.

Taking the views of people using the care service into account

We issued eight Care Standard Questionnaires prior to the inspection of which none were returned from people using the service. We received some positive comments from residents throughout the inspection some of which included;

"its lovely here"

"yes, breakfast was very nice"

"lunch was just lovely thank you"

Taking carers' views into account

We issued eight Care Standard Questionnaires prior to inspection of which three were returned.

All three relatives/carers strongly agreed that they were satisfied with the quality of care and support their relative received within Dewar House.

One person did not know who their relatives key worker was.

One person did not know if there was a written agreement in place for their relative.

Comments received were as follows;

"I have found Dewar House staff to show a very professional, dedicated and extremely warm, friendly, hard-working team anyone could hope for to take care of a relative. They also treat visitors in this manner, not once have I come across a negative attitude from these dedicated people and find it is more a vocation than a job of work to them ".

"I have no complaints or concerns about the care my relative receives at Dewar House. The staff are always very friendly, polite and engaging with my relative and when family/friends visit.

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 very good level in areas covered by this quality statement.

There were notice boards located throughout the home with a range of up to date information available for people to read. This included information on how to contact the local advocacy service and we saw from minutes of meetings that an independent chairperson had been present at some of these recent meetings. There was a complaint/compliment log available along with a range of thank you cards located at reception. Some of the comments from these cards included;

"just to say many thanks for all your love care and attention over the years, you are very special people".

"I knew the first time we visited Dewar House it was a well run facility, staff were incredibly sensitive to our relatives needs and the families needs as well. We will never forget the kindness and professionalism shown by everyone at Dewar House".

There was a welcome pack and newsletter available which kept people up to date with what was happening within the service. The minutes of meetings provided evidence that people had been consulted and kept informed of the ongoing internal refurbishment and plans for improving the garden.

Since the previous inspection the manager had improved the methods of consultation and had developed various questionnaires in order to obtain people's views. These included a professional visitor and carers group questionnaire. The results from the carers questionnaires had been analysed and demonstrated that 100% were satisfied with the standard of service provided. The visiting professionals indicated 100% that staff were polite and dignified, provided good information and assistance as well as a high standard of care and support.

Meetings with relatives and residents continued to take place however staff were in the process of trying alternative ways to engage and obtain feedback from residents. The introduction of weekly afternoon tea meetings allowed staff to engage with residents in a less formal way.

The service had recently purchased an iPad and this had been used to record and capture residents thoughts and feelings in that moment. We saw some very positive responses from residents enjoying music therapy. Staff planned to develop this method of communication further to record people's responses in a range of different settings for example at mealtimes and meetings. We will monitor how this has been developed and the impact this has had on communication and participation at the next inspection.

There were a range of photographs available showing residents and relatives enjoying activities and outings. We saw that one resident was supported to visit his wife in another care home out with the local area with staff organising transport and accompanying him.

Since the previous inspection relatives were actively encouraged to become more involved in the running of the home and had recently conducted internal audits of the dining experience. The manager planned to roll this out further to include audits of the environment and infection control practice.

The service was currently in the process of changing the care plan documentation and we could see that relatives had been consulted in this and were involved in the six monthly review meetings. The care plans were available within each individuals room providing unrestricted access for residents and relatives to read.

Areas for improvement

We could see that there had been an improvement in the level of consultation since the previous inspection. However as we found at the previous inspection there continued to be lack of information recorded to demonstrate positive outcomes to actions identified through consultation. For example we saw that concerns had been raised by relatives in relation to a potential trip hazard to residents. There had also been concerns raised over lack of staff presence in lounges (please refer to Quality Statement 1.3 under Areas for improvement for further information) We were unable to determine if suitable action had been taken to address such concerns. We spoke to the manager and staff who were able to provide an explanation however this had not been recorded. We will repeat the recommendation previously made and monitor progress at the next inspection (see recommendation 1).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The service should ensure that any issues raised through consultation provide evidence of an action plan, proposed outcome and date of resolution to ensure positive outcomes for people using the service. The manager should have an overview of all records of participation in order to ensure that any issues raised have been dealt with appropriately within the agreed timeframes with evidence available informing people of the end result.

This is in order to comply with 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

At this inspection we concluded that the service was performing at an adequate level in areas covered by this quality statement. In order to assess this statement we spoke to residents, relatives and staff. We observed staff practice and interaction with residents and looked at the contents of care plans, medication records, activities, the dining experience and how the service monitored people's weight and diet.

