Care service inspection report

Full inspection

Westfield
Care Home Service

Dumfries Road
Lockerbie

Inspection report for Westfield
Inspection completed on 11 August 2015
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**

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<thead>
<tr>
<th>Area</th>
<th>Grade</th>
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<tr>
<td>Quality of care and support</td>
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<td>Quality of environment</td>
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<td>Quality of staffing</td>
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<td>Quality of management and leadership</td>
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**What the service does well**

This service continues to offer a warm, friendly, homely environment where residents are treated with respect and relatives and friends are encouraged to visit. Residents and relatives are encouraged to participate in all aspects of their care and are given lots of good opportunities, through the participation policy, to be included in service delivery.

The service manager and staff understand that this is the residents' home and respect their privacy and dignity.

Staff display good values towards residents and have a good knowledge and understanding of their individual needs. Residents and relatives continue to be complimentary of the manager and staff. They are confident in their abilities to carry out care and support needs competently and confidentially.

**What the service could do better**

We continued to have some concerns about staffing levels and the deployment of staff in particular during the night shift and the impact of this on residents'
health and wellbeing.

Care plans continue to be reviewed and updated and need to include more detailed information about each residents’ individual needs and how these will be met.

Residents and relatives need to be encouraged to be involved in contributing information within the care plan, including detailed risk assessments and information regarding legal guardianship. Residents and relatives should also be encouraged to take part in the review and evaluation of care plans routinely with staff.

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

The service manager and staff are continuing to work hard to ensure care plans have been reviewed and updated to contain more personalised and person centred detailed information. They will continue to encourage residents and relatives to be involved in this process. As a result of this one of the previous requirements we made has been met.

**Conclusion**

The service manager and staff continue to work hard to ensure they provide a good service to residents living within the home. They need to continue to address the requirements and recommendations made within this report in order to maintain the current grades awarded.
1 About the service we inspected

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

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

Westfield is a purpose-built care home, which has been registered with the Care Inspectorate since 1 April 2011. The service provider is Mead Medical Services Limited.

The home provides care for up to 40 older people, of which two places may be used for respite. There were 40 residents living in the home at the time of this inspection, one of whom was currently taking respite.

There are three interlinking units, which have individual lounge, dining and small kitchen areas attached. The bedrooms are all en suite and personalised by residents to their own taste and comfort. The standard of decoration is very good in most areas.

There are pleasant garden areas surrounding the home, which allow for seating, with one enclosed garden for the safety of the residents in one of the units.

**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 5 – Very Good  
**Quality of staffing** – Grade 4 – Good  
**Quality of management and leadership** – Grade 5 – Very 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
In this service we carried out a full evaluated low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

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

The inspection took place over four days on: Thursday 6 August 2015 between the hours of 3:45pm and 11:20pm. It continued on Sunday 9 August 2015 between the hours of 11:15am and 2:15pm and Monday 10th August 2015 between the hours of 9:55am and 4:15 pm. We returned on Tuesday 11 August 2015 between the hours of 10am and 12pm to complete the inspection and give feedback to the service manager and a team leader.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We chose to inspect the following quality statements, quality theme 1, statement 1, quality theme 1, statement 3, quality theme 2, statement 1, quality theme 2, statement 4, quality theme 3, statement 1, quality theme 3, statement 2, quality theme 4, statement 1 and quality theme 4, statement 2 based on the information we had received from the previous inspection, feedback from residents, relatives and staff through the inspection questionnaires, the service manager’s self-assessment, annual returns, and notifications.
We sent 12 care standards questionnaires to the manager to distribute to residents. Six of the residents sent us completed questionnaires before the inspection. We also sent 12 care standards questionnaires to the manager to distribute to relatives and carers.

Twelve relatives and carers returned completed questionnaires before the inspection. We also asked the manager to give out 12 questionnaires to staff and we received three completed questionnaires before the inspection.

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

We spoke with:

- seven residents
- two relatives
- eight carers
- two team leaders
- training champion
- laundry worker
- domestic worker
- kitchen assistant
- service manager

We looked at:

- registration certificate
- self-assessment
- notifications
- accidents/incidents records
- financial records/management of people’s monies
- staff recruitment files
- staff supervision and appraisal notes
- Scottish Social Services Council (SSSC) registrations
- Protection of Vulnerable Group (PVG) checks
- team meeting minutes
- dependency levels
- staff rotas
- staff training matrix

- response to complaints and improvement of outcomes for service users.

- five care plans including:

- life stories, assessments, risk assessments, six monthly reviews, various plans of care, communication from relatives and input from other health care specialists.

- Medication Administration Recording sheets (MAR).

- new company brochure including:

- aims and objectives
- residents' charter

- respite satisfaction survey
- residents and relatives annual survey and action plan

- Policies and procedures including:

- complaints, accidents/incidents, induction training, handling monies, child protection, recruitment, pet policy

- observations of a team leader hand over and a care staff handover
- observations of staff administering medication and supporting residents with organised activities.

- observations of staff working with each other, residents and relatives

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

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

**Inspection Focus Areas (IFAs)**

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

**Fire safety issues**

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

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

**Annual Return Received:** Yes - Electronic

Comments on Self Assessment

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

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we evaluate services under. The provider identified what it thought the service did well, some areas for development and any changes it had planned.

Taking the views of people using the care service into account

For this inspection, we received views from 13 of the 40 people using the service.

Six residents gave their views via the care standards questionnaires.

They all strongly agreed or agreed that overall they were happy with the quality of care they received within the home.

We received the following comments:

'I have an excellent room, suitable for myself and the house cat'.

'I am quite satisfied with everything and have no further comments to make'.

We spoke with a further seven people living in the home.
They all told us they were very happy or happy with the quality of care they received within the home.

They told us there was nothing they would change about the home, they praised the staff for their approachability and told us they felt safe and secure within the home. One resident told us they were bored but that was due to the fact they could no longer mobilise independently and wanted to be at home. Another resident told us that they missed their mother but would not always talk to staff about it.

