

Care service inspection report

Full inspection

Forth Bay Care Home Service

Walker Street
Kincardine
Alloa

Service provided by: Caring Homes Healthcare Group Limited

Service provider number: SP2013012090

Care service number: CS2013318119

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	3	Adequate
Quality of environment	3	Adequate
Quality of staffing	3	Adequate
Quality of management and leadership	3	Adequate

What the service does well

The care home had a relaxed and friendly atmosphere. Staff were friendly and approachable. Residents and their relatives reported that they were happy with the care and support they were given in this service.

What the service could do better

In order to further improve quality outcomes for residents, and ongoing development of the service, the manager and staff team should take forward the requirements and areas for further development identified in this report, including:

- Ensuring improved practice in medication administration recording
- Ensuring all risk assessments are subject to routine review
- Ensuring fluid balance recording is completed accurately
- Ensuring fridge temperatures are taken and foodstuffs are labelled with dates of opening

What the service has done since the last inspection

A new management team have been appointed following the retirement of the manager. They are in the process of carrying out audits on all aspects of the service in order to identify any shortfalls and introduce action plans to address these.

Training in a variety of topics has been delivered to staff to further improve their knowledge and skills.

Conclusion

Whilst outcomes for residents and quality of daily life for them continues to be generally good, this inspection has identified areas for improvement which have impacted on the grades awarded. The management team acknowledged improvements in the standards of record keeping need to take place.

The philosophy of the care service is one that actively encourages participation and involvement of residents and their families. The staff team are friendly and there was good team morale evident.

Staff told us they feel valued and providing good quality person centred care is at the heart of their service. Residents and relatives told us they were generally happy with the quality of care. No-one was unhappy with the overall service. Residents said they liked living in the care home and were well looked after by the care staff.

1 About the service we inspected

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

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Forth Bay is a purpose built care home located in Kincardine by the River Forth. The care home is one of a group of care homes operated by Myriad Care. The organisation's headquarters are based in Colchester.

The care home has 53 bedrooms in four separate units which have specifically trained staff to meet the needs of the individuals who live there:

- Frail older people
- Older people with dementia
- People with profound and complex learning disabilities
- People with enduring mental health problems

The philosophy of the service is "to provide each individual in our care with a dedicated, individual care and support plan, tailored to meeting their needs. At Myriad Care, we believe that our residents can do amazing things."

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 3 - Adequate

Quality of environment - Grade 3 - Adequate

Quality of staffing - Grade 3 - Adequate

Quality of management and leadership - Grade 3 - Adequate

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

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

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a 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 the report following a series of unannounced visits over three days by a Care Inspectorate Inspector;

Thursday, 20 August 2015 between 3:00pm and 5:15pm

Monday, 24 August 2015 between 9:30am and 4:00pm

Tuesday, 25 August 2015 between 2:30pm and 5:00pm

An Inspection Volunteer also supported the inspection process on Monday, 24 August 2015. An inspection volunteer is a member of the public who volunteers to work alongside Care Inspectorate inspectors during the inspection process. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The inspection volunteer's role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

We gave feedback to the manager at the end of the inspection.

As requested by us, the care service sent us an annual return; the service also sent us a self assessment form.

Prior to the inspection we issued a total of 30 Care Standards Questionnaires to service users, their relatives and carers. Twenty-two completed questionnaires were returned, comments made by both service users and carers informed the inspection and are included in the inspection report.

During the inspection we spoke with residents and visitors to find out their views about the care and support provided. We spent time observing how staff supported and interacted with residents.

Directly observing care is an important way to help us judge whether a service complies with the regulations and meets the outcomes for people. We used the Short Observational Framework for Inspection (SOFI2) to help gather information on the experience of people who were unable to tell us their views.

We spoke also spoke with the Regional Manager, Registered Nurses and Care Assistants.

Documents sampled included:

- Registration certificate
- Staffing schedule
- Minutes of a range of meetings
- Complaint policy and records
- Accident and incident records
- Personal plans
- Care review schedule
- Risk assessments
- Medication records
- Activities plans and records
- Menus
- Recruitment information
- Duty rotas for a four week period - 25 July 2015, 1, 8 and 15 August 2015
- Training records
- Records of quality audits
- Maintenance records
- Health and safety audits
- Financial records and audits

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.

