

# Care service inspection report

Full inspection

## David Walker Gardens Care Home Service

12 McCallum Avenue  
Rutherglen  
Glasgow

Service provided by: South Lanarkshire Council

Service provider number: SP2003003481

Care service number: CS2003001340

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	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

Service users and carers continued to generally express that they were happy with the service. The service had maintained their grades at this inspection and had actioned most areas of development highlighted at the previous inspection.

Feedback from carers/service users in the completed Care Standards Questionnaires (CSQ) which we received indicated that they were very happy with the level of service and care provided in a safe environment.

### What the service could do better

The service could develop the service further by making sure that areas for development identified within this report are addressed. This included improving the level of person centred information within care plans and the quality of the audit records.

Service users could also benefit from better signage around the units to help

orientate them.

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

The service had continued to maintain a quality service with positive outcomes for service users.

Progress had been made in relation to the quality of service user and carer meeting minutes, the safety and security of the environment and parts of service users' care plans.

Service users and their carers continued to tell us how happy they were with the service.

### **Conclusion**

Service users continued to benefit from a very high quality of care in a very high standard of environment.

# 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.scswis.com](http://www.scswis.com).

David Walker Gardens is a new purpose build care home for Older People owned and managed by South Lanarkshire Council. The residents moved from their previous home David Walker House to the new home in January 2011.

The accommodation is of an exceptionally high standard and comprises of six units, over three floors with lift access and comprises of 46 single apartments and 2 double apartments. The apartments are open plan and spacious with a bedroom area, sitting area, small kitchen and a large bathroom fully fitted with vanity area and walk in shower. The apartments are airy and bright with large ceiling to floor windows.

The facilities include communal lounges in each unit and a winter garden on the third floor. On the ground floor there is a cinema, a reminiscence room, a hairdressing salon and the main restaurant. There is also a cafe which can be used by members of the public.

The enclosed garden space has been landscaped to a very high standard with a striking water feature and seating areas. The apartments on the ground floor can access the gardens directly and have personal garden furniture available to them.

The aims of the service is to provide a high quality of life for the residents in a homely environment, to promote their rights, encourage independence and to retain their individuality.

At the time of the inspection 48 service users were living in the home.

## 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 5 - Very Good**

**Quality of environment - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very 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](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

In this service we carried out a low intensity inspection. We carry out these inspections where we have assessed that the service may need a lower intensity of inspection.

The inspection was carried out on 1 June 2015 between the hours of 9.40am and 4.50pm and 2 June between 9.30am and 3.40pm. Feedback was given to the Home Manager and Enhanced Senior at the end of the inspection.

During the inspection evidence was gathered from a number of sources and we looked at a range of policies, procedures and other documentation including the following:

- Minutes of service user / carer / staff meetings
- Sample of service users' care plans
- Service user / carer Questionnaires
- Newsletters
- Accident and incident records
- Complaints log
- Environmental check records
- Medication Administration Records
- Staff training records
- Staff supervision records
- Staff recruitment records
- Service Improvement Plan
- Audits
- Supporting evidence from the up to date self assessment
- Public liability insurance certificate
- Registration certificate

and we spoke with the following people:

- 14 people using the service (service users)
- 4 carers (relatives)
- 4 staff members
- 1 visiting professional
- the Home Manager

Observation of care practice and a review of the environment and resources were also undertaken.

All of the above information was taken into account during the inspection process and was reported on.

The inspection was carried out by three inspectors and an inspection volunteer. An Inspector Volunteer is a member of the public who volunteers to work alongside Inspectors during the inspection process. Inspector Volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services.

The Inspector Volunteer's role is to speak with people using the service being inspected and gathering their views. In addition, where the Inspector Volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

During the inspection, the Inspector Volunteer spoke with twelve service users and three carers/relatives. They met within communal areas throughout the care home. The Inspector Volunteers' views on the service are contained within this report.

## Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe



what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

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

### Inspection Focus Areas (IFAs)

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

### Fire safety issues

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

## The annual return

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

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

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

A fully completed self assessment document was submitted on 24 March 2015. This was completed to a satisfactory standard and gave relevant information for each of the Quality Themes and Statements. The service identified its strengths and some areas for future development.