Residents’ comments and references to our questionnaires are included throughout this report.

**Taking carers’ views into account**

Twelve relatives returned completed care standards questionnaires.

They all strongly agreed or agreed that overall they were happy with the quality of care their relative received within the home.

We received the following comments:

‘I cannot speak highly enough of the care my relative receives. They are well looked after with every aspect of their personal needs met by polite, courteous staff who respect their privacy’.

‘This home is an asset to care homes and we are fortunate to have it here in Lockerbie’.

‘The home could benefit from more staff’.

‘The staff always appear helpful’.

‘I find the staff very pleasant and helpful to residents. Family and visitors’.

‘I have without exception found the staff to be extremely caring and courteous . My relative could not be in better and more caring hands’.
‘The staff at Westfield do a wonderful job under some very difficult circumstances’.

‘I have no complaints about my relative’s care. Staff are always busy but have time to talk about any issues which arise’.

‘My main concern is the general inactivity of the residents and the need for more encouragement to be involved in any kind of activity’.

We had the opportunity to speak with a further two relatives individually during our inspection.

They both told us that, overall, they were happy with the quality of care their relative received within the home. They told us the home had a good reputation and they were given the opportunity to visit with their relative prior to choosing if they would like to live there. They told us that staff would attend to any care needs of their relative and, as legal guardians, they were fully involved in making decisions about their relatives’ care. One relative told us that since their relative moved into the home they have stopped worrying as they know they are now safe and being well looked after.

Relatives’ comments and references to our questionnaires are included throughout this report.
3 The inspection
We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support
Grade awarded for this theme: 4 - Good

Statement 1
“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

Service strengths
At the last inspection the service received a grade of good for this quality statement. During this inspection they received a grade of Very Good.

During the inspection we spoke to residents and relatives about the various ways in which they continued to participate in the quality of care and support, quality of the environment, quality of staffing and quality of management and leadership provided by the home. We looked at various meeting minutes and surveys and questionnaires and care plans. We also observed staff interactions with residents and relatives.

We could see that the service manager and staff continued to offer very good opportunities to encourage residents and relatives to participate in assessing and improving the quality of care and support they received, the quality of the environment and the quality of staffing and management.

Various information continued to be displayed on the main notice board at the front door and reception area and at entrances to units throughout the home:

- the last inspection report
- the home’s newsletter
- the home’s information pack
- thank you cards from relatives and residents
- staff training certificates
- contact information for various external organisations and healthcare professionals including advocacy

The service manager told us she had recently updated welcome packs which were given to residents as part of the admission procedures.

Residents and relatives told us that they were encouraged to participate in the care and support they received on a daily basis. They told us they felt included in all aspects of their care and were involved in making any decisions about changes in their care and support needs.

Care plans were including more person centred and individualised information as discussed in quality theme 1, statement 3. Information was recorded such as who residents would like involved in their care and support, when they would like to be contacted, who they would like to be involved in their financial affairs and if any legal guardians were in place for both health and finances. We saw some good evidence that relatives were being contacted when requested.

Six monthly reviews included attendance and feedback from residents and relatives where requested. They contained some good information about discussions held and actions agreed.

The service manager told us in her self assessment that residents' needs were being assessed and recorded prior to their admission. She told us that this included her visiting individuals to discuss their needs with them and their families, (if they were at home) or with the hospital staff and social worker (if they were in hospital). Residents and relatives told us that they had found this process helpful and that it gave them the opportunity to meet with the manager and find out more about the care home.

Respite questionnaires had been newly devised by the manager to give her the opportunity to assess and review respite stays. The questionnaires asked various questions about the quality of care and support, environment, staffing
and management and leadership of the home. The questionnaires asked for comments under each question as well as grading each theme. These will be collated and addressed as with the annual questionnaires.

There was a relaxed atmosphere within the home. Residents were encouraged and supported to plan their days as they wished. They were encouraged and supported to join in with various activities taking place within the home as well as attending to their own needs. Residents told us they generally went to bed when they requested and had the option of eating meals in their bedrooms alone or in the dining room with others.

Residents were encouraged and supported to choose the clothes they wore each day, which were labelled by care and laundry staff on entering the home. Where residents were unable to state which clothes they would like to wear, relatives were encouraged to be involved in this process. For example, some relatives’ set clothes out for their relatives to wear during their visiting times, other relatives bought clothes they wanted to see their relative wearing and coordinated items for staff to encourage them to wear.

Residents were encouraged to bring their own belongings and furniture to the home. We could see that each room included individual personal items such as photographs, pictures, ornaments and furniture items, and these were set out differently for each person. Residents were also encouraged to add personalised belongings to communal areas of the home.

Residents and relatives were given the opportunity to discuss which room they would like and in which unit, dependent on their assessed needs and room availability. We could see that relatives were being involved if residents lacked capacity to make those decisions, to ensure they were placed in an environment most suitable to their needs.

Residents were able to walk around the various unlocked units and had access to the enclosed and private grounds. We could see that activities were taking place in different units with residents being encouraged and supported to attend.

We observed that friends and relatives were able to visit residents at any time.
during the day and night. We could see they were encouraged to stay as long as they wished. The service manager offered an open door approach and was happy to speak to residents and relatives whenever they wanted. Residents and relatives told us they felt able to talk to the service manager and were confident issues would be addressed.

Residents and relatives meetings continued to take place every four to five months. Minutes were recorded showing discussions held and actions agreed. We looked at minutes of the residents' meetings since the last inspection and could see that all those in attendance were recorded, along with the various things they had discussed such as the accumulation and use of residents funds, various activities, fundraising, Care Inspectorate inspections and training which staff had attended, which relatives were encouraged to participate in future dates.