We saw throughout the inspection staff working as a team in order to provide care and support to each of the residents. Residents responded positively to this interaction and the atmosphere appeared relaxed and friendly.

Residents were supported to get washed and dressed at a time that suited them and we saw people getting up at the time of their choice throughout the morning. The residents we saw were relaxed and well presented, the home was clean, friendly and welcoming.

The service was in the process of changing the information recorded within the personal plans to promote and focus on individuals capabilities and independence.

We saw that staff continued to seek advice and support from other healthcare professional when required for example the district nursing service, McMillan nurses and dietician. We saw a range of risk assessments completed depending on individual needs. These were updated monthly or when any changes occurred. We saw the nutritional screening tool MUST (Malnutrition Universal Screening Tool) and BMI (Body Mass Index), multifactorial falls risk assessment and waterlow being used to assess individuals weight, mobility and skin integrity.

Anticipatory Care Plans (ACP) and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) plans were in place. This assisted staff and other

healthcare professionals in ensuring the persons wishes are taken into account in the event of any nursing or medical intervention being sought. There were records of who had the legal powers to make decisions on the person's behalf, for example Guardianship or Power Of Attorney. This assisted staff and other healthcare professionals in ensuring the persons wishes are taken into account in the event of any nursing or medical intervention being sought. and the relevant person contacted.

Each room contained a " Happy Days " folder showing various photos of the each residents stay at Dewar House. This folder was presented to the family when a person moved on or passed away which provided a great source of comfort to relatives/ carers.

Residents benefited from receiving their medications from Pods located in each individual room. This allowed each person the opportunity to receive their medication in privacy and at times that suited their needs.

Areas for improvement

The service continued to monitor the noise levels within communal areas using a traffic light system. This alerted staff to increased noise levels which could potentially increase the levels of agitation and anxiety of residents at these times. We noted that these were not always turned on and staff confirmed this sometimes happened. Since the previous inspection there had been no further analysis of the effectiveness of this system in reducing anxiety levels and stress. We discussed this with the manager and will review this at the next inspection.

At the previous inspection we reported that the service had recently recruited additional staff however due to staff absence and annual leave had not yet fully benefitted from this. We found this was still the same at this inspection which has had a negative impact on the lack of progress in the completion of the new care plan documentation. We also observed lack of staff presence in lounges and lack of activity. Staff were busy and lounges were often left unattended. We saw residents sitting holding dolls, we saw some good information on the use of doll therapy however this was not reflected within the care plans for these individuals. For example there was no records of the doll therapy, how long it had been used and the benefits it had for the individual. As an area for

development the service should look at ways of recording the benefits of this therapy and how it has effectively reduced levels of anxiety.

The manager had developed a new, improved dependency tool which had not been fully implemented at the time of inspection. However we could see from a recent trial of this tool that it had identified the need to increase staffing levels in order to meet people's needs and manage episode of distressed behaviour.

Some of the comments from a recent staff survey were as follows;

"service users needs are more and dependency levels are higher, more people now require assistance at mealtimes"

"more interaction and activity with residents would be helpful "

"an additional staff member would be great ".

(see requirement 1).

The service was in the process of changing the care plan format for all sixteen residents. This had been ongoing since our last inspection in October 2014. We found limited progress with this and the care plans we looked at contained old and new documentation. This caused confusion when reading and difficulty locating information. We found lack of, and sometimes, conflicting information in these, for example, we saw one care plan which stated "walks with a Rollator over short distances". However due to a recent deterioration in the persons healthcare needs this had changed and now required a hoist and the assistance of two staff members when mobilising. We also were concerned to find that advice provided by the Speech and Language Therapist was not adhered to. For example the care plan stated, now requires a ' soft diet' however we noted the resident was given a meal containing chunks of sausage and was unable to eat this. We discussed our concerns with the manager at the inspection.

We looked at diet and fluid monitoring charts. There was a red flag system in place which alerted staff to residents who had a low fluid intake. However this had not been implemented in some of the charts we looked at for example we saw records of 800mls of fluid over 24 hours with no records of action taken (see requirement 2).

Audits of support plans and medication administration records were being carried out however they did not identify the areas of improvement we found at this inspection. As an area for improvement the manager should review the content and quality of the audit tool currently in use and develop this to provide a more in-depth audit of these specific areas. We continued to find lack of information to ensure that any actions identified within the audits were being positively rectified (see recommendation 1).