We received a completed self-assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account

We distributed ten questionnaires prior to the inspection and received ten completed questionnaires from residents. The questionnaires strongly agreed/agreed with the statement that overall they are happy with the quality of care and support provided to them.

We spoke with residents on an informal basis throughout the inspection visits. Comments received were positive and have been included in the body of the report.

Taking carers' views into account

We distributed twenty questionnaires prior to the inspection and received twelve completed questionnaires from relatives/carers. All strongly agreed/agreed with the statement that overall they are happy with the quality

of care and support provided to their relative in the care home. Comments from the returned questionnaires were shared with the manager and have been included in the body of the report.

We spoke with five relatives during our visits, feedback was positive. Comments have been included in the body of the 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: 3 - Adequate

Statement 1

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

Service strengths

Services undertake a self-assessment before an inspection. The self-assessment details strengths, areas for improvement and grades the service has awarded itself based on its performance under quality indicators. The service evaluated their performance under this quality statement as 'good'. Through evaluation, we agreed with their evaluation.

We expect providers to understand how their services impact upon the people who use them. We expect providers to be able to demonstrate that they know the views and feelings of those who are using and involved in their services. Providers should be able to demonstrate how they use this knowledge and understanding to continually improve their service.

We assessed how the service involved and responded to residents, relatives and stakeholders participation.

To do this we:

- Sampled some documents made available to us.
- Met with several residents and relatives and a cross-section of the staff team.
- Observed the way that staff supported and listened to residents and relatives

- Reviewed the Care Standard Questionnaires returned to us by residents and relatives.

The provider does have a strategy in place for participation, which is on display at the entrance to the home. This states the ways that people can be involved in the development of the service.

We found that the service continues to use a variety of methods to gather the views of residents and their relatives/representatives. These include: formal care reviews, meetings with individuals and their social work representatives, resident and relative group meetings, informal discussions, satisfaction surveys and through the service's complaints procedure.

To do this we:

- Sampled some documents made available to us.
- Met with several residents and relatives and a cross-section of the staff team.
- Observed the way that staff supported and listened to residents and relatives
- Reviewed the Care Standard Questionnaires returned to us by residents and relatives.

The provider does have a strategy in place for participation, which is on display at the entrance to the home. This states the ways that people can be involved in the development of the service.

We saw that the service were utilising the feedback from residents and relatives to inform the development and improvement of the service. We found some good examples showing that people's views were listened to and acted upon such as:

- Development of the activities plan and suggestions for outings.
- Summer outings.
- Décor, fabric and furnishing changes decided by residents.

From reviewing documents and meeting with people, we confirmed that there were established links with health and social work teams. We saw evidence that the social work department met with residents and relatives/carers at planned intervals to ask them how they found the quality of the care and support

provided.

When we sampled some of the reviews, we found these to be well written and informative. When the resident had been less able to fully participate in the review – the relatives had been involved. Areas discussed included the person's health needs, social activities and their current monies – this meant that further social events were planned for.

We saw that where appropriate, residents or their relative/representative signed to confirm agreement with the content of the care plan. This meant that families were aware of how the service was planning to meet their relatives' health and well-being needs. We could see that the service had a system in place for identifying which relatives needed to look at the plans and when signatures etc. were required.

A new manager had been appointed since the previous inspection. Residents and relatives told us that they knew the new manager and that they made themselves available to speak with people who wished. Relatives told us that they would have no hesitation in raising a concern and felt that they were listened to.

In some situations, residents were involved in discussing and agreeing their own support needs and goals. Through the regular reviews of care and support needs people had regular opportunities to feedback on the quality of the service provided.

Feedback from residents, relatives, returned questionnaires and Inspection Volunteer's comments included;

Both residents and relatives expressed very positive views about the standard of care and support given. The relatives were aware of and had been involved in the care plan for their relative. Whilst the residents I spoke to were not necessarily aware they had a care plan they all told me that when they arrived their likes, dislikes and other needs were discussed with them, for example:

- You are well looked after. This is actually my home and I'm quite resigned to it now.