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

We received 20 Care Standard Questionnaires (CSQs) from service users as part of the inspection. Comments included:

"The Unit is marvellous and I'm happy here"

"Definitely a relaxed homely environment. I honestly cannot think of anything to complain about. A very pleasant atmosphere is the norm"

"I was unsure about leaving home but as soon as my sister and I walked in the door I knew this was the place"

A number of CSQ's that were returned indicated that they were unaware of the homes complaints policy or that they could make a complaint to the Care Inspectorate. We suggested that the Manager could remind people of this through the newsletter and/or at meetings.

We spoke with 14 service users during the inspection.

Service users' responses were very positive about the service which they received and have been taken into consideration when writing this report.

"Food good, girls great"

"Couldn't ask for better, absolutely no problems"

"No complaints at all, nice food"

"Couldn't complain about anything"

"Great place"

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

We received six CSQ's from relatives/carers as part of the inspection. Comments included:

"David walker is an excellent facility"

We have had issues with my mum's medication and they have put us in contact with the service charge nurse who has been very helpful and understanding. My mum is very happy with her new home and the staff are great. Fabulous care home"

"David walker gardens is a fabulous place for older people to live, with small apartments and everything to hand. Would definitely recommend this to anyone in this position"

We spoke with four carers during the inspection. Responses were very positive about the service and included:

"They are fantastic and very attentive. People are interested in us as family. All requirements are met"

Views and comments have been used throughout this report and have helped in grading the different Quality Statements.

## 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: 5 - Very 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

We concluded that the service continued to maintain the same processes as the previous year which resulted in their being no change to the very good grade awarded for this Quality Statement. This also took into account the discussions we had with service users and carers.

Each service user had an individual care plan. These had been developed following consultation with service users and their carers.

We saw records which showed how service users/carers had been involved in the further development of the contents of their care plan.

Service users and their carers were given the opportunity to comment on the quality of the service in various ways. This included care reviews which were carried out in line with legislation. This meant that minimally every six months, service users/carers were involved in a formal discussion about their care and their views/suggestions were sought and actioned if required.

Questionnaires were used as a way of seeking out service users' and carers' views. These were issued before the six monthly reviews were held in order to

give them time to consider opinions about the service delivery. These were then brought to the review meetings for discussion.

Questionnaires were also given out after the review to find out if the people who had attended were satisfied with the review process.

Specific questionnaires were given to people who had come into the home for a period of respite. This helped the service assess their experience and identify areas for improvement. Results of these questionnaires were analysed and action taken where required. This information was recorded in a graph form and collated in a central folder.

Other questionnaires used to determine people's views on the service covered topics such as entertainment. This included suggestions and feedback about entertainers who had attended. We were told how questionnaires were soon to be issued seeking people's views about outings.

We reminded the Manager about including dates and units on the surveys to help show how they had been actioned.

A 'Survey Outcome Book' and action plan was available for people to read with a comments book available if people wished to express any thoughts or suggestions.

A newsletter helped keep people informed about the service including whether they were happy with the format of the newsletter and seeking suggestions and ideas for the next one. The newsletter also contained information on activities and trips and asked for suggestions for any future outings and entertainment. People were reminded within the newsletter of the facilities within the unit such as the winter Garden and reminiscence room.

Service user and carer meetings continued to take place within the individual units where people had the opportunity to hear about and discuss how the units/service was run as well as any developments. The minutes of meetings were made available for people to read and could also be produced in large print and read to service users if required. This helped people understand what was discussed at the meetings.

We saw that specific menu planning meetings had also taken place. This meant that people could review and influence the meals which were provided by the service.

The quality of service user and carer meeting minutes had been improved since the previous inspection which meant that a recommendation made at that time has been met.

Some information talks were held for carers on clinical issues such as incontinence and dementia support and the progress being made in relation to this within the service. We saw that where specific issues had been raised at meetings the Manager had taken the appropriate action to rectify them.

Service users had been asked if they would like to be involved in the recruitment of new staff. We saw that some of the interview questions for new staff had been developed through service user suggestions.

We were pleased to see that the service had actioned suggestions we made at the previous inspection. This included individual units displaying relevant information for people to read on noticeboards and the archiving of minutes of older meetings.

### **Areas for improvement**

A 'Key Worker' system was in place and Key Workers were named within service users' care plans. However, Care Standards Questionnaires returned to us as part of the inspection indicated that many people did not know who their Key Worker was or their role.

We discussed this with the Manager who agreed to action the issue.