The meetings also provided the service manager with the opportunity to introduce various external and internal workers to the group in response to requests made and to ensure they were all kept up to date with changes within the community and the organisation. Recently, a community occupational therapist had attended the home to discuss their roles, responsibilities and the referral process. Also internally the company newly appointed director and new activities coordinators had attended to introduce themselves and discuss their roles and responsibilities.

As a result of these meetings we could see that changes were being made such as a hand telephone had been purchased after a request from a resident to have a telephone which could be accessed privately within their rooms. New menus had been produced after results of nutritional questionnaires had been collated in showing requests for certain foods.

The service manager had responded to feedback from some residents and relatives that they were unaware of the home's complaints policy, so these had been handed out for discussion and future reference.

We could see that the complaints policy highlighted that the service welcomed complaints and saw them as an opportunity to make changes. We could see that all complaints would be investigated and reported within the time frame of
20 days.

The service manager continued to distribute annual questionnaires to residents and relatives. This gave her an opportunity to find out their views about various aspects of the care home such as care and support, staffing and environment.

Results were collated and action plans were in place to address any issues arising. For example, it was highlighted that some residents would like more interaction with staff. The service manager had agreed to discuss this at team meetings with all staff, to ensure they continued to be aware of how residents may be feeling.

The most recent survey results also lead to a food survey and a food tasting day. Residents had been given the opportunity to taste different foods and consider whether they would like them added to the menus. The service manager liaised with kitchen staff to trial some menus incorporating food suggested and aimed to review this again in the future.

Residents confirmed that the home was comfortable, clean and that clothes were clean and fresh and nicely pressed and bedding was always fresh and clean. Domestic staff were consulted after feedback that wheelchairs could be cleaned more regularly which was added to their cleaning schedule.

Residents and relatives confirmed through the survey that staff had good attitudes, they were supportive and they were satisfied with the work they did. They confirmed that requests were dealt with courteously and promptly. Key worker details and pictures had been added to the inside of bedroom doors, as a result of a suggestion made about knowing their key workers.

The service manager had recently introduced key worker meetings with herself and residents and relatives. These meeting were giving residents and relatives the opportunity to meet with their key worker staff and discuss their work performance and how they attended to their needs.

The meetings had taken place with a small number of staff which the service manager aimed to continue with until all staff, residents and relatives had been involved in this process. Any work related issues which were highlighted as part
of this process will be added to the new staff development plans as discussed in quality theme 3, statement 2. A copy of the service complaints procedure was added to the service welcome pack and was on the notice board outside the main reception area.

**Areas for improvement**

The service manager told us that residents' and relatives' meeting minutes were distributed to everyone including those who were not in attendance. We asked the service manager to consider ways in which she could encourage residents who may have communication difficulties and relatives who do not have regular attendance to the care home to add to the meeting agendas, as well as ensure minutes are read and understood.

(see recommendation 1)

Although some residents had previously been involved in interviewing staff, there had been no residents or relatives involved in recent staff recruitment. Although relatives were being encouraged to take part in staff training, it was unclear how residents were involved in this process, especially residents with communication difficulties. We discussed various ways in which residents and relatives could be involved in staff recruitment and encouraged the service manager to address this with residents and relatives for the future.

(see recommendation 2)

Although we received some good feedback about relatives and legal guardians being involved in residents' care, we found variations in the information recorded in care plan documentation about who were individual power of attorneys, welfare guardians and their role within the residents' care.

(see recommendation 1, quality theme 1, statement 3)

Some six monthly reviews were taking place outwith the six month period and records of discussions held varied in content.

(see recommendation 3)
We looked at the home’s complaints folder and we could see that the service manager was responding to various concerns and complaints. Although records asked for detailed information about the complaint and if any further action was required, it was not always clear if and when complaints had been reviewed and evaluated to ensure the complainant was satisfied with the resolution. We encouraged the service manager to consider adding this information to routine audits taking place.

The service manager told us, in her assessment, that she recognised the importance of continuing to ensure that signage was available for residents living with dementia. We discussed some of the various changes which could be made in order to support people living with dementia, such as being aware of televisions and radios on later on in the evening. We sign-posted the service manager to the following best practice guidance:

‘Improving the design of housing to assist people with dementia’. Published by: dementia services development centre, joint improvement team, chartered institute for housing, University of Stirling.

We will look at this during the next inspection.

**Grade**
5 - Very Good

**Number of requirements** - 0

**Recommendations**

**Number of recommendations** - 3

1. The service manager should consider how residents with communication difficulties and relatives who do not attend the home regularly can be encouraged to express their views on any aspect of the home. She should consider how residents' and relatives' meeting agendas and minutes are distributed and understood as part of this process.

National Care Standards, care homes for older people, care standard 8: making choices, care standard 11: expressing your views.
2. The service manager should review the process of involving residents and relatives in staff recruitment and how residents could be involved in staff training. The service manager should take into consideration how residents with communication difficulties could be involved in this process.

National Care Standards, care homes for older people, care standard 5: management and staffing, care standard 8: making choices, care standard 11: expressing your views.

3. The service manager should ensure that six monthly reviews continue to take place for all residents. Relatives and legal guardians should be involved in this process, discussions held and actions agreed should be clearly recorded, reviewed and evaluated.

Statement 3
“We ensure that service users' health and wellbeing needs are met.”

Service strengths
At the last inspection the service received a grade of 4 - Good for this quality statement. This was maintained during this inspection.

At the last inspection we asked the service provider to review all care plan documentation and replace this with a more person centred system. This system should record residents' current capabilities, needs, wishes and aspirations. There must be confirmation that residents, relatives and involved parties have collaborated in the preparation of the care plans.

The review should include an analysis of the documentation assessed as necessary. The agreed system must ensure there is no unnecessary duplication of information. The service must ensure that, where deemed appropriate, fluid charts are completed as per the care plan. The care plan should be sufficiently detailed to ensure that an accurate assessment of fluid intake can be made and suitable referrals made where indicated.

We gave them a timescale of within eight weeks of the receipt of the report to complete this.