- Yes, when I came here they took everything down. So far seems to be ok. Came here because it was in Kincardine. Told me what staff did. Son came and looked around and thought it would be suitable. Staff sat and asked me about yourself, like and dislikes and so on.
- Went to three homes. Social Work helped select. We were shown about but settled on here.
- Relative has stayed here as got used to it now. Other relative go to all the meetings and the care plan is reviewed regularly. Yes, they are getting the support they need. Gets their hair done here. They (relative) are always clean and well dressed
- Been involved in their care plan. I know about the Care Inspectorate and have read the latest report
- They talk about it to me (care plan)

Activities and day trips were especially popular with the residents, although during my visit I did not observe any indoor activities taking place. Comments from both residents and relatives included:

- They do things like bingo but I don't bother. If I wanted to go they would take me
- Like the way they have lots of activities. They [relative] had a day trip to an engineering/transport museum. They [relative] liked that. They [relative] like the church service here.
- I go on the outings. Been to VE Day, Tattoo, Burntisland
- Relative goes on some outings, e.g., Tattoo. Don't get a lot of activities, but have a regular sing a long. Enjoys that.

I observed lunchtime in one of the lounges in the Frail Elderly unit. Tables had been laid with a linen cloth, placemats, condiments and a small table decoration. Lunch was a choice of soup, sausage roll with baked beans and semolina. Drinks were available with lunch. Tea or coffee was offered afterwards. Only one resident required assistance with their meal, and they were supported in an unhurried manner at their own pace. The main meal offered in the evening had a choice of three main courses.

Comments regarding the standard and choice of food was more mixed:

- Food is lovely. Cook makes the most gorgeous quiche. Come in the night before and tell me what's on the menu and I make a choice. Will make me

something else if I don't like anything. Had an omelette recently

- Relative says they like the food. I'm impressed with what they're served
- Food could be improved. Food is irregular - can finish breakfast at 10.00 am, then lunch comes. Don't get time to get food down properly
- Get a choice. It's marvellous
- It's passable. Not exceptional. Don't think it's a very good cook, me and other residents. Come with menu and get choice for next day
- Days when they [relative] don't eat they'll [staff] give relative toast or bits from their fridge (in bedroom). Put weight on since they have been here.

Areas for improvement

Attendance at relatives/participation meetings can be poor. In discussion with the manager she is planning to pursue alternatives ways to encourage attendance. Examples include; asking relatives if they would like guest speakers to attend meetings and having cheese and wine evenings. Progress in this will be monitored at the next inspection.

Comments received from residents regarding the quality and choices at mealtimes indicated there was room for improvement. The manager plans to introduce a menu survey to obtain feedback on what residents would like to eat. This will ensure future menus include residents preferences. Progress in this will be monitored at the next inspection.

It would be good practice to ensure residents and/or their representatives sign their agreement to six monthly review meetings.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

The home demonstrated an adequate level of evidence in support of this Statement. We gathered information through:

- sampling personal plans
- sampling records
- observing practice and speaking with residents, relatives and staff.

Residents we met with looked generally well, and there was good attention to personal appearance. We observed staff delivering personal care ensuring the residents' dignity was maintained.

We examined a sample of five personal plans. We found that a range of health assessments had been carried out at agreed and regular intervals. Where these highlighted a support need a relevant care plan had been put in place.

We saw that the home had regular contacts with other health professionals and sought their input where required. This included podiatrists, GP, dietitians, Tissue Viability Nurse and speech and language therapists.

Staff were aware of changes to people's care and support needs and were responsive to them.

Residents with skin conditions had a care plan in place. There was a range of pressure relieving equipment available to support people at risk of pressure ulcers. We observed staff were supporting people who could not move independently to change their position regularly when seated.

Most residents were maintaining their weight appropriately and where there were any concerns, appropriate monitoring using food and fluid charts were being kept. We saw that the service contacted the dietitian where they had concerns. See Areas for Improvement for further details re fluid balance record keeping.

We observed mealtimes during the inspection visit. We saw that mealtimes were calm and unhurried; staff were appropriately deployed to assist residents on a one to one basis and to prompt and support residents who could eat more

independently. Snacks and drinks were available outwith main mealtimes.

Review of staffing rotas confirmed staffing levels were being maintained. Staff spoken with said staffing levels were maintained.

Relatives spoken with confirmed they were confident the service looked after their loved ones well and had no worries.

Areas for improvement

A requirement was made at the previous inspection regarding medication administration record keeping;

We continued to find a number of missing entries in the Medication Administration Recording Sheets (MARS). We also evidenced an occasion when the stock check of a controlled drug was not supported by two signatures. This manager acknowledged this was not good practice and agreed to address immediately. A requirement 1 is made.