A significant amount of the CSQs also showed that people were not aware of the complaint procedure or how to make a complaint to the Care Inspectorate

We advised the Manager of this and suggested ways in which they could raise people's awareness of the topics.

We saw some issues raised at a particular service user meeting. Although we were told that the issues raised had been actioned, there was no clear record of this. Records should be developed to make sure they fully show how suggestions raised have been actioned if appropriate.

The service should continue to develop the ways in which service users with more progressed communication needs are supported to express their views.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

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

## Service strengths

Generally, outcomes for service users were very good. We concluded this from feedback from service users and carers, observations made and review of a range of records.

Service users told us:

"I have no problems here at all. My room is kept clean and so is the floor I'm on. The food is great and I like the view of the garden from my room"

"Couldn't ask for better, absolutely no problems"

Since the previous inspection, activities formed part of a more structured programme including a number of unit and street activities. The gardening club had also been reintroduced which some people said they were looking forward to.

People told us through the CSQs and through speaking with us that they were happy about the level of activities they could be involved in. We also saw

examples where service users had been supported to carry out specific activities of their preference.

The service had established strong links with the Community Mental Health Team in that specific music events were held weekly. In keeping with this, the service had also introduced the use of personalised music via iPods where it was felt it may be beneficial for service users.

We sampled a number of service user care plans and found that they had a very good level of detail about their needs and how staff supported them.

A personalised travelling care plan was in place to help make sure important information was passed on to NHS staff where service users were admitted to hospital.

Records showed that the service continued to be very good at accessing advice and support from community medical and nursing services. We spoke with one visiting healthcare clinician who was visiting the home during our inspection. They told us that the staff were very good at supporting people and following their instruction where it was required.

Specialist equipment was available to meet service users' needs such as manual handling equipment and assistive technology.

Accidents and incidents were recorded and monitored to help keep people safe and to help prevent events happening again. The service had also monitored when pressure mats were activated to identify any patterns and help prevent service users becoming distressed.

The menus we looked at showed that fresh fruit and vegetables were available for people every day. We also saw that service user/carer meetings had included the topic of how important a healthy diet was. Where required, staff supported service users with food and fluid intake and records showed that this was monitored to make sure people had enough to eat and drink.



Lunchtime was observed to be a very positive experience. Service users were served quickly and tables were properly set in a homely environment.

Staff demonstrated that they were aware of peoples' preferences and were engaged with service users throughout the meal. We saw a birthday being celebrated during the inspection.

Generally, there was a good level of statutory training provided and undertaken by staff. This meant that they had sufficient skills and expertise to make sure service users' needs were met.

The manager carried out a range of other audits to make sure that records were completed and to monitor healthcare. These are reflected in more detail under Quality Statement 4.4 of this report.

### Areas for improvement

We saw that care plans had continued to be developed since the previous inspection and had improved in content in some areas.

However we saw that some sections could have had more detail recorded and specific examples were provided at feedback.

We concluded that there had been sufficient progress to meet a requirement previously made however a recommendation has been made to continue to develop and improve the quality of the care plans.  
(See recommendation 1)

Medication administration records we reviewed were generally well completed. However it was not always recorded why 'as required' medications were given or the outcome/result of giving 'as required' medication.  
(See recommendation 2)

We expressed some concerns about the numbers of staff people needed to support them and the time being able to spend with service users doing activities.

Responses from the surveys stated;

"I would like to go out but sometimes not enough staff" although other comments said people could go out when they wished.

We spoke about this with the Manager who told us how staff were deployed to make sure people's needs continued to be met. The Manager also discussed the ongoing re-assessments of people and staff deployment in making sure the service was able to meet service user needs.

We asked that the Manager keep us advised of their monitoring of this and they agreed to do so.

### Grade

5 - Very Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 2**

1. Care plans should continue to be developed to make sure they fully reflect service user needs and preferences. In doing so, any recording charts should be fully completed.

Standard 5 - Management and staffing arrangements

National Care Standard for care homes for older people.

2. When 'as required' medications are given, staff should record why these were given as well as the outcome/result of giving them.

National Care Standards: Care Home for Older People: Standard 6 - Support Arrangements

## Quality Theme 2: Quality of environment

Grade awarded for this theme: 5 - Very Good

### Statement 2

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

#### Service strengths

We concluded that the service continued to perform at a very good level in the areas covered by this statement. Generally, outcomes for service users were very good. We concluded this from feedback from service users and carers, observations made and review of records.