We looked at accident and incident records and found the information recorded in these could be improved to provide more information. For example due to the lack of detail recorded in these records we were unable to determine the extent of what appeared to be a head injury or the actions taken by staff following this. We discussed this with the manager at feedback who explained the details of the injury and actions taken, however we thought this should have been recorded and available with the accident report. There continues to be a high level of unobserved falls with no evidence recorded to demonstrate any actions implemented to manage this and reduce these falls. (see requirement 3)

The medication administration records we looked at had gaps of missing signatures .providing evidence that the persons medication had been administered. Where residents were noted to be asleep there was no indication if staff had returned when awake to administer the prescribed medication. Topical medication provided no indication to the location and times of application, with no evaluation of improvement or deterioration of the skin recorded. We saw that residents prescribed analgesia four times daily, were not receiving this as prescribed, with records indicating " not required ". There was no further information recorded to demonstrate how staff had concluded this. We saw no records of a pain assessment tool to assist staff when assessing residents with dementia and communication difficulty in determining if they were displaying signs and symptoms of pain.(see requirement 4).

Although reviews were taking place these were not happening within the six month timeframe as stated in current legislation staff (see requirement 5).

Grade

3 - Adequate

Requirements

Number of requirements - 5

1. The service must ensure that staffing levels in the home are reviewed in line with the current dependency levels of the people who live there to demonstrate that there are adequate staff allocated to the provision and support of people who use this service to ensure their safety and wellbeing and enable engagement in a range of meaningful activities.

The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users. Timescale for implementation; to be completed by 31/10/15.

2. The service provider must ensure that service users' personal 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 personal plans;

- accurately reflect all the current needs of individuals
- include details about individuals preferences over all aspects of care and support
- include accurate up to date information about care and support interventions and are developed to fully reflect the care being provided and is evaluated regularly.
- have a full range of risk assessment tools in place and that the outcome of the assessments are used to their full potential to inform care planning

Fluid recording charts should provide a target intake over a 24 hour period with actions taken if this has not been achieved to ensure the health and wellbeing of the individual concerned. The manager must ensure that all healthcare monitoring records are checked at least once in every 24 hour period and where gaps are identified that this is actioned immediately to ensure the well-being of the individual.

This is in order to comply with: The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users.

Timescale for implementation; To be implemented within 24 hours upon receipt of this report and work towards completion of personal plans by 31/10/15.

3. The manager must ensure that there is a regular analysis of trips and falls demonstrating the times, location, observed/unobserved. This information should then be used to demonstrate what actions have been implemented by the manager to reduce these from recurring. This information should be used when calculating the dependency levels and how this has impacted on the staffing levels at specific times throughout the day.

This is in order to comply with;

The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles Regulation 4(a) Welfare of users.

Timescale for implementation; to be completed by 31/10/15.

4. The manager must implement a system of auditing the medication administration records which identifies missing signatures with details of actions taken to improve this.

Topical medications must provide clear instructions on where they have to be applied. They must be applied at the times and frequency as prescribed by the GP and recorded accurately to demonstrate this.

Staff must ensure that medication prescribed by the GP is administered as prescribed and not omitted for any reason without consulting with the GP. This

is to ensure that the health and wellbeing needs of each individual is maintained at all times.

The service must implement a protocol providing staff with clear guidance on the administration and recording of as required medication.

This is in order to comply with;

The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4 (1)(a) - Welfare of Users and regulation 15 (b)(i) - Staffing.

Timescale for implementation; to commence within 24 hours upon receipt of this report and be completed by 31/10/15.

5. The provider must ensure that all personal plans are reviewed at least once in every six month period whilst the service user is in receipt of the service. Actions identified at the review should be recorded in an action plan with evidence of actions taken and outcome achieved.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulations 5 (2)(b)(iii) Personal plans

Timescale for implementation; to commence upon receipt of this report and remain ongoing six monthly.

Recommendations

Number of recommendations - 1

1. The service should ensure that areas for improvement highlighted through the auditing process provide evidence of an action plan, proposed outcome and date of resolution to ensure positive outcomes for people using the service. The manager should have an overview of all audits in order to ensure that any issues raised have been dealt with appropriately within the agreed timeframe.

National Care Standards Care Homes for Older People Standard 5 Management and Staffing Arrangements.