A requirement was made at the previous inspection regarding the accurate completion and monitoring of food/fluid charts;

Examination of fluid balance charts identified a number of inconsistencies in the way staff were recording intakes and a number of incorrect daily intake totals. This is unacceptable record keeping and the manager has agreed to address with immediate effect. A requirement 2 is made.

For one resident a risk assessment was in place for falls, the last review of this was not signed or dated and the review date prior to this was May 2015. This risk assessment should be subject to monthly/or sooner review to ensure it is accurate, up to date and reflects the current associated risks. A requirement 3 is made.

A recommendation was made at the previous inspection regarding signing and dating all documents within residents' files;

In a number of the care files we examined we evidenced staff were not signing and dating all documents. A recommendation 1 is made.

The quality of record keeping was discussed at feedback; all present

acknowledged that good record keeping is an integral part of practice, and is essential to the provision of safe and effective care.

Grade

3 - Adequate

Requirements

Number of requirements - 3

1. The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure;

Administration of medication or reason for omission must be recorded on the MAR sheet at the time of administration.

Staff follow guidelines on the administration of all controlled drugs.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

Timescale: On receipt of this report.

2. The service provider must satisfy themselves that staff who complete fluid balance and food intake charts have the knowledge and understanding to do so. Staff must consistently and accurately complete the charts, evaluate the content of the charts and plan care accordingly.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people and Regulation 15(b)(i) - staffing.

Timescale: Within one month of receipt of this report.

3. The service provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure;

Risk assessment documentation is subject to routine review and evaluation.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people

Timescale: Within one month of receipt of this report.

Recommendations

Number of recommendations - 1

1. Staff should ensure that all documentation in residents' files is fully completed and signed and dated by person completing.

Reference: National Care Standards, care homes for older people; Standard 6 Support arrangements.

Quality Theme 2: Quality of environment

Grade awarded for this theme: 3 - Adequate

Statement 2

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

Service strengths

Services undertake a self-assessment before an inspection. The self-assessment details strengths, areas for improvement and grades the service has awarded itself based on its performance under quality indicators. The service evaluated their performance under this quality statement as 'very good'. Through evaluation, we graded the service as 'adequate'.

To assess this statement we:

- Assessed the documents made available to us
- Observed staff practice
- Assessed the general environment (considering how residents were kept safe and the cleanliness and maintenance of the building)
- Had discussions with the residents, relatives and the staff we met.

We looked at some records and checks which were carried out to make sure the environment was safe and residents were protected. This included some of the care planning and risk assessments reported on under theme 1, statement 3. The manager could evidence the visual checks of the environment that were carried out regularly and how these were recorded and managed.

The home has a controlled entry system and a signing in/out book. This ensured that unauthorised people did not enter the home and for people who were at risk if they left the building unattended, their safety was promoted.

Notice boards are prominently sited in the home and a range of information is displayed to inform residents and visitors of important information. The

registration certificate, insurance certificate and staffing schedule are on display in the foyer. Information regarding the Care Inspectorate, the complaints procedure and the participation strategy are also available for everyone to access.

We found the environment was comfortable and communal areas well-arranged and free from obstacles that could make mobility difficult.

We found the home fresh and free from odours. These measures help ensure people are safe and comfortable living in their home.

The home has access to maintenance support. Routine maintenance and health and safety checks are undertaken and a record of this is maintained, along with details of any remedial action taken. Maintenance and service contracts are in place for utilities and essential equipment.

Personal Protective Equipment (PPE) such as disposable gloves, wipes, aprons, soap and hand towels were readily available and used appropriately by staff. These measures helped reduce risk of infection. We found that communal toilets, bathrooms and showers were cleaned to a good standard.

Through looking at accident and incident records we could see that an overview was recorded and that residents' health and well-being was monitored and evaluated after an injury or incident. These records were then reviewed by the manager.

We also saw that if concerns were raised about residents' health and well-being or staff's conduct, these were managed effectively. Again, these measures help ensure people are safe and comfortable living in the care home.

Inspection Volunteer's observations;

Entry to the home was via a locked entry system. All visitors are required to sign in. Notice boards with relevant information for both visitors and residents were prominently displayed in the inner main hallway section. Each unit also had its own display boards with information relative to that unit. In one unit there was a malodour, but we were informed that it had only just occurred and that

housekeeping were dealing with it immediately. Overall it was very clean, pleasantly decorated with a homely feel.