A secure door entry system and keypad entries to units were in place which made sure staff were aware of visitors to the building and individual units. This helped ensure the safety and security of service users.

Regular checks and repairs were carried out on areas and equipment within the home. This helped make sure the environment was safe and maintained to a very good standard for service users to live in. We were pleased to see that cupboards which contained items and substances which could have caused harm to service users were locked. The service had completed risk assessments, accident records and incident records to help make sure the environment was safe. We saw records to show that these had been regularly checked.

Kitchen records showed that food temperature recordings had been taken and were satisfactory. Daily kitchen cleaning schedules and food storage checks were also completed and were satisfactory. A Water Quality Folder showed that water temperatures were checked regularly to make sure that service users were at no risk of scalding. Legionella risk assessments had been also been completed to make sure water was safe to use. Other environmental checks had been carried out to help make sure the environment was safe and complied with legal requirements such as gas safety, hoist checks and food hygiene

standards.

Alert pendants or bracelet fobs were available for service users to make sure they could summon assistance when required.

Service users that spoke with us told us that they were happy with the environment. Comments included:

- "It's like a five star hotel"
- "Always clean and tidy"
- "So clean"

Audits were undertaken which helped make sure the environment was maintained safely. These are described in more detail under Quality Statement 4.4

### Areas for improvement

There was a lack of directional signs to assist service users to orientate themselves if required within the units.

(See recommendation 1)

We pointed out to the manager that a column which was meant to reflect codes showing the progress of the issue had not been completed in the repairs telephone log. The Manager agreed to action this.

Although we saw that the home was clean and fresh we suggested that consideration could be given to more formal cleaning records to help demonstrate tasks undertaken.

We highlighted to the Manager about how service users with dementia could potentially access the contents of the waste bins in their rooms which at times contained incontinence products. The Manager was receptive to this and agreed to review the process.

### Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

### Number of recommendations - 1

1. Signage should be developed within the home to help orientate service users.  
National Care Standards: Care Homes for Older People, Standard 4 - Your Environment

## Statement 3

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

### Service strengths

The home and grounds were of a very high standard with each service user having their own apartments. Each apartment had a bed, seating area and facilities for making drinks and snacks.

Service users could also access the well-developed and enclosed garden areas which had seating and garden features.

The service had developed a community feel environment which formed a 'street' within the lower level of the home where service users could access a café, hair salon and a cinema. Member of the public could also access the café area.

A reminiscence room was available for service users which used alternating pop up reminiscence pods including a 1950's lounge and 1960's dance hall. Specific areas were also available in the different units. These included a winter garden and sensory room.

A communications room was planned which aimed to allow service users to remain in touch with family and loved ones. The Manager discussed the progress made in relation to the room. We acknowledged that this continued to be a work in progress.

Service users and carers who returned CSQs or spoke with us were very complimentary about how the home environment helped support them to have a positive quality of life. Comments included:

"It's alright. It's always tidy and well-kept. I like spending time in my apartment and going to the café in the street area with my husband"

"I enjoy living here because it is comfortable and compact. I enjoy the garden and the freedom I have to walk around it"

"The building is great and well-kept. The dining area is good too. If the weather's nice I like to walk in the garden. I like living here"

### Areas for improvement

Some people we spoke with said there were not always enough staff to support them to access the street area facilities with the frequency they wished. We passed this on during feedback and discussed potential limitations to activities due to staffing levels. This discussion is highlighted under Areas for Development within Quality Statement 1.3 of this report.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very Good

### Statement 2

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

### Service strengths

We looked at a sample of new staff recruitment files and were satisfied that the service Recruitment and Selection Policy had been followed.

We checked a sample of the recruitment records for new staff that had started working in the service. These showed candidates had undergone a Protection of Vulnerable Groups check and had provided names of two referees one of which was from the immediate previous employer.

Personnel files showed that staff qualifications were checked prior to new staff taking up employment and that new staff had received induction training.

Exit interviews and analysis of comments from staff that have left the service are undertaken as a way to analyse staff experiences and where required, improve these.

### Areas for improvement

The service should continue to demonstrate and develop the very good practices which we observed in relation to safe recruitment procedures.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

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

### Service strengths

We saw members of staff interacting well with people using the service and appeared motivated and professional throughout the inspection.

Staff were also observed as interacting professionally with each other.

There was evidence of a wide and varied training programme for staff which included statutory and non-statutory training. We saw that each member of staff had an individual Learning and Development Pathway which supported them with service users' needs.

Staff training on dementia continued to be delivered with specific support from community healthcare professionals. We spoke with a visiting community health clinician who confirmed training had taken place and future training sessions were also planned.

Competence records were completed for relevant staff to ensure they were sufficiently skilled to manage and administer Medication. Staff also completed 'reflective practice' exercises in order to consider their performance and evaluate it. A spreadsheet was kept to help monitor staff's completion of this. .

Staff training had benefitted service users as we observed very good practice by staff when supporting and assisting people. We noticed that there was some staff training which had expired, however the Manager had acknowledged this and was able to discuss with us how they were currently addressing the issue.

The Manager was well aware of their responsibilities and timescales for staff to be registered with the Scottish Social Services and discussed how staff were supported through Scottish Vocational Qualification training.

The service had supported certain staff in their role as key workers. The aim of this was to promote best practice within the service and be a link/resource



person for each service user.

The service had also supported staff to undertake the role of 'Champion' in specific areas. This meant that specific staff could influence practice and procedures within their service relating to their areas of expertise.

Care staff continued to be allocated specific remits to help support senior staff and this system helped make sure the service ran smoothly.

Staff Meetings continued to take place on a regular basis. Minutes showed that a range of topics had been discussed at these meetings in order to improve the service people received.

Regular staff supervision sessions were carried out. This involved staff meeting with a designated supervisor on a regular basis. The aim of this was to help support staff in their roles and to discuss practices, compliance with personal objectives, workloads and areas for development.

Performance Reviews were held for staff. These helped to monitor staff development and helped to set and monitor personal aims and objectives. .

Annual surveys were given out to staff to seek views and opinions as to how the service could be improved. Results from these were shared with service users and carers within the feedback booklet as well as the action plan to address any issues.

Service users we spoke with told us that they liked the staff and were pleased that staff knew their likes and dislikes. Comments included:

"Great, never met such nice people"

"No problem talking to anyone"

Carers commented:

"The staff are very friendly. They all know the name of my mum and other members of the family. They take the time to speak to you and assist you with any problems you may have"

"Excellent care and understanding from all staff. I can leave mum and be assured that she is well looked after giving me piece of mind. Mum is very

content and staff know her ways so well"

"Fabulous staff working together my mother has been there for five weeks and amazing all staff know our names from reception to care staff - have never met such nice people lead by Julie and staff"

### Areas for improvement

Supervision records could have been better recorded in some instances to reflect more clearly any discussions which had taken place.

We also saw that at times a section which should have been completed to reflect the member of staff's personal objectives had not been completed.

We were pleased to see that the Manager had already identified gaps in staff training compliance and will review the progress of this at the next inspection.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## 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

A meeting was held with users and carers involving them in the completion of the Service Self Assessment, a document required by the Care Inspectorate. This included decision-making on grades for each Quality Statement.

The survey given to service users and carers asked if people knew members of the senior team as well as the manager and asked if they had read last report. We saw that an action plan had been put in place to ensure people were made aware of whom senior management were.

The public noticeboard had lots of information leaflets and news about what was happening in the service such as meetings and activities. The latest Care Inspectorate report was also displayed. This meant that people were being kept aware of the development of the service.

Results of the annual staff surveys were shared with service users and carers within the feedback booklet. This means that people were kept informed about staff's responses and the action planned by the service.

A 'Visiting Services' questionnaire was also used and again, feedback was shared with service users and carers within the feedback booklet.

We have previously seen ways in which service users and carers could

participate in assessing and improving the quality of the management and leadership of the service. These ways remained relevant and have been taken into consideration on grading this Quality Statement during this inspection.

Other ways in which service users and carers could express their views about the quality of the management and leadership, are highlighted under Quality Statement 1.1 of this report.

### Areas for improvement

Areas for Development are highlighted under Quality Statement 1.1

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 4

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

### Service strengths

The service continued to use a range of quality assurance processes and exercises which covered a range of areas to help make sure outcomes were positive for people:

We saw that action plans had been developed following audits to help demonstrate how any issues identified would be addressed.

Elements identified under Quality Statements 1.1 have been considered when grading this Quality Statement

Systems to ensure the quality of the environment is maintained properly are identified under Quality Statement 2.2 of this report.

Internal Audit sheets were completed by seniors every month. This provided the Manager with relevant information to carry out an overarching audit for the service. Clinical and statistical information was analysed and actions taken where required by the Manager. These audits and outcomes formed part of the staff member's performance review.

We saw an Improvement Plan which had been completed following the Manager's audits which targeted areas for improvement and the timescales in which these were to be completed.

Care plans were audited to help make sure the quality was of a satisfactory standard.

Staff qualifications and training were audited to ensure compliance and help make improvements where deficiencies were identified.

Accidents and incidents were analysed and a 'safety cross' was used to identify areas and times of events.

The service submitted its self-assessment and annual return to us when requested. These were also ways in which the provider could review and consider their service and its delivery.

The service were working towards addressing the areas for development identified within their self assessment.

### Areas for improvement

While we were satisfied with the completion of some of the audits we reviewed, this good quality was not consistent throughout all we saw. We gave some specific examples where there could have been clearer measures identified to address issues highlighted through audits to the Manager during feedback.

This is a repeat recommendation.

(See recommendation 1)

### Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

### Number of recommendations - 1

1. Audit processes should be developed to reflect actions required to rectify issues with appropriate timescales for completion highlighted. Reference should be made as to when these actions have been completed and the issue re-audited to ensure compliance.

Standard 5 - Management and staffing arrangements

National Care Standard for care homes for older people

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

### Previous requirements

1. 1. The provider of the care service must ensure that suitable and sufficient care plans are developed in order to meet the needs of the service users. This is in order to comply with SSI 2011/210 Regulation 5 (1) - a requirement relating to personal plans.

Timescale for implementation: to commence within four weeks of receipt of this report and be concluded within 6 months.

This requirement was made on

We saw that care plans had continued to be developed since the previous inspection and had improved in content in some areas.

However we saw that some sections could have more detail recorded. We concluded that there had been sufficient progress to meet this requirement however a recommendation has been made to continue to develop and improve the quality of the care plans.

(See recommendation 1, Quality Statement 1.3)

**Met - Within Timescales**

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

### Previous recommendations

1. 1. The service should develop and improve the quality of service user and carer meeting minutes to take account of the areas for development highlighted above.

National Care standards 10 Care Homes for Older People - Exercising Your Rights

Progress: Since the previous inspection, the service had developed and improved upon the quality of service user and carer meeting minutes.  
MET.

2. The issues highlighted above in relation to the safety and security of the environment should be reviewed, assessed and addressed where risks are identified. (See below)

National Care Standards: Care Homes for Older People, Standard 4 - Your Environment

Progress: We were satisfied with the storage of substances which could be hazardous if ingested to service users. We also saw that personal items were also appropriately stored.

A separate recommendation has been made in relation to signage.  
(See recommendation 1, Quality Statement 2.2)

**MET**

3. Care plan audit processes should be developed to reflect actions required to rectify issues with appropriate timescales for completion highlighted. Reference should be made as to when these actions have been completed and the issue re-audited to ensure compliance.

Standard 5 - Management and staffing arrangements

National Care Standard for care homes for older people.

Progress: While we were satisfied with the completion of some of the audits we reviewed, this good quality was not consistent throughout all we saw. We gave some specific examples where there could have been clearer measures identified to address issues highlighted through audits to the Manager during feedback.

This recommendation has been repeated.

(See recommendation 1, Quality Statement 4.4)

**NOT MET**

This recommendation was made on

## 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

## 9 Inspection and grading history

Date	Type	Gradings
30 Jul 2014	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
4 Oct 2013	Unannounced	Care and support 6 - Excellent Environment 6 - Excellent Staffing 6 - Excellent Management and Leadership 5 - Very Good
20 Aug 2012	Unannounced	Care and support 6 - Excellent Environment 6 - Excellent Staffing 6 - Excellent Management and Leadership 6 - Excellent
14 Sep 2011	Unannounced	Care and support 6 - Excellent Environment 6 - Excellent Staffing 6 - Excellent Management and Leadership 6 - Excellent
24 Jan 2011	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
23 Aug 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good

17 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
16 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 4 - Good
3 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
14 Aug 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 4 - Good

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