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

The reception area was bright and welcoming with a receptionist available to assist people with any enquiries. There was a secured front door entry system with secured doors into each unit to ensure people's safety. There was a signing in book and comments/suggestion book located at reception for people to provide comments and feedback on their visit. On display was the current employers liability insurance certificate, registration and staffing schedule and copy of the complaints procedure.

The interior of the home had recently been refurbished and redecorated. Sound absorbing boards and frosting had been fitted within the corridors and windows of both units.

Floor sensors alerted staff to attend residents promptly when getting out of bed to help prevent trips and falls. Since the previous inspection the service were trialling enuresis sensor pads which alerted staff to residents requiring assistance with continence needs. There was no analysis of this available therefore we will monitor the impact of this at the next inspection to determine the effect it has had on reducing accidents and falls overnight.

Any maintenance and repairs were shared between Hanover Housing who own and lease the building to South Lanarkshire Council with clarification of these responsibilities available in the welcome pack.

Records of satisfactory maintenance checks were available for moving and handling equipment, water temperatures and the overall safety of the environment. Additional checks had been completed for fire safety and gas, legionella and environmental health.

Areas for improvement

We saw a fire safety risk assessment from August 2014 and a recent legionella safety assessment. Both of these had recommendations, some of which were high priority. There was no further information available recording actions taken or progress to date.

Weekly environmental health and safety checks were being carried out which recorded that there had been issues highlighted previously that remained 'ongoing'. There was no further information recorded on progress made or outcome achieved. For example we could see that in February 2015 the audit identified trip hazards and lights not working followed by an 'urgent' request to repair a stiff lounge door (see requirement 1).

At the previous inspection we made a recommendation that the manager introduced a system of auditing the maintenance logs to ensure that any areas highlighted for repair were actioned within a reasonable timeframe. As this had still to be implemented, we will repeat this recommendation and monitor again at the next inspection (see recommendation 1).

At the previous inspection we made a requirement that no resident was put at risk by having to wait considerable time before actions were taken to resolve any safety issues, for example the unsatisfactory standard of lighting which increased the potential of trips and falls. We have acknowledged that internal refurbishment had taken place however this had not included improvements to the internal lighting. We were assured that this was about to be assessed and actioned following our inspection although there was no evidence of a plan or dates available. We will therefore repeat this requirement and monitor progress at the next inspection (see requirement 2). (see recommendation 1).

At the previous inspection we were concerned to find each residents personal bathroom contained clinical waste bins for the disposal of used incontinence

products. These bins provided direct open access exposing their hazardous contents and posing a high risk of cross infection to residents. We were assured at the previous inspection that actions were being taken and alternative storage methods sought to reduce this risk. However we were concerned to find that there had been no progress made and found some of these bins full and odorous in some of the bathrooms we visited. We will continue to monitor the progress of this at the next inspection (see requirement 3).

We made a requirement at the previous inspection for the Provider to ensure that the outside space was safe and free from trip hazards to enable residents to wander independently. Work had not yet commenced externally. We have acknowledged that internal work has progressed and we were informed that the plans for the exterior of the home had been approved and due to commence over coming weeks, although no dates had been decided. We will continue to monitor the progress of this with the manager and at future inspections to ensure a positive result for residents.

As an area for improvement the manager should review use of the communal bathrooms. We found these bathrooms spacious and well decorated however we found them being used for storage with boxes of light bulbs, communal toiletries, nailbrush and incontinence pads stored within.

Grade

4 - Good

Requirements

Number of requirements - 3

1. The provider must ensure that appropriate and timely action is taken to address any risks or repairs identified through the environmental and health and safety audits in place. Action plans must provide details of the action required, timescale for completion and details of the outcome. Where timescales have not been met there must be an explanation recorded with evidence of further action taken.

This is in order to comply with: The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4 (1)(a)(d) - Welfare of Users.

Timescale for implementation; to be completed by 31/10/15

2. The Provider must ensure that any maintenance or refurbishment requests highlighting areas requiring improvement to ensure residents health and well-being are prioritised. There must be records available to demonstrate the level of risk involved with timescales, progress and outcomes available.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3 Principles Regulation 4(a) Welfare of Users, Regulation 10 (c) Fitness of Premises.

Timescale for implementation; to be completed by 31/10/15.

3. The Provider must ensure no resident is put at risk by having unrestricted direct access to contaminated clinical waste. This must be reviewed as a matter of urgency to ensure that the storage facilities for used incontinence products are stored within a sealed receptacle. This will ensure that no resident or visitor is put at risk from cross infection

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3 Principles Regulation 4(a) Welfare of Users.

Timescale for implementation; to be completed by 31/10/15.

Recommendations

Number of recommendations - 2

1. The manager should introduce a system of auditing the maintenance logs kept within the service. Regular auditing will ensure that any repairs logged

have been actioned within an appropriate timescale to ensure the safety of people using the service. This is in order to comply with National Care Standards Care Homes for Older People Standard 4 Your Environment.

2. The manager should implement a development plan for the service demonstrating the future plans for the refurbishment and upgrading of the interior and gardens of the service with timescales and dates of completion. This information should be shared with the Care Inspectorate, residents and relatives.

This is in order to comply with National Care Standards Care Homes for Older People Standard 4 Your Environment.

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 for areas covered by this quality statement.

Residents rooms were personalised and decorated demonstrating individual choice. There was plenty of room for mobilising or for staff to use moving and handling equipment. Each unit had dementia appropriate signage with individual memory boxes outside bedroom doors to assist residents in locating their room.

Temperatures of rooms and communal areas were checked regularly to ensure a comfortable environment. Projectors were being used effectively to help promote relaxation and sleep by providing a relaxing light effect similar to watching the stars.

Since the previous inspection the home had benefitted from an internal refurbishment programme. This included fitting sound absorbing boards to high

ceilings in the corridor areas. Frosted window coverings had been fitted to the windows at the end of the corridors. This ensured privacy and prevented reflections on the windows which could potentially cause residents some distress.

New carpets now blended in contrasting with the dining room flooring, each unit had been decorated in bright colours within the corridor areas and the sensory room had been refurbished and was now back in use. This room now provided a quiet, relaxed area with an open outlook for residents to sit and relax. Gentle music, books and relaxing, twinkling lighting was used to assist and alleviate stressful moments. The reminiscence room contained age appropriate furnishings and was calm and relaxed providing another area for people to use and enjoy.

The dining areas were calm, quiet and spacious for people to mobilise independently. Tables were set nicely and there were contrasting bright coloured table covers, place mats and crockery. This assisted residents with visual and cognitive impairment by enabling them to see and recognise the plates and food promoting their independence at mealtimes.

We could see from the minutes of meetings with relatives that they had been consulted and kept informed of the internal refurbishment of the home. This included the choice of wallpaper, carpets, colours for walls and pictures and included an update on the plans for the garden refurbishment.

Recent resident meetings had invited residents to participate in garden activities and asked for suggestions on places to visit for future outings. We saw that staff had introduced an iPad and earphones. Staff hoped this would encourage and improve residents interaction and engagement in activities and meetings. We saw two residents who had recently participated in the use of the iPad interacting and enjoying music therapy. These two residents had been sitting quietly with no engagement then began to sing and were visibly enjoying this experience.

Staff planned to use the iPad in other areas of consultation for example at mealtimes and meetings in order to capture the thoughts of residents in the moment. At future inspections we will monitor how the service have developed

the use of the iPad to engage and encourage residents to provide their views over all aspects of the care and support provided. The information obtained from this should demonstrate how this has influenced positive changes within the service.

Areas for improvement

There was no plan of activities displayed and we were informed that activities were decided on the day depending on residents choice at that time.

During the inspection we visited the communal lounges at various times throughout the day. The majority of times we found residents sitting asleep, with no organised activity or staff presence. Staff appeared busy in other areas of the home popping back and forward to check the lounges. As previously mentioned in Quality Statement 1.3 the manager should review the dependency and staffing levels within the home to ensure that there are sufficient staff available to ensure residents safety, interact and provide meaningful, stimulating activity at suitable times throughout the day.

We could see from minutes of meetings that relatives had raised concerns over insufficient staffing levels particularly at mealtimes and medication times. However there was no further information recorded to demonstrate if this had been acknowledged.

Staff we spoke to told us "if two staff are needed in a room this leaves the lounges unstaffed. More staff would allow more activities, assistance at mealtimes and help us keep the paperwork up to date".

Due to the lack of information recorded following meetings it was unclear if there had been any progress made in developing an activity questionnaire. This had been suggested at a recent relatives meeting. This would be useful in assessing the range and level of activity offered.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very 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

We thought the service was performing at a very good level in areas covered by this statement. We looked at the current policy and procedure for recruitment and found that this was being adhered to.

We visited South Lanarkshire Council Headquarters and looked at staff recruitment files. We found they contained all the relevant information and appropriate safety checks, for example two references, one of which was from the most recent employer and Protection of Vulnerable Groups (PVG) checks had been completed prior to commencing employment. There were details available of staff who had completed or were working towards the completion of a Scottish Vocational Qualification (SVQ). Along with the registration details of all employed staff who now all require to be registered with the Scottish Social Services Council (SSSC). The manager kept records of these details and had a system in place for checking they remained up to date. The reference pro forma sent to staffs' previous employers requested proof of authenticity on return of reference requests, for example a company stamp or compliment slip. We found that this was being adhered to in the files sampled.

All candidates attended a selection centre where they received a competency based interview which included set questions and varies scenarios relevant to the service they would be working in.

All new staff received an induction which included training on moving and handling, infection control, food hygiene and protection of vulnerable adults. On

commencing employment within the service staff worked alongside a more experience staff member until they were familiar with the residents and routine.

Areas for improvement

The service should continue to develop the ways in which it gains the views of residents and relatives in relation to the staffing within the home. This should include recruitment through to commenting on staff at the end of their induction period and making comments on individual staff as part of their supervision sessions and annual appraisals. The information received should be used to demonstrate how this has influenced and improved the quality of staffs performance within the service.

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

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

Each staff member had an individual file containing records of training, 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 for example dementia and diabetes.

The majority of staff training was organised through the learning and development section at headquarters. More healthcare specific training was sourced externally and provided by the district nursing service, care home

liaison and community psychiatric nursing service. Staff continued to receive training and support on the Newcastle Model for managing stress and distress and were starting to incorporate this into the care plans when managing distressed reactions.

Staff were currently in the process of completing the skilled level of training in promoting excellence in dementia. The returned Care Standard Questionnaires from relatives indicated that people felt confident that there were sufficient staff on duty who had the appropriate knowledge and skills, respected residents privacy and treated them with respect.

Staff appeared friendly, motivated and professional with a good knowledge of the people they were looking after. Staff we spoke to confirmed there was plenty opportunity to attend training, meetings and supervision took place on a regular basis. Staff told us they were familiar with the support plans and were invited to participate in the ongoing review process.

Areas for improvement

As an area for improvement the manager should review the information available within the staff training files to ensure they contain the most relevant and up to date information. We found inaccurate information suggesting that a high percentage of staff training was out of date. For example it appeared that 14 staff had not attended training on Adult Support and Protection with some of them not receiving an update to this procedure since 2010. However following discussion with the manager and reviewing further documentation we found this was inaccurate.

We found similar inaccurate information when looking at the training matrix. There appeared to be large gaps suggesting out of date mandatory training. For example we saw an audit completed in April 2015 which highlighted that mandatory training had not been maintained which included Adult Support and Protection and Stress and Distress training. This audit also identified the information recorded in staff files was inconsistent and variable. There was no further information recorded to demonstrate any actions taken or outcome following this audit. We discussed with the manager and reviewed further information which demonstrated staffs training was up to date and the information we saw within the files was inaccurate.

As stated at the previous inspection we found that the information recorded within staff supervision and personal development records could be improved. Areas discussed at the previous supervision session should be carried forward with any progress noted. Issues highlighted at current supervision sessions should provide an action plan with progress and outcomes recorded. We previously recommended that the manager contact the Scottish Social Services Council (SSSC) for information and support on the Continuous Learning Framework for Supervision. As there had been no progress made with this we will repeat this recommendation and continue to monitor at the next inspection (see recommendation 1).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The manager should ensure that all staffs' supervision/appraisal records provide a summary of items discussed at previous meetings, with an action plan, timescales and outcomes recorded. This will ensure that staffs' training and developmental needs have been positively actioned to ensure and increase staffs' understanding, knowledge and improve the standards of practice delivered to residents.

This is in order to comply with National Care Standards Care Homes for Older People Standard 5 Management and Staffing Arrangements.

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

Since the previous inspection the manager had developed and distributed questionnaires to professional visitors, relatives and carers. The manager had just analysed these which provided positive feedback to the manager on staffs' performance and overall standard of service provided.

We saw the copy of a letter sent to relatives informing them of the annual quality assurance process which is submitted to the Care Inspectorate. This contained a questionnaire requesting feedback and comments on the standard of service over all the quality themes we inspect. This includes participation, health and wellbeing, quality of environment, staffing and management and leadership. The manager planned to include this information in the next annual self-assessment process.

The recent introduction of an independent chairperson provided people with the opportunity of expressing their views freely without the influence of management presence. As this had only recently been implemented we will monitor the progress of this at the next inspection.

Please refer to Quality Statement 1.1 for further information.

Areas for improvement

The service should continue to further develop and implement methods of gaining the views of residents, relatives and visitors to the home in relation to staffing and management. This information should be analysed and used to demonstrate how this has positively influenced the management and leadership within the service.

Please refer to Quality Statement 1.1 for further information.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide."

Service strengths

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

Staff continued to speak positively about the management team and their presence and support within the home.

The service submitted its annual return, self-assessment and continued to notify us of any notifiable incidents within the service.

There was a complaints procedure displayed along with a complaints/concern log. This provided details of concerns raised, investigation and satisfactory outcome achieved.

As part of the internal quality assurance process the manager carried out a range of audits. These included care plans, medication, environmental and weights.

An action plan had been developed following the last inspection in October 2014. This identified areas for improvement and ongoing progress in meeting any requirements and recommendations specified within the report.

Regular management and development days continued bringing together other managers from other South Lanarkshire Council services. This provided managers with additional support and review of current practice within the services and how this could be improved.

We looked at how the individual financial records and how the service managed people's finances. We saw up to date records of who was responsible for the residents finances, records of personal allowance and receipts of any transactions. From the records we sampled we were satisfied that these were being managed appropriately.

Areas for improvement

We saw numerous emails from the manager to South Lanarkshire Council Headquarters highlighting concerns about the time being taken to make improvements to the garden area. We were told there were plans to commence a garden refurbishment however there was no future development plan for the service to demonstrate when this would commence with expected timescales for completion.

The information recorded in the managers' audit recorded similar areas for improvement we found at inspection, for example inconsistent and confusing information recorded within the care plan. Six monthly reviews outstanding and the information recorded in the falls audit required updating with information required within the care plan on the management of this. There was no further information available to demonstrate any actions taken, progress and outcomes achieved.

Audits of the environment, health and safety and healthcare were being carried out but there continued to be lack of evidence on actions taken, progress and outcomes achieved (see requirement 1).

Grade

4 - Good

Requirements

Number of requirements - 1

1. The Provider must improve quality assurance systems within the service to ensure that where deficits are identified that evidence is available to show the actions taken to effect improvement and include; health and safety including legionella and fire safety, infection control, environmental, medication , care plans, accidents/incidents/falls, weight loss and skin integrity.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3 Principles Regulation 4(a) Welfare of Users

Timescale for implementation; to be completed by 31/10/15

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 manager must ensure that there is a regular analysis of trips and falls demonstrating the times, location, observed/unobserved. This information should then be used to demonstrate what actions have been implemented by the manager to reduce these from recurring. This information should be used when calculating the dependency levels and how this has impacted on the staffing levels at specific times throughout the day. This is in order to comply with;

The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles Regulation 4(a) Welfare of users.

Timescale for implementation; 31/3/15

This requirement was made on

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

Not Met

2. 2. The provider must ensure that there is a clear policy and procedure implemented providing clear information on which party is responsible for the maintenance of the interior and exterior of the home. There should be clear guidelines for staff to ensure they are aware of whom to contact and who has financial responsibility for the various parts of maintenance within the home. On receipt of any maintenance or refurbishment requests headquarters must assess and prioritise these. This will ensure that no resident is put at

risk by having to wait considerable times before actions are taken to resolve any issues identified by the service.

The provider must ensure that the outside space available to residents is free from trip hazards and provides a safe and stimulating environment for residents to access and wander independently if they chose to do so. This is in order to comply with;

The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles Regulation 4(a) Welfare of users. Regulation 10 (2)(b)(c)(d) Fitness of Premises.

Timescale for implementation; to commence upon receipt of this report and be completed 31/6/15.

This requirement was made on

We saw information in the welcome pack providing clear information on the responsibilities of Hanover Housing and South Lanarkshire Council for the maintenance and repairs of the building. This part of the requirement is met. Please refer to Quality Statement 2.2 for further information.

Not Met

5. 3. The provider must improve quality assurance systems within the service to ensure that deficits within the service are identified and evidence is available to show the action taken to effect improvements. This should include;

- health and safety audits
- infection control audits
- environmental audits
- medication audits
- care plan audits
- accident/incidents and falls
- management of weight loss
- skin integrity

This is in order to comply with;

The Social Care and Social work Improvement Scotland (Requirements for Care Services Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) Welfare of service users

Timescale for completion; to commence upon receipt of this report and be completed by 31/3/15.

This requirement was made on

Please refer to Quality Statement 4.4 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 October 2014 with progress noted as follows;

Recommendation 1

The service should seek alternative ways of obtaining the views of residents who are unable to attend meetings or contribute through surveys or questionnaires either through choice or due to physical/cognitive impairment. The service should look at ways of capturing the views of the majority of residents rather than the current small minority. Records of consultation and outcomes should be made available in a suitable format to ensure that all parties have the opportunity of remaining fully informed of what is happening within the service.

This is in order to comply with National Care Standards Care Homes for Older People Standard 11 Expressing Your Views.

This recommendation has been met. For further information please refer to Quality Statement 1.1.

Recommendation 2

The service should ensure that issues raised through consultation provide evidence of an action plan, proposed outcome and date of resolution to ensure positive outcomes for people using the service. The manager should have an overview of all records of participation in order to ensure that any issues raised have been dealt with appropriately within the agreed timeframe with evidence available to inform people of the end results.

This is in order to comply with National Care Standards Care Homes for Older People Standard 11 Expressing Your Views.

This recommendation has not been met. Please refer to Quality Statement 1.1 for further information.

Recommendation 3

The service should ensure that areas for improvement highlighted through the auditing process provide evidence of an action plan, proposed outcome and date of resolution to ensure positive outcomes for people using the service. The manager should have an overview of all audits in order to ensure that any issues raised have been dealt with appropriately within the agreed timeframe. National Care Standards Care Homes for Older People Standard 5 Management and Staffing Arrangements.

This recommendation has not been met. Please refer to Quality Statement 1.3 for further information.

Recommendation 4

The manager should introduce a system of auditing the maintenance logs kept within the service by both Hanover Housing and South Lanarkshire Council. Regular auditing will ensure that any repairs logged for both parties are actioned within a suitable timeframe to ensure the safety of the residents.

This is in order to comply with National Care Standards Care Homes for Older People Standard 4 Your Environment.

This recommendation has not been met please refer to Quality Statement 2.2 for further information.

Recommendation 5

The manager should implement a development plan for the service demonstrating the future plans for the refurbishment and upgrading of the interior and gardens of the service with timescales and dates of completion. This information should be shared with the Care Inspectorate, residents and relatives.

This is in order to comply with National Care Standards Care Homes for Older People Standard 4 Your Environment.

This recommendation has not been met please refer to Quality Statement 2.2 for further information.

Recommendation 6

The manager should ensure that all staffs' supervision/appraisal records provide a summary of items discussed at previous meetings, with an action plan, timescales and outcome recorded. This will ensure that staffs' training and developmental needs have been positively actioned to ensure and increase staffs' , understanding, knowledge and improve the standards of practice delivered to residents.

This is in order to comply with National Care Standards Care Homes for Older People Standard 5 Management and Staffing Arrangements.

This recommendation has not been met please refer to Quality Statement 3.3 for further information.

Recommendation 7

The service should ensure that all concerns are recorded with evidence of actions taken and outcome achieved. This will ensure that minor concerns are logged and managed appropriately before they become more serious concerns/complaints.

This is in order to comply with National Care Standards Care Homes for Older People Standard 5 Management and Staffing Arrangements.

This recommendation has been met. Please refer to Quality Statement 4.4 for further information.

This recommendation was made on

7 Complaints

The Care Inspectorate received an anonymous complaint in January 2015. This complaint was withdrawn due to insufficient information.

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
31 Oct 2014	Unannounced	<div>Care and support5 - Very Good</div> <div>Environment5 - Very Good</div> <div>Staffing5 - Very Good</div> <div>Management and Leadership5 - Very Good</div>
19 Nov 2013	Unannounced	<div>Care and support5 - Very Good</div> <div>Environment5 - Very Good</div> <div>Staffing5 - Very Good</div> <div>Management and Leadership5 - Very Good</div>

12 Dec 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
6 Feb 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
21 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
31 Aug 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
17 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good Not Assessed
5 Feb 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 6 - Excellent
4 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 4 - Good
10 Jul 2008	Announced	Care and support Environment	4 - Good 5 - Very Good

		Staffing	4 - Good
		Management and Leadership	4 - Good

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