I chatted to several people in their bedrooms many of which had been personalized and decorated to a very high standard. Some rooms were quite spacious. All had spacious en-suite facilities that were being, or had been, upgraded to a high standard. It was a warm day during the inspection and windows had been opened to allow a pleasant breeze in. There was adequate signage up and bedrooms had both the name and a photograph of the resident whose room it was.

When asked how they felt about the standards comments from both residents and relatives were very positive, for example:

- Yes, it's nice and clean. All the decorations and pictures are mine. It's my own bed. Xxxx bought it for when I came here.
- Like the size of their room, is en-suite. Like we can personalize it, make it their own. Don't want them to feel they are living in someone else's home. I like it, doesn't smell of urine
- I like my room as it's quiet. My relatives got my bed, rise and recline chair and telly. Place kept very clean.
- Everything was in room when I got here. Has been papered since I came in, but quite content with it as it is. Quite content with their furniture. Have my own photos here
- Relative was in a small room, but we got this when it came up and we personalized it. Asked if we could and they (staff) were fine with it. Now and again get an odour, but think it can't be helped if people have an accident.

Areas for improvement

Temperature checks were not being routinely carried out on fridges in the pantry areas in each unit. There were numerous perishable items in the fridge which had not been dated on opening. A requirement 1 is made.

Not all sluice rooms were locked. A requirement 2 is made.

We observed in some of the communal bathrooms that residents' personal belongings/toiletries and continence aids had been left behind. A requirement 3 is made.

The seriousness of the above issues was discussed with the manager who

acknowledged and agreed to address immediately.

The manager recognised the need to monitor the systems in place, together with staff performance to ensure the safety of people using the service.

Grade

3 - Adequate

Requirements

Number of requirements - 3

1. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this, the provider must ensure:

- a) Foodstuffs are labelled and stored appropriately and safely to make sure it is safe for consumption.
- b) Fridges are subject to daily temperature checks.

This is in order to comply with:

SSI 2011/210 Regulation 4(1) - Welfare of Users and takes account of the National Care Standards, Care Homes for Older People. Standard 4 - your environment.

Timescale: On receipt of this report.

2. The provider must make proper provision for the health, welfare and safety of service users. In order to do this, they must ensure:

Sluice facilities where harmful chemicals and equipment are stored, are kept locked.

This is in order to comply with;

SSI 2011/210 Regulation 4(1) (a) Welfare of Users and takes account of the National Care Standards, Care Homes for Older People. Standard 4 - your environment.

Timescale: On receipt of this report.

3. The provider must make proper provision for the health, welfare and safety of service users. In order to do this, they must ensure:

Staff do not leave residents' personal belongings/toiletries behind in communal bathrooms. They must be returned to residents' rooms.

This is in order to comply with;
SSI 2011/210 Regulation 4(1) (a) Welfare of Users and takes account of the National Care Standards, Care Homes for Older People. Standard 4 - your environment.

Timescale: On receipt of this report.

Number of recommendations - 0

Statement 3

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

Service strengths

The ethos of Forth Bay was friendly and welcoming. The management and staff teams demonstrated a commitment to maintaining a homely and comfortable environment for residents.

Throughout the care there were a variety of comfortable sitting rooms where most residents spent the majority of their day. We saw that there were many bedrooms which were personalised with personal items of furniture, pictures and photographs.

There was space available throughout the care home for residents to meet with relatives in private and for having quiet time.

The home had a good level of cleanliness; this was positively commented on by

residents and relatives.

The home had a well-tended garden areas and patio areas which were accessible.

The home offers single, ensuite bedroom accommodation. There are sufficient toilet and bathrooms available for residents use.

Residents were able to request a key for their bedroom. We noted that bedroom doors were kept closed when residents were in the sitting room; this offered more privacy for resident's personal space. We saw that staff knocked on bedroom doors before entering.

Residents had access to the telephone in the office if they wished to use it. Some residents had telephones installed in their bedrooms for their own use.

Areas for improvement

The lift had recently broken down, feedback from relatives and discussions with the manager indicated this had taken two weeks to be repaired. All parties agreed this was unacceptable and affected the quality of day to day life for residents and increased the workload for staff. In order to maintain and further promote the quality of the environment the provider must ensure any future repairs are carried out without delay.

The service should consider introducing Wi-Fi throughout the building to enable residents to access the internet.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 3 - Adequate

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

During the inspection we undertook an audit of the services' systems to ensure that staff were safely recruited following best practice guidance.

We saw that the organisations recruitment policy and procedure followed best practice guidance regarding safe recruitment and was supported by an equal opportunities policy.

The service has a stable core staff group.

We spoke with the manager of the service about the recruitment process. She demonstrated a very good knowledge of safer recruitment policy and practice and could detail how all recruitment of staff adhered to the organisations policy and procedure.

The induction programme included information about the organisation and the home to ensure that new staff were made aware of the policies and procedures of the organisation and their role and responsibilities.

There was a staff handbook available for new staff to provide guidance on the policies and procedures of the service.

To ensure that people who use care services are protected and high standards of practice are promoted nursing and care staff need to be registered with either the Nursing and Midwifery Council (NMC) or the Scottish Social Services

Council (SSSC).

The service had records of checks carried out to ensure that all staff had valid and up to date registration with the NMC or SSSC.

We saw that personnel information was stored and managed in line with the organisations confidentiality policy.

Areas for improvement

The manager must ensure that new staff apply to be registered with the SSSC as soon as they commence their employment.

The service identified in their self assessment that they are currently expanding their team of relief staff to ensure there is adequate permanent staff cover during periods of annual leave and unplanned absences.

Grade

4 – Good

Number of requirements – 0

Number of recommendations – 0

Statement 3

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

Service strengths

From examination of the evidence presented in respect of this Quality Statement we assessed that the service were operating at an adequate level of performance.

We received many positive comments from residents and relatives regarding the quality of the staff employed in the care home.

People told us staff listened to what was said and attended to their needs appropriately. Staff spoken with told us they had a strong team and felt

confident the new manager would be supportive.

There were regular opportunities for staff to share information and give their views. This included supervisions, appraisals and meetings.

Review of minutes and discussion with staff indicated that the service was proactive in sharing information and addressing any issues identified.

All staff had identified core training requirements that they needed to complete for their role in accordance with the Nursing and Midwifery Council Codes of Practice and Scottish Social Services Council Codes of Practice. There was a wide number of training courses available to staff in relation to their work. Staff also had opportunity to complete a Scottish Vocational Qualification (SVQ) if this was appropriate to their role, e.g. SVQ II or SVQ III. Records were kept of training completed. Staff training needs were discussed and reviewed. Staff spoken with thought that training opportunities were good.

During the last year there had been a range of relevant training conducted, including; Safeguarding of Vulnerable Adults, Medication Management, Diabetes, Palliative care, Moving and Handling and Infection control updates.

Staff told us the training had been very useful and had improved their understanding of a resident's needs and how they could meet them. Staff were confident in their practice and spoke freely to us about the key underpinning values of what they do. They had knowledge and awareness of the National Care Standards and SSSC Code of Conduct.

Feedback from resident's, relatives and Inspection Volunteer's observations included;

I observed that staff in all the four units interacted with the residents in a friendly and caring manner. They knew the likes and dislikes of the residents in their care. There was a nice friendly atmosphere throughout the home.

When asked their opinion of the staff that looked after them comments from residents included:

- Staff are marvellous. Help me get up as I need hoists. Don't sit and chat very often, they are so busy

- Get on better with some than with others. Very supportive. I understand I may have to wait.
 - They can't just drop all and come when I need help to toilet
 - Staff are kind. Out of this world. Marvellous. Help me get washed and dressed
 - Staff are very good. Have little differences now and again, but that's normal. Need help to get washed and dressed. Get shower or wash, whatever I want. Very patient. Get me up from bed using a stand aid to take me to bathroom. Ask me what I want to wear.
- Similarly, the relatives I spoke to also had positive comments regarding the staff:
- Staff are very nice, a good informal, friendly relationship with resident. They (staff) don't talk down to them (residents). It feels like a proper community. Staff take time to help (relative) feed whilst xxx is unwell. They (staff) will offer us a cup of tea not just the residents
 - I think the staff are fine. Have a good banter. All the ones I've seen are good.

Areas for improvement

The standard of record keeping has impacted on the grade awarded for this quality statement. The management team acknowledged that work needs to take place to ensure staff improve the standard of their record keeping, see QT 1:3 for details.

The service should continue to provide training based on best practice to ensure staff knowledge and skills meet the needs of residents.

The new manager is committed to ensuring supervision and monitoring of staff practice is ongoing.

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

All relatives and residents felt confident in raising concerns with the manager. It was evident that all residents and relatives knew the manager. We observed that the manager interacted naturally with residents and adapted their approach dependent upon people's needs and personality. The staff team told us that the management team were very approachable and would respond to their concerns.

Areas for improvement

The service should continue to progress the development of this aspect of the service.

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

Services undertake a self-assessment before an inspection. The self-assessment details strengths, areas for improvement and grades the service has awarded itself based on its performance under quality indicators. The service evaluated their performance under this quality statement as 'very good'. Through evaluation, we concluded that the service was providing an adequate service under this statement.

The strengths identified under Theme 1, Statement 3, Theme 2, Statement 2 and Theme 3, Statement 3 should be considered as they are relevant to this statement.

We found that a combination of quality assurance systems was used by the service and the provider to measure their performance and identify where improvements or developments were needed.

Some of the areas that we considered included:

Records of concern and complaint. These demonstrated that the management responded quickly to complaints within appropriate timescales. Where complaints were investigated, people were informed of the outcome of the complaint. Two internal complaints had been made since the last inspection. We could also see clear evidence of regular communication with relatives if concerns were raised - and how these concerns were managed. Where appropriate, relevant bodies such as the Social Work Department and the Care Inspectorate were informed.

We assessed how the service managed residents' finances. This included:

- How many residents the service held money for
- Where it was kept
- Who has access to it
- How often is it checked
- What was the procedure and policy on how much money the service would keep on residents behalf
- Do residents/families get receipts?

The service had a system in place for signing in/out residents' monies and

regular 'audits' were carried out. Residents could access their money at any time and families could pay in to their relatives' funds at any time. All 'spot checks' on finances evidenced that money balances were correct and monies signed for appropriately. For all expenditures, dated receipts were in place.

There is evidence that quality assurance systems support services in improving their practice which can result in improved outcomes for residents, relatives and the staff team. Audits were carried out in specific areas. The aims of the audits were to make sure standards were maintained and any areas for improvement identified and acted upon. The manager carried out regular quality assurance audits in the home, including medication management (alongside an independent pharmacy audit) personal care plans and health and safety. Action plans were developed and introduced when required. As reported under Theme 2, Statement 2, we evidenced regular environmental safety checks were undertaken and accident and incident reports were maintained and monitored by the manager.

On a monthly basis management reports were provided to allow the provider of the service to measure and monitor the performance of the service. Information provided included accidents and incidents, falls, concerns/complaints raised and any outbreaks of infection.

This meant that the provider could assess and evaluate how well residents were being supported and identify areas where support or resources could be required.

Areas for improvement

The areas for improvement noted under Quality Theme 1: Statement 3, Quality Theme 2: Statement 2 and Quality Theme 3: Statement 3 are relevant to this statement.

The service provider needs to ensure the quality assurance system is properly implemented to identify some of the issues highlighted in this report and the management team needs to take the appropriate action to rectify these.

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

1. The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure;

Administration of medication or reason for omission must be recorded on the MAR sheet at the time of administration.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

This requirement was made on 31 July 2014

Review of MAR sheets identified a number of missing entries. See QT1:3 for further details.

Not Met

2. The service provider must satisfy themselves that staff who complete fluid balance and food intake charts have the knowledge and understanding to do so. Staff must consistently and accurately complete the charts, evaluate the content of the charts and plan care accordingly.

This is in order to meet

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people and Regulation 15(b)(i) - staffing.

This requirement was made on 31 July 2014

The service have carried out a number of training sessions for staff on the accurate completion and monitoring of nutritional assessment charts however we evidenced fluid balance charts were not being accurately completed. See QT1:3 for further details.

Not Met

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

Previous recommendations

1. Staff should ensure that all documentation in residents' files is fully completed and signed and dated by person completing.

Reference: National Care Standards, care homes for older people; Standard 6 Support arrangements.

This recommendation was made on 31 July 2014

We evidenced documents without signatures or dates within residents' files. See QT1:3 for details.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
31 Jul 2014	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 4 - Good
4 Sep 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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