The service manager told us in her action plan that person centred plans would be implemented recording residents' needs, wishes and aspirations and outcomes. Residents and relatives will be involved in the preparation of the care plan and she would ensure no unnecessary duplication was recorded.

We could see that the service manager and staff had worked hard towards completion of this requirement. New person centred care plans had been introduced to the home and were in the process of being completed for all residents. We could see that the care plan documentation recorded more detailed information about each person and their previous life, hobbies
interests likes and dislikes including the people who mean most to them, what is most important to have in their lives, and how can they be best supported.

Introduction of life story care plans were being worked on and completed with some residents and relatives which will continue to be encouraged throughout this process. Daily notes, care plan progress notes and monthly assessment reviews of care plans were taking place. They included some good information about some of the things residents had been involved in through the day and any concerns about their care needs.

Individual care plans were in place recording individual health and wellbeing needs, planned outcomes and how the planned outcome could be achieved for areas identified such as communication, mobility, finances, cognitive plan, continence and personal care.

Charts were in place to record daily checks which had been carried out for residents and to record attendance to all their care needs including things like shaving, nail checks, bathing, showering, completion of fluid charts and cleaning of dentures. This information was reviewed and evaluated by team leaders on each shift to ensure care needs were being attended to. Changes to residents’ individual care and support needs were being addressed as a result of this.

Care plans we sampled were written respectfully, they were easy to read and understand and reflected various health needs well. Food and fluid charts were being completed with more information and were being reviewed and evaluated at the end of each day. Risk assessments were in place for some of the risks highlighted within the assessment process.

We could see that medical attention was being sought as a matter of priority and some care plans had been reviewed and up dated to include observations and monitoring of injuries sustained as a result.

Financial plans were in place, recording who dealt with residents’ private affairs. This included access to personal money and how it should be accessed. A financial information sheet recorded who residents wished to manage their financial affairs and if they had legal guardianship.
The home’s policy and procedure on handling personal monies reflected that residents should be encouraged to manage their own financial affairs and have complete discretion in spending any money belonging to them.

Staff continued to respond to the healthcare needs of residents on a daily basis. We could see that staff knew residents very well and were responding to their needs appropriately. Staff were very good at recognising when residents were unwell, responding quickly to ascertain the reasons and access appropriate healthcare professionals.

Staff had a good rapport with local health professionals and ensured they contacted general practitioners, pharmacists or the district nurse for outstanding results and equipment. This meant that residents received specialist support, equipment and medication timeously.

Handovers were used to inform and update staff from each shift about each resident’s day. During the inspection we attended two staff handovers from day shift to night shift. They used the handovers to review any healthcare changes including discussions with residents and relatives, observations of residents’ healthcare needs, residents’ personal care needs and results of various specimens and tests taken. This information was then recorded and used to make changes to care and support during the next shift.

At the last inspection we asked the service provider to ensure that there were adequate staff available at all times, to meet the care and social needs and choices of the residents. We gave them a timescale of within seven days of the receipt of the report to complete this.

The service manager told us in her action plan that the staffing level will be in accordance with the Issac and Neville dependency tool. Additional bank staff have been employed to work extra shifts as required.

Since the last inspection the service manager had reviewed the deployment of staff and there was an extra shift worker working in the afternoon and evenings to be available for residents needing support during meal times and going to bed, which had been identified as one of the busiest times staff were needed to
attend to residents’ needs.

The service manager had accessed another dependency level tool which she found unhelpful. She has since continued to use the previous dependency tool to calculate resident’s dependency levels.

Accidents and incidents were recorded on the appropriate paperwork and included some good detailed information such as what was happening before the incident, any injuries sustained and if relatives had been informed.

**Areas for improvement**

We appreciate that the service manager and staff had made some very good progress with the care plan documentation. There remains some variation within the information recorded, as the care plan format was being reviewed. The service manager and staff were still considering which previous paperwork should remain within the plans.

Although we were satisfied that residents' care and support needs were overall being met to a good standard, they were not always being recorded and reviewed and evaluated within the care plan. The new person centred care plans recorded some very good detailed information about residents’ needs, but did not always include detailed information about how to achieve the planned outcome. For example, they recorded that staff should encourage, support, assist and ensure certain things were carried out. It was unclear how each individual would be supported within these.

Some of the information had been transferred from previous care plans and not all residents and relatives had seen the new format. The service manager told us she would be discussing these at the next residents' and relatives’ meeting, to ensure everyone knew about them and were given the opportunity to participate in their completion.

Although there were signed sheets in place to say that residents and relatives agreed the need for bed rails and personal alarm systems and were happy for various relatives and friends to be involved in their finances, there were no structured risk assessments, or care plans in place, to show the process of assessment to determine these.
Although various charts were being used to record residents’ changes in behavior and some care plans were in place, they included summarised information which did not clearly record how staff should support individuals when they became agitated, angry or aggressive.

Food and fluid charts did not link into nutritional care plans. It was not always clearly recorded why food and fluid charts had been commenced. Although totals were calculated at the end of each day, it was not always recorded what an individual’s intake should be and it was therefore unclear how support could be evaluated.

Some folders contained incapacity certificates, power of attorney documents and some statements of welfare guardianship, however these were not reflected clearly in care plans. Do not attempt cairo pulmonary resuscitation (DNACPR) forms were in some care plans and were not all signed by medical staff. Advanced care plans were in place and some were unsigned or had not been reviewed and updated.

Financial care plans did not clearly record where personal money was kept, procedures to follow and written records to complete on access such as witnessing and recording of financial transactions. Detailed information about the types of legal financial guardianship and the powers within these were not clearly recorded.

Repetition remained evident in some areas of the care plan where residents were recorded as ‘having a settled day”, ”no concerns” and some records showed how the resident had presented but not how staff had responded. This would make it difficult to review and evaluate their care needs.

We appreciate that the service manager was in the process of introducing and completing the new care plan documentation. We agreed that, although the requirement has not been fully met within the timescales identified, it has been essentially met, with areas mentioned above to be fully reviewed and evaluated for full completion during the next inspection.

We agreed that the good work should continue until all care plans have been
reviewed and are up-to-date. The service manager agreed to pay particular attention to the points raised as a matter of priority.

(see recommendation 1)

One resident had refused a specific medication over a period of time. It was not clearly recorded on the back of the medication administration recording (MAR) sheet. There was no information relating to this documented within the care plan. It remained unclear why the medication had been refused and why it had not been recorded.

(see recommendation 2)

We remained concerned about the staffing levels within the care home throughout the day and especially during night shift. Throughout the inspection we observed residents needing to wait for staff to be available to attend to their care needs, in particular for those residents needing the support of two carers. We observed some residents sleeping in their chairs and some service users becoming agitated in the evening, while they were waiting for staff to be available to help them. Residents did not have information or access to care call systems and told us they had to wait until they saw staff go by and they would shout for help.

Residents told us things like:

'We are short of staff just now so I will need to wait until staff is free until I can go to bed'

'I don’t know if there is a care call to press for staff, I usually wait until I see them go by and I shout for help'.

We were aware that staff handovers were taking place in the kitchen area within one of the units, to ensure staff were available to residents. We were also aware that night staff were leaving units unattended to attend to laundry duties. During the inspection we observed one of the units remaining unstaffed for a period of time, while two staff supported one of the residents to a bedroom in another area of the home.
This service manager agreed to review the task of night staff attending to laundry and agreed to review the deployment of staff and dependency levels within the home, as a matter of priority.

(see restated requirement 1 and recommendation 3)

Accident and incident records were not always fully completed to include the details requested. Although the forms requested information about any investigations carried out as a result of the accident, they were not always completed. This made it difficult to ascertain if investigations had taken place and their results. There were no clearly detailed follow-up records to show any review or evaluation of accidents and incidents which had occurred. It was recorded that some relatives had not been informed and it had not been documented why.

One accident report showed that a resident had been visited by the general practitioner the following day as a result of their accident. Although we were confident the service manager knew when to notify the Care Inspectorate of certain accidents and incidents, this had not been submitted.

(see recommendation 4)

We observed that there were no window restrictors in place throughout the home. Although the main building was on the ground floor, there were no specific environmental risk assessments in place, which assessed if window restrictors were needed. We discussed this with the service manager who told us that the director had contacted the Health and Safety Executive (HSE) to offer guidance and support to compile a risk assessment and ascertain if restrictors are needed. We will discuss this during the next inspection.

**Grade**
4 - Good
Requirements
Number of requirements - 1

1. The provider must ensure that there are adequate staff available at all times to meet the care and social needs and choices of the residents.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 210 Regulation 15 (a) which is a requirement about staffing.

Timescale: within seven days of the receipt of this report.

Recommendations
Number of recommendations - 4

1. The service manager should ensure that all residents have a personal plan that clearly details their needs, wishes and preferences and sets out how they will be met in a way they find acceptable. The service manager should pay particular attention to ensuring care plans contain clear detailed records of the following:

- clear records of review and evaluation of all information within the care plan
- detailed information about how to achieve planned outcomes
- structured detailed risk assessments for use of bed rails, and pressure alert systems and changes in residents behaviours causing concern
- clearly defined care plans referring to:

  - Use of medication, use of food and fluid charts, power of attorney and welfare guardians and legal status, levels of capacity and how these should be addressed, access to personal finances and records to be kept, medication records and food and fluid charts.

  - completion and review and signatures for advanced care plans
  - detailed information in financial care plans
  - review and evaluation of information recorded in response to actions carried out by staff

2. The service manager should ensure that staff monitor when residents' medications have been taken or not taken. She should ensure that accurate up-to-date records clearly record why medications have been refused with reference to relevant care plans. The refusal of medications for a period of time should be reviewed and evaluated and discussed with residents, relatives and general practitioners as a matter of priority.

National Care Standards, care homes for older people, standard 15: keeping well- medication.

3. The service manager should ensure that residents have access to the care call system in communal areas at all times. They should consider in particular how residents who are unable to communicate their wishes and mobilise can access these in communal areas.

National Care Standards, care homes for older people, standard 9: feeling safe and secure.

4. The service manager should ensure that accident and incident recording sheets include details of any investigations carried out, highlighting in particular what was happening before, during and after the incident. Clearly identified timescales should be considered for review within a structured time frame afterwards to conclude any actions taken as a result. This information should be reviewed and evaluated as part of the care planning process and it should be clearly recorded if relatives are not notified and why.

Notifications should be completed to the Care Inspectorate where harm or injury has occurred resulting in a general practitioner visit or admission to hospital.
National Care Standards, care homes for older people, standard 4: your environment, standard 5: management and staffing, standard 6: support arrangements.
Quality Theme 2: Quality of environment
Grade awarded for this theme: 5 - Very Good

Statement 1
“We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.”

Service strengths
At the last inspection the service received a grade of 4 - Good for this quality statement. During this inspection they received a grade of 5 - Very Good.

The strengths recorded under quality theme 1, statement 1 are also relevant strengths for this quality theme.

Areas for improvement
The areas for improvement recorded under quality theme 1, statement 1 are also relevant strengths for this quality theme.

Grade
5 - Very Good

Number of requirements - 0
Number of recommendations - 0
Statement 4
“The accommodation we provide ensures that the privacy of service users is respected.”

Service strengths
During this inspection the service received a grade of 5 - Very Good for this quality statement.

We spoke to residents and relatives about their privacy in the home. We observed staff responding to privacy of residents throughout the inspection, and we inspected the laundry room and spoke to laundry staff.

The home had a privacy policy in place which recognised the right for individuals to live their lives with dignity and respect, independence and choice.

We could see that the underlying principles were being followed throughout the inspection and residents were being offered the following:

- a private, single room, furnished decorated and equipped to a high standard
- encouragement to bring in their own personal belongings and items of furniture and add their own touches to the room
- locked cabinets for the security of valuables with a key which they are encouraged to keep
- entertaining their guest in their own rooms or communal areas as they wished
- confidentiality maintained when attending to residents personal care needs and recording and discussion of personal information

We observed staff knocking on bedroom and bathroom doors and waiting for a response before entering.

Laundry and domestic staff attended to their work in residents’ rooms at times of preference for the residents where possible. Where residents were unwell or in their bedrooms, this was discussed with care staff to consider if they should enter or not.
Residents were encouraged to agree who should have access to their bedrooms, and whether bedroom doors remained opened or closed throughout the day. Staff were observant and mindful of resident’s wishes when they were in their bedrooms and tried to ensure that other residents did not enter their rooms uninvited.

Residents were supported to ensure they wore their own clothes and used their own personal toiletries and there was a good system in place to ensure residents' clothing was individually marked and put away in their own rooms once washed and ironed. Any unmarked or unidentified items of clothing were kept in a separate area while care staff attempted to allocate their owners. We could see that this area had only a few socks awaiting allocation. Laundry staff knew how to wash individual resident’s various garments on their varying wash cycles, to ensure clothes remained in good condition.

There was one enclosed and various open garden areas available for residents to use privately and securely. Various signage and locks to communal bathrooms and toilets indicated when areas were in use or vacant. Personal records and medication was stored away in a locked area within each unit. Medications were administered from the locked cupboard to individuals in each unit.

The service manager had recently discussed the use of email and Skype (internet telephone and video service) to offer residents and relatives the opportunity to send and receive information privately and confidentially.

At the last inspection we advised the service manager to invest in pedal bins for all toilet/bathroom/kitchen areas as a further step to minimising the potential for infection. We could see that pedal bins were in place in the areas identified.

At the last inspection we also advised the service provider to install dishwashers, which will ensure that dishes were washed at the correct temperature. We could see that dishwashers had been added to kitchen areas in each unit and were being used.
Areas for improvement

Bath temperature books in communal bathrooms recorded the water temperatures when each resident had a bath. We understand the importance of keeping a record of water temperatures, but we were concerned that this information was available to anyone accessing these areas. The books were removed to a secured area during the inspection.

Although all bedroom doors were fitted with locks and keys could be provided, it was not clear if all residents understood they could have a key and have their rooms locked at any time. Some residents did not have a locked area in their rooms where they could safely leave their valuables and personal belongings. We discussed this with the service manager who agreed to discuss and record this information with residents during the moving in period and would review the information along with residents’ agreements routinely with residents and relatives.

(see recommendation 1)

Although medication was being administered individually to residents and in accordance with best practice guidance, we observed one of the residents being administered topical medication in one of the communal sitting areas, where other residents were also seated. We discussed this with the staff member and service manager who agreed to consider how individual medication could be administered whilst maintaining dignity and respect.

(see recommendation 2)

Grade
5 - Very Good
Number of requirements - 0

Recommendations
Number of recommendations - 2

1. The service manager should ensure all residents are understand that they can have a key and locked personal space for their own bedrooms.
They should be encouraged to discuss and agree where the keys will be kept which should be recorded and reviewed as part of the care planning process.

National Care Standards, care homes for older people, standard 4: your environment, standard 6: support arrangements.

2. The service manager should ensure that staff administer medication in a way that recognises and respects residents' individual dignity and privacy. This should be clearly detailed within the care plan.

Quality Theme 3: Quality of staffing
Grade awarded for this theme: 4 - Good

Statement 1
“We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.”

Service strengths
At the last inspection the service received a grade of 4 - Good for this quality statement. During this inspection they received a grade of 5 - Very Good.

The strengths recorded under quality theme 1, statement 1 are also relevant strengths for this quality theme.

Areas for improvement
The areas for improvements recorded under quality theme 1, statement 1 are also relevant strengths for this quality theme.

Grade
5 - Very Good

Number of requirements - 0
Number of recommendations - 0
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 this inspection the service received a grade of 4 - Good for this quality statement.

During the inspection we received feedback from residents and relatives about staff practice. We observed staff attending to residents’ needs and spoke to the training coordinator and care staff about their training and development as well as looking at staff recruitment and supervision records.

The home’s recruitment policy and procedures referred to current legislation and some best practice and confirmed that a job offer would only be made once all checks had been carried out satisfactorily. We looked at three staff recruitment files and found that they were generally tidy and well laid out. They included good check lists to ensure checks were taking place and completed. There was a good system in place which included: asking applicants to complete an application form and ensuring references were requested, along with ensuring safety and professional register checks were carried out and satisfactory prior to the offer of any posts.

The home’s induction training policy contained some good information identifying the importance of ensuring new members of staff are orientated to the job and work place to ensure they are working confidently and competently as soon as possible.

We spoke to some new staff that had recently started working with the home and the training champion who was responsible for carrying out staff training about the quality of induction for new staff. They told us that they found the induction programme helpful and informative. We could see that care staff received an induction programme which was completed with support from the training champion. The induction included:
Ensuring staff had copies of the service aims and objectives and professional codes of conduct to follow. Staff were introduced to the homes common induction standards to help them understand their duty of care, commitment to personal development and safeguarding principles.

Electronic learning programmers had been introduced to help staff learn basic information in certain areas such as health and safety and food hygiene, as well as practical training sessions for moving and handling and personal hygiene. New staff were supported to work alongside more experienced staff to gain a good understanding of their roles and responsibilities and get to know residents and how to attend to their care needs.

The induction programme was reviewed and evaluated with the staff member and training champion together once completed. This gave staff the opportunity to discuss what they had learned and any outstanding learning points needed to revisit. Induction for ancillary staff included working alongside experienced staff on shifts and attending basic training around cleaning agents and health and safety.

All staff were undergoing initial and revised Protection of Vulnerable Groups (PVG) checks. This meant previous records were checked to ensure individuals were competent and safe to work within the homes environment. We could see that care staff were registered or applying to be registered with the Scottish Social Services Council (SSSC). Most of the current care staff team had their registration approved with some awaiting confirmation of their application and payments to be made. The service manager was monitoring SSSC applications with good effect.

At the last inspection we recorded that a number of relatives we spoke to commented that staff would benefit from further training opportunities, specifically in working with residents who have a number of complex diagnoses including dementia. The service manager had been working with a local multidisciplinary group aiming to improve quality of life of people with dementia who suffer stress and distress. The group provided three levels of training to all care homes. Training looked at physical aspects and changes in the brain, basic information about Dementia, specific types and treatments and approaches.
The training champion had attended the training which she had shared among some care staff.

Staff had completed evaluation sheets about the things they had learned as a result of the training. We were glad to see that staff had gained a better understanding of how people living with dementia feel. One staff member recorded that they had better understanding why some residents took so much time to carry out certain tasks, as they understood their level of confusion much better. We could see that was leading to better outcomes for some of the residents in the home who were living with dementia for example staff were able to understand why some of the residents in the home may not be eating certain foods as they gauged their response to foods offered. This had resulted in staff encouraging different food types to ascertain if a varied menu should be offered to this individual.

The training champion was attending further training with this team next week and was planning to cascade what she had learned to other care staff through their team meetings. Some ancillary staff told us they had some basic dementia which had helped them to understand individuals needs and engage in more meaningful conversations as a result of this. The service manager had accessed the dementia skilled improving practice material which has been produced by the SSSC and National Health Service (NHS) to tie in with the government’s ‘Promoting Excellence’ looking at the rights of people living with dementia. She was in the process of distributing these materials to care and ancillary staff within the home.

We received some good feedback from residents and relatives about the staff in the care home who told us that:

‘Staff are excellent, they are chosen well by the manager’

‘We feel able to talk to the staff and manager about anything’

‘Staff are all approachable, they ask me what I think and know I will tell them’

‘Staff are nice’
During the inspection we observed staff to be warm, affectionate, happy in their work, talkative, polite and respectful. Staff were working at each residents' own pace to attend to their care needs such as offering gentle distractions and reminders.

Staff hand overs of information included factual information which was discussed respectfully and factually. The service manager used team meetings to discuss a variety of service issues including: residents changing care needs, policies and procedures to review, feedback from training attended and one medication per month were reviewed.

The training matrix continued to be reviewed by the service manager to ensure staff continued to receive routine and up to date training as well as various specific training identified.

**Areas for improvement**

We identified some concerns within two of the staff files we looked at, where we could see that suitable references had not been given, had been contacted and received after the applicant had been offered the post. Another reference recorded some information concerning previous employment which, although it had been addressed with the previous employer, had not been discussed with the applicant.

We discussed these with the service manager who agreed to review the recruitment procedures and the information contained within the files we looked at. We were assured that this process would be followed for future recruitment which we will review during the next inspection. The home’s recruitment policies and procedures did not clearly record that health checks would be requested after a job offer was made.

(see recommendation 1)

We looked at the homes policies and procedures manual and could see that some of the policies had not been reviewed recently. Some policies were not signed or dated so it was unclear when they were written. We were aware that policies and procedures were being reviewed by the director and encouraged
them to pay particular attention to review of the policies mentioned within this report including:

- recruitment
- accidents to service users and staff
- finances policy.
- child protection.

(see recommendation 2)

There was a child protection policy in place which did not include up to date best practice and local guidelines. Although we were told there was an adult support and protection policy in place it was not allocated within the policy and procedures manual. Although some staff had a good understanding of what adult support and protection issues might be we were concerned that staff were unaware of the local multi agency guidelines for reporting abuse.

(see recommendation 3)

During the inspection we observed staff supporting residents to stand up from a seated position, using out of date moving and handling techniques. The training champion confirmed that new techniques were taught during regular training and this technique should be no longer used.

(see recommendation 4)

The service manager was in the process of introducing Mead Medical staff personal development files, which she would be implementing within the next few months. The files contained more comprehensive detailed information for staff to complete regarding their learning and development, and feedback from residents relatives and their manager. We look forward to looking at these during the next inspection.

**Grade**

4 - Good

**Number of requirements - 0**
Recommendations

Number of recommendations - 4

1. The service manager should ensure that safer recruitment best practice is followed during all selection and recruitment. They should pay particular attention to ensure that all appropriate references are contacted and received prior to an offer of a post is made. The home recruitment policy and procedures should be up dated to include current legislation regarding health checks.

   National Care Standards, care homes for older people, standard 5: management and staffing arrangements, standard 9: feeling safe and secure.

2. The service provider should ensure that policies and procedures are routinely reviewed to ensure they included current best practice and legislation. They should clearly record when they have been devised and reviewed.

   National Care Standards, care homes for older people, standard 5: management and staffing arrangements, standard 9: feeling safe and secure.

3. The service manager should ensure that staff the home’s child protection policy is reviewed and up dated to include local reporting guidelines. The service manager must also ensure that adult support and protection policy is available to all staff and they are conversant with the multi-disciplinary guidelines for reporting adult abuse.

   National Care Standards, care homes for older people, standard 4: your environment, standard 5: management and staffing, standard 9: feeling safe and secure.

We signposted the service manager to the following

www.dumgal.gov.uk.

Protecting children and young people. What you can do to help if you are worried about a child or a young person.
4. The service manager should ensure that staff carry out all moving and handling techniques whilst supporting residents following current up to date knowledge and best practice guidance.

National Care Standards, care homes for older people, standard 5: management and staffing, standard 9: feeling safe and secure.
Quality Theme 4: Quality of management and leadership
Grade awarded for this theme: 5 - Very Good

Statement 1
“We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.”

Service strengths
At the last inspection the service received a grade of 4 good for this quality statement. During this inspection they received a grade of 5 - Very Good.

The strengths recorded under quality theme, quality theme 1, statement 1, are also relevant strengths.

Areas for improvement
The areas for improvement recorded under quality theme 1, statement 1, are also relevant areas for improvement for this quality theme.

Grade
5 - Very Good
Number of requirements - 0
Number of recommendations - 0
Statement 2
“We involve our workforce in determining the direction and future objectives of the service.”

Service strengths
During this inspection the service received a grade of 5 - Very Good for this quality statement.

The home has a service development plan which reflects the opportunities available to staff to be involved in the direction of the service such as:

- manager’s open door policy
- team meetings held monthly
- investors in people three yearly reviews
- senior management team meetings
- staff supervisions and appraisals

We could see that the service manager was working within the home’s day-to-day management policy to encourage staff to continue to keep up-to-date with best practice and legislation and remain motivated within their work.

Staff described the culture of the management and leadership within the home as open. Staff felt able to approach the manager with any suggestions or concerns and were confident they would be addressed.

We observed staff and the service manager working in an open, positive, approachable and friendly manner throughout the inspection which resulted in changes being made to residents care needs.

The home’s aims and objectives were discussed with staff during their induction period.

Team meetings were routinely taking place for all care staff who were encouraged to add to the agendas. Staff were also encouraged to offer their opinions at the end of each meeting. These meetings also gave the service
manager the opportunity to discuss any changes within service delivery, ensure
staff had various best practice guidelines and documentation including the
home’s policies and procedures to read and discuss.

Various external healthcare professionals and external agencies as identified by
the service manager and staff were invited to the team meetings to discuss
their roles and responsibilities. This gave staff the opportunity to remain up to
date with other agencies.

The service manager attended three monthly meetings with other service
managers, which were chaired by the company director. This provided the
manager with the opportunity to discuss any concerns and issues which had
been discussed at team meetings. This also gave the director the opportunity to
ensure managers were given up to date information about legislation and best
practice and changes within the organisation.

We could see that the director was reviewing various policies and procedures as
a result of feedback from staff and managers within various services about their
experiences and concerns.

Ancillary staff told us they continued to discuss issues and concerns with the
service manager routinely. Although these meetings were not recorded we
could see that changes were taking place as a result of suggestions made. For
example, one of the domestic staff told us that they had changed some
cleaning products after feedback was given by one of the residents. This
product had been discussed with an external trainer and a safe alternative had
been found.

The service manager made sure that any discussions taking place within the
care staff team meetings were discussed with other staff working within the
care home. For example, catering and activity staff had recently discussed some
changes to the activities and foods they offered after suggestions had been
made by staff.

Staff continued to be given the opportunity to make suggestions and comments
through their annual staff survey.
We looked at the most recent survey results, and although there were no specific suggestions made, we could see that all staff continued to feel valued by the company and feel proud to be a part of it. They believe the communication is good between the service manager and team leaders and they all work hard as a team. Everyone agreed that their ideas were acknowledged and their efforts were recognised by the company. Results of the staff surveys were also discussed at residents’ and relatives’ meetings.

The service manager told us that staff had regular discussions about staff deployment and staffing levels within the home. As identified in quality theme 1, statement 3, the service manager and staff were already reviewing night staff duties, as a result of our observations and feedback.

Staff had recently discussed changes to the training champion’s role and had been given the opportunity to join her as an assistant. Discussions had taken place about staff personal qualities, knowledge and skills and had been encouraged to apply for the post. Evaluations after internal training had been delivered, were being encouraged to give the training champion the opportunity to review her training methods, to ensure they are helpful to the staff team. As a result of recent feedback one of the training events may include bullet points and a power point presentation as was suggested.

We are confident that staff will be consulted more about how their time and skills are being employed as part of the new personal development packs as discussed in quality theme 1, statement 3.
Areas for improvement
Although there were a lot of good individual systems in place to encourage staff to make suggestions about service delivery, there was no specific team development plan in place.

We would encourage the service manager to consider how she could work with all staff within the home, to develop a team development plan clearly defining areas for development within the care home.

This should be reviewed and evaluated routinely with staff to ensure they remain relevant.

Grade
5 - Very Good
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 provider must review all care plan documentation and replace with a more person centred system. This system should record residents' current capabilities, needs, wishes and aspirations. There must be confirmation that residents, relatives and involved parties have collaborated in the preparation of the care plans.

The review should include an analysis of the documentation assessed as necessary. The agreed system must ensure there is no unnecessary duplication of information.

The service must ensure that, where deemed appropriate, fluid charts are completed as per the care plan. The care plan should be sufficiently detailed to ensure that an accurate assessment of fluid intake can be made and suitable referrals made where indicated.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 210 4 (1) (a) which is a requirement about the welfare of service users.

Timescale: within eight weeks of the receipt of this report.

This requirement was made on 18 August 2014

Please refer to quality theme 1, statement 3 for progress on this requirement.

Met - Outwith Timescales

2. The provider must ensure that there are adequate staff available at all times to meet the care, social needs and choices of the residents.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SS1 210. Regulation 15 (a) which is a requirement about Staffing.

Timescale: within 24 hours of the receipt of this report
This requirement was made on 18 August 2014
Please refer to quality theme 1, statement 3 for progress on this requirement.

Not Met

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

Previous recommendations
There are no outstanding recommendations.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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<tr>
<td>18 Aug 2014</td>
<td>Unannounced</td>
<td>Care and support 4 - Good</td>
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To find out more

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You can also read more about our work online.

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Tha am foillseachadh seo fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

अनुरोधारूपमें यह एक प्रकाशन है जो अन्य फर्मांट एवं अन्य भारतीय विषय पोषित है।

پیشگاهہ دعوت دار نیم اس کے قانون گزین اور الجھڑ باzon نئے فرآینڈ پاکہ ہے۔

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.