

# Care service inspection report

Full inspection

## Greenhills Care Home Care Home Service

Broughton Road  
Biggar

Service provided by: Thistle Healthcare Limited

Service provider number: SP2003002348

Care service number: CS2003010577

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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## Summary

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

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	4	Good
Quality of environment	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

### What the service does well

Greenhills Care Home provides care and support to a range of people with physical and cognitive impairment, in a warm and friendly environment. The service is situated in a quiet residential area of Biggar and is within reach of the local shops and public transport links.

The home continues to encourage the people who use the service, their carers and the local neighbours and community to participate in in-house activities and local events.

The staff promote and encourage residents to remain active and maintain their independence with several residents regularly visiting the local shops and going for walks independently.

### What the service could do better

We found that the information recorded in personal plans could be improved further to include more details on specific healthcare needs and how to manage these effectively. There is still upgrading and further development needed

within the home and grounds to improve the standard of environment and use of space available to residents.

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

The service had recently experienced a change of manager. The manager and staff were working together to address any issues highlighted at the previous inspection and continue to remain focused on how they can move the service forward over time in order to improve the outcomes of those living in the home.

### Conclusion

Greenhills continues to be a friendly and welcoming care home with a stable and committed management and staff team. The management team and staff respond positively to any suggestions and/or actions asked of them in order to improve the service for the residents.

We will be looking for the service to sustain and continue with the improvements they have introduced to ensure a positive environment for the people living there.

# 1 About the service we inspected

Greenhills Care Home is one of Thistle Healthcare Limited's group of Care Homes, opened in 2002 providing a home for forty-five older people. The care service has all single bedrooms with en-suite toilet and shower facilities.

The service is situated in rural Biggar and is surrounded by open countryside, with local amenities close by.

The aims and objectives of this service reflect service user participation and the importance of their contribution to the service and its development.

The service states "all residents are cared for within a friendly and caring environment by a team of dedicated and committed staff".

At the time of this inspection there were forty-five residents living at Greenhills Care 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 4 - Good**

**Quality of environment - Grade 4 - Good**

**Quality of staffing - Grade 4 - Good**

**Quality of management and leadership - Grade 4 - Good**

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](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 high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### What we did during the inspection

We compiled this report following an unannounced inspection. The unannounced inspection took place on 3 and 4 September 2015 between the hours of 8.30am and 6.10pm. Feedback was given to the Project Manager, Manager and Depute Manager on 4 September 2015.

During the inspection we gathered information from various sources including the following:

- Methods of consultation including minutes of meetings and questionnaires
- Information recorded in personal plans
- Medication administration and management
- Staff training and supervision
- staff recruitment
- Quality assurance systems and managers audits
- Maintenance records
- Observational charts including dietary and fluid monitoring records
- the services' most recent self assessment.
- accidents/incidents
- compliments and complaints log
- management of residents finances

We also spent time observing how staff supported and interacted with residents and considered the general environment of the home. During the inspection we spoke to the following people:

- project manager
- the manager
- depute manager

- staff
- residents

At this inspection we used an observational tool called SOFI 2 (Short Observational Framework for Inspection 2nd edition). This tool has been designed to capture the experiences of people who have cognitive or communication impairments and are therefore unable to provide their opinions on the service they receive. The tool provides us with a snapshot observation for groups or one to one interactions between staff and residents. The tool allows us to enhance the observations we currently make at inspection around staff practice and interaction with residents.

### **Grading the service against quality themes and statements**

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

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

### **Inspection Focus Areas (IFAs)**

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

### **Fire safety issues**

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

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

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

We issued fifteen Care Standard Questionnaires at the inspection of which three were returned. All three people strongly agreed/agreed that they were happy with the standard of care and support provided. Two people were unsure of the complaints procedure or how to contact the Care Inspectorate.

## Taking carers' views into account

We issued fifteen Care Standard Questionnaires to relatives/carers at the inspection of which three were returned. All three people indicated they strongly agreed/agreed that they were satisfied with the standard of care their relative received.

## 3 The inspection

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

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

#### Statement 1

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

#### Service strengths

From the evidence we were presented with at this inspection we concluded that the service was performing at a good level in areas covered by this Quality Statement.

The reception area at the front of the building was well populated with various information leaflets and information on what was happening within the service including dates of relative meetings, staff training as well as the complaints procedure with contact details for the Care Inspectorate.

The service recently experienced a change of manager and we could see that there had been an introduction meeting from the new manager reminding residents, relatives and staff that there was an open door policy whereby anyone was welcome to discuss any concerns or come for a chat. Staff informed us that meetings were taking place with minutes of these meetings available for those unable to attend. There was a suggestion box and complaints/concerns log in place providing a further means for people to comment on the standard of service provided or raise any concerns with the manager.

We could see evidence of actions taken and positive outcomes following any suggestions made through consultation, for example; we could see that people had requested more outings. The manager had recently increased the activity hours available in order to provide this with a survey issued requesting suggestions of preferred times and places of interest.

Since the previous inspection there had been some positive changes made to the environment with plans in place to continue this further throughout the home and gardens.

Residents and relatives had been consulted in the recent changes made to décor, furnishings and flooring in the corridors. The corridor flooring had previously been identified as a trip/fall hazard for residents with visual/cognitive impairment due to the contrast in colour and texture. We were assured to find that this had been replaced with all flooring now the same throughout the corridors. Since the previous inspection the garden had been tidied and plants, seating purchased for people to enjoy in the better weather. The manager informed us that there were plans to develop a gardening club in order to obtain suggestions on how to improve this further.

There was a full activity programme displayed which included dominoes, bingo, movies and board games. Residents had the choice of participating in a group activity, could read the daily newspaper or watch TV in their room or communal lounges.

### Areas for improvement

The home had a participation strategy in place however there was no date to demonstrate when this been written or last reviewed.

The service should review the activities offered to residents at weekends. The activity programme displayed for the week did not include any planned activity for weekends stating only "relaxing weekend" with no further information available.

At the previous inspection we suggested that the service update the information available on the Providers website. This remained under review therefore we will follow this up at the next inspection.

We made a recommendation at the previous inspection that the service should develop alternative methods of consultation for residents unable to attend meetings due to physical/cognitive impairment or through choice. The service had implemented pictorial care plans and discussed introducing pictures of keyworkers/named nurses to the six monthly review process. Feedback and comments from this would then be used at staff supervision. This has still to be fully developed and is work in progress. We will repeat this recommendation and review at the next inspection (see recommendation 1)

## Grade

4 - Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. The service should consider how best to capture the views of those residents with cognitive impairment and those who choose not to attend meetings. This will ensure that the service captures the views of the majority rather than the minority of residents. Minutes of meetings should be provided for those people who do not attend, to ensure they have the opportunity to remain informed of what is happening within the service.

This is in order to comply with;

National Care Standards Care Homes for Older People Standard 11 Expressing Your Views.

## Statement 3

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

### Service strengths

From the evidence we were presented with at this inspection we concluded that the service was performing at a good level in areas covered by this Quality Statement.

Since the previous inspection the service had changed the format of the personal plans which were now provided in more of a pictorial form. There was some good, informative information recorded within the life history which some residents had completed themselves.

There was good detail of past and present interests which staff encouraged and supported people to maintain for example knitting.

Staff encouraged residents to remain as independent as possible and we saw detailed risk assessments describing individual capability and choice with residents able to visit local shops and walk around the grounds independently. As an additional precaution to monitor residents who tended to wander the service had purchased a Buddi alarm system. This was a personal alarm pendant which alerted staff if the person wandered outwith the boundaries of the home. In the event of this happening the alarm company called and alerted staff who then assisted the person back to the security of the home.

We saw a range of risk assessments depending on individual needs. We saw the nutritional screening tool MUST (Malnutrition Universal Screening Tool) and BMI (Body Mass Index).

We could see from the information recorded in the plans that staff monitored residents weights weekly/monthly as required. Additional risk assessments for skin integrity and falls prevention were also in place.

The pictorial plans provided an easy to follow summary of the support needed followed by a more detailed care plan and evaluation of any changes in the person's health and support needs. We could see that people had been consulted in the completion of the care plans and were involved in the six monthly review process.

There were copies of up to date information available on who had the legal powers to act on a persons' behalf, for example Guardianship or Power of Attorney. There were copies of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and Anticipatory Care Plans (ACP) in place. This assisted staff and other healthcare professionals in ensuring the persons wishes are taken into account in the event of any nursing or medical intervention being sought.

We found that the home had good joint working relationships with healthcare professionals and residents had access to these services on a regular basis. We saw from records that staff referred to other healthcare services such as opticians, dietician, tissue viability and community psychiatric nursing services on a regular basis.

We looked at the Medication Administration Recording (MAR) charts. These had improved since the previous inspection, protocols were in place for as required medication with staff recording the outcomes of these to demonstrate their effectiveness. There was a risk assessment and monitoring chart in place for residents who were able to self medicate and staff supported them to do so promoting independence.

Menus on display reflected the choice available on the day and tables were well presented with condiments available. Staff offered a choice of diet and fluids and support was given to those who required it. Staff used diet and fluid monitoring charts for anyone they were concerned about.

Residents appeared well presented and relaxed and we saw some nice staff interaction. People we spoke to said the staff were supportive and the food was good with plenty of choice on offer.

Since the previous inspection there were now two dining areas in use. The smaller dining area was now used for more independent residents with the other used for people requiring a more quiet environment and additional staff support. The manager had issued questionnaires in order to obtain feedback on the change to the dining rooms and how this had effected individuals dining experience, the results from of which were not available at the time of inspection.

### Areas for improvement

The contents quality of information recorded within the personal plans could be improved further to include more detail on how to manage and support people effectively. For example we saw recorded "has very limited ability to communicate needs" with staff recording to express in own way, staff will be able to read facial expression and verbalisation there was nothing else recorded to support staff to manage this persons communication needs effectively.

We also found a lack of information recorded on how to manage specific healthcare needs for example, indwelling and supra-pubic catheters to ensure the persons comfort and safety (see requirement 1).

We looked at the storage of medication which included the room and fridge temperatures. These were recorded daily and although there was a small air conditioning unit in the room the temperatures were in excess of twenty-five degrees Celsius. Temperatures in excess of this can have an adverse effect on medication stored within this area (see requirement 2).

We looked at the personal hygiene records and found these had gaps and were confusing with information recorded in two separate folders. We discussed this with the manager who assured us that these were currently under review with a new format about to be introduced to staff.

Each resident had an activity care plan with details of past and present preferences and hobbies, however there were large gaps between the activities offered and it was unclear if an activity had been offered at all between these dates.

We found gaps in the diet and fluid monitoring charts with nothing recorded from lunch time until the following day. There was a lack of follow-up in the daily nursing notes to ensure a positive result for the resident, for example we saw "had a fall tonight" with no further information or follow-up recorded. We made a requirement at the previous inspection which we will repeat and continue to review (see requirement 3).

At the previous inspection we made a recommendation that the manager should regularly audit the pictorial and written care plan to ensure both remained up to date. The service had recently changed the format of all the care plans which the management team had started to audit to ensure they had been completed and were up to date. As this had just been implemented we will repeat this recommendation and monitor further progress at the next inspection (see recommendation 1).

The home promoted their use of 'Namaste Care'. 'Namaste Care' is designed to improve the quality of life for people with advanced dementia. The Namaste program offers holistic therapies including hand massage, sensory stimulation and gentle soft music. Due to the changing need of residents the manager informed us that the location and programme for 'Namaste Care' was currently under review and at the time of inspection was not being fully implemented.

We used an observational tool called SOFI 2 (Short Observational Framework for Inspection 2nd edition). The tool provides us with a snapshot observation for groups or one to one interactions between staff and residents. The tool allows us to enhance the observations we currently make at inspection around staff practice and interaction with residents. Our observations concluded that Namaste Care was no longer promoted and required further review. We saw both good and neutral interaction from staff who at times appeared busy going between jobs.

### Grade

4 - Good

## Requirements

### Number of requirements – 3

1. The service must ensure that individual's personal plans are up-to-date and provide detailed information to ensure that the care required is accurately documented and delivered. Where there is a specific health care need identified that a relevant care plan is developed and regularly evaluated to ensure that the individual is appropriately supported by staff who are knowledgeable and competent in managing their needs.

Personal plans must include clear instructions of the care and management of indwelling and supra-pubic catheters with clear records of daily maintenance and hygiene as well as guidelines to support staff in recognising and dealing with complications.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5(b)(ii) Personal Plans.

Timescale for implementation; to commence upon receipt of this report and be completed by 31 October 2015.

2. The service must ensure that the designated room used for the storage of medication does not exceed twenty-five degrees Celsius. Temperatures above this recommended limit can have an adverse effect on the effectiveness of the medication.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4(1)(a) Welfare of users. Regulation 10(2)(c) Fitness of premises.

Timescale for implementation; to commence upon receipt of this report and be completed by 31 October 2015.

3. The service must ensure that records of support and nursing intervention provide an accurate, up to date account of any support provided to individuals. All written records must be completed within a reasonable timescale following any support provided. The manager must ensure that all healthcare monitoring records are checked at least once in every twenty-four hour period and where gaps are identified that this is actioned immediately to ensure the well-being of the individual.

This is in order to comply with:

The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) – Welfare of users.

Timescale for implementation; to commence upon receipt of this report and be completed by 31 October 2015.

## **Recommendations**

### **Number of recommendations - 1**

1. Areas for improvement highlighted through the auditing process should be included in an action plan with details of the proposed outcome and date of resolution to ensure positive outcomes for people using the service. The manager should have a full overview of all audits carried out to ensure that any issues raised have been dealt with appropriately. and should include a review of the daily progress notes and dietary/fluid monitoring charts.

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

## Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 – Good

### Statement 1

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

#### Service strengths

From the evidence we were presented with we concluded that the service was performing at a good level in areas covered by this Quality Statement.

We found in general that the home was clean and tidy. All rooms were single occupancy with en-suite facilities. There were shared bathing facilities with specialist bathing equipment to support residents with restricted mobility to enjoy their bathing experience.

There was a refurbishment programme which had been reviewed and updated to show any changes and progress to date.

We could see that some progress had been made throughout the building with the redecorating and upgrading of bedrooms and communal areas. There was evidence of consultation through meetings with residents and relatives being consulted in the choice of flooring and wallpaper. We could see that people had been encouraged to bring in their own furniture with rooms decorated to individual preferences providing evidence of on-going environmental consultation.

There were now two dining areas, one of which was used to assist residents who required additional staff support in a quieter environment. There were folders in place with details of individuals drink preferences to assist staff in identifying people's preferences at mealtimes.

Since the previous inspection the service had created a small quiet/activity room. This provided a space for smaller, more intimate group activities, for example art and craft or listening to music. This benefitted residents who enjoyed smaller group activity meetings without having the distractions and noise in larger communal areas.

The pantry area provided tea making facilities and biscuits for staff and relatives to enjoy with residents.

The carpets had been replaced with wooden style vinyl flooring which had improved the look of the corridors and had reduced the risk of potential trips and falls for people with visual/cognitive impairment due to the previous texture and colour contrast.

There had been some progress made in areas of the garden which had been tidied up with plants and seated areas for people to enjoy in the better weather. The service was in the process of consultation with residents and relatives and planned to introduce a gardening group to assist with further improvements.

## **Areas for improvement**

As we found at previous inspections there were still some areas of the home which contained old, worn furniture which gave the home a tired, uninviting feel. There had been some progress made with refurbishment and some new furniture had been purchased for communal lounges and bedrooms. However given the size of the home this had made minimal impact on the overall impression throughout the communal areas and gardens. We will therefore repeat the previous recommendation we made at the last inspection (see recommendation 1).

We suggested at the previous inspection that the service review the use of space available particularly the Namaste room. This is a large communal lounge with conservatory and dining area used by residents who required a quieter environment and additional staff support. As stated previously in Quality Statement 1.3 the use of this room was currently under review and was no longer providing Namaste Care. At the time of inspection the room was being used as a communal lounge with residents who required additional support sitting at the back of this room.

## **Grade**

4 - Good

**Number of requirements - 0**

## **Recommendations**

**Number of recommendations - 1**

1. The service should continue with a refurbishment and redecoration programme for all communal areas including bathrooms and toilets to provide a warm, welcoming and pleasant environment for the people who live here. This development programme should evidence that the decor/ furnishings and gardens are being continually reviewed and upgraded when needed.

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

## Statement 2

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

### Service strengths

From the evidence we were presented with we concluded that the service was performing at a good level in areas covered by this Quality Statement.

The entrance to the home was through a secure door entry system, all doors were alarmed and there was a visitors signing in book at reception to ensure people's safety. On display was a registration certificate, staffing schedule and up to date public liability insurance certificate.

The service benefitted from a maintenance person who was available throughout the week to undertake the maintenance and general repairs identified within the home and gardens. There was a maintenance log in place to record any issues and actions taken. Systems were in place for external companies to carry out more complex repairs ensuring these were carried out quickly to ensure the safety of people using the service.

A range of maintenance contracts, audits and risk assessments were being carried out on the accommodation and equipment on a regular basis. These included fire safety, water temperatures, legionella and moving and handling equipment. We found additional satisfactory safety checks in place for gas safety, emergency lighting, environmental health and pest control.

All bedroom and communal areas had access to a nurse call system, this was checked on a monthly basis to ensure people's safety.

Residents had access to transport for appointments or outings and there were satisfactory checks and insurance certificate in place for this.

### Areas for improvement

As we reported at the previous inspection there was no information available on notice boards or within residents rooms informing people of the keyworker / named nurse system.

We have acknowledged that this was work in progress, staff photographs had recently been taken and the service were currently working on introducing this photographic information in all rooms and communal areas. We will monitor how this has been implemented at the next inspection.

As an area for improvement the service should introduce a way of ensuring that the maintenance checks carried out by the maintenance person continue when they are off ill or on annual leave and are not left unchecked until their return.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - 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

From the evidence we were presented with at this inspection we concluded that the service was performing at a good level in areas covered by this Quality Statement.

We reviewed a sample of staff files and found good systems in place which included satisfactory references, checks of the applicants registration with the relevant regulatory body, such as the Nursing and Midwifery Council (NMC), Scottish Social Services Council (SSSC), and Protection of Vulnerable Groups (PVG).

All new staff received an office based induction at head office which included training on moving and handling, infection control, health and safety, fire awareness, food hygiene and adult support and protection. On commencing employment within the service staff worked alongside a more experience staff member until they were familiar with the residents and routine of the home.

Interviews were conducted by the manager with an additional staff member present. We could see that residents and relatives had been involved in this process by providing questions to be asked on their behalf at the interview or by meeting the applicant in person.

Feedback from such meetings was used by the manager in the final selection process.

We saw that residents had been encouraged to provide feedback on staffs' interaction and performance which was then used when assessing their performance at staff supervision.

### Areas for improvement

As an area for development the service should review the questions asked on behalf of residents/relatives at the interview process. Some of these questions had been compiled in 2013 and could have been reviewed and updated to reflect the change in residents/relatives who were currently using the service.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

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

### Service strengths

From the evidence we were presented with we concluded that the service was performing at a good level in areas covered by this Quality Statement.

Following on from the previous inspection in February 2015 staff had received coaching sessions which were based on any requirements/recommendations and areas for improvement highlighted within the inspection report. These sessions covered a range of topics from medication, wound care, management of catheters and weight-loss.

Some of the training sessions were now being delivered at the home which benefitted staff who found travelling to head office difficult due to the rural location of this home.

There was a training matrix in place and staff were informed on a monthly basis of the training available. Some of the training planned covered a range of topics including, documentation and accountability, medication administration, mental health disorders, Namaste Care and tissue viability. Training was delivered by the training manager with additional training offered from external providers, for example Care Home Liaison and tissue viability covering more healthcare specific topics.

There was a policy in place for appraisals and supervision, which set out the expected frequency of these. These planned sessions assist the management team to monitor staff practice and ensure that any staff development/training needs are identified and actioned to improve their competency and practice.

Staff we spoke to told us;

"get great support from all staff from seniors to nurses"

"feel we have a good team developing and things are moving in the right direction"

"training has been limited for night staff as difficult for people to get here, but trying to improve this"

"feel I can suggest anything to the manager who listens and acts, morale is lifting and people are feeling the difference"

"with the changes to the environment happening there is a much more enthusiastic attitude from staff"

Staff meetings had been taking place and staff informed us that the manager was visible in the home regularly speaking to residents/relatives and staff on a regular informal basis.

## Areas for improvement

The manager was currently in the process of re-establishing regular staff meetings with all grades of staff to ensure everyone had the opportunity to discuss any issue and remain updated on any changes taking place.

There was supervision schedule in place however this was not taking place consistently in line with company policy which stated four sessions annually. Due to management and staff changes the service were making progress and working towards ensuring these were all up to date. We found the current supervision records were not always providing evidence of actions taken following requests for further training and development.

Due to management changes the service had still to introduce the new supervision format which it had planned to do following the last inspection. This will take into account the Scottish Social Service Council (SSSC) Framework for Continuous Learning. This should help improve the experience of staff supervision along with training and development needs. We will monitor how this has been implemented and the impact it has had at the next inspection.

## Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

### Statement 1

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

### Service strengths

From the evidence we were presented with we concluded that the service was performing at a good level in areas covered by this Quality Statement.

The management team and staff within the home remain receptive to further improvement and development within the service. Staff meetings and supervision were being re-established with the new manager providing the opportunity had the opportunity to share any ideas on improving the service further.

### Areas for improvement

As stated in the previous report the service should look at ways of obtaining feedback from external stakeholders and use this information when reviewing the quality of management and leadership within the service. The use of an independent advocate should be considered to allow residents and relatives the opportunity to discuss any issues at meetings without the presence of management.

### Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

## Statement 4

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

### Service strengths

From the evidence we were presented with we concluded that the service was performing at a good level in areas covered by this Quality Statement.

As part of the internal quality assurance process the manager and staff were carrying out a range of audits These included accidents/incidents, care plans, catering, health and safety, weight-loss and wound management.

Additional audits included observational audits of the dining experience, activities, promoting and managing continence, moving and assisting and dignity and respect. These included action plans which were sent to the project manager for further review. We saw the results of these audits had identified that people had requested an increase to the activities/entertainment available and the need for more soft furnishings to make the lounges more homely. The manager was currently in the process of implementing additional activity hours and we could see some progress had been made in improving the environment.

There was a complaints procedure displayed and the manager kept a log of all complaints/concerns raised. We could see that any issues identified had been followed up the management team to ensure a satisfactory outcome.

The Provider continues to hold regular management development meetings bringing together managers from all services operated by Thistle Healthcare and Associated Homes. These meetings are used to continually review existing procedures and practices and to consider how services can continue to develop and improve over time.

Areas discussed included quality assurance, Care Inspectorate grades, occupancy levels, training and maintenance/refurbishment.

The manager completed monthly Key Performance Indicator (KPI) reports for senior management providing a full overview of what was happening in the service and included; staff training/supervision, weight management, skin integrity/wound management and number of falls. This provided an additional quality assurance report to ensure any issues identified were being satisfactorily actioned.

The management team had developed an overview of all action plans following audits or methods of consultation. This had still to be fully implemented in order to assist the manager and provide evidence to senior management of actions taken and positive outcomes achieved.

We saw a business development plan for 2014-2017. This highlighted the future business plan, refurbishment, staff development and continual quality improvement plans for all homes within the Thistle HealthCare Group. The plan gave an overview of the future initiatives in each home and whether these had been achieved or remained under review.

## Areas for improvement

As an area for improvement the service should look at ways of improving the consistency and information available following issues identified through the auditing process. We found that this was not always happening within the timescales stated. For example we could see a gap in the frequency of the monthly catering audits which had identified the need for new chopping boards in March 2015 with nothing further recorded until June 2015 with the same issue identified again and no outcome recorded. As stated in Quality Statement 1.3 we found gaps in observational charts, care plan and medication audits. We acknowledge that the new manager was in the process of implementing and improving these however we will repeat the requirement made at the previous inspection until this has been embedded.

The content and quality of the environmental audits could be improved to include some of the issues we identified in Quality Theme 2 (see requirement 1).

It was unclear from the information recorded within the business development plan if this had been reviewed recently for this service. We could see that

environmental questionnaires were to be issued and reviewed within three months however there was no further information recorded to demonstrate this.

As part of this inspection process we requested records to demonstrate how the service managed residents personal finances. Individuals financial records were kept at Head Quarters with no financial records of individuals funds available within the service resulting in the management team having no knowledge of this. We suggested that this information was obtained and records kept within the service and reviewed with residents/relatives on a regular basis. We will review this further at the next inspection.

### Grade

4 - Good

### Requirements

#### Number of requirements - 1

1. The provider must improve quality assurance systems and contents of the auditing tool used within all departments of the service to ensure that where deficits are identified there is evidence available to show the action taken to effect improvements.

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

Timescale for implementation: 31 December 2015.

#### Number of recommendations - 0

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

### Previous requirements

1. The service must ensure that records of support and nursing intervention provide an accurate, up to date account of any support provided to individuals. All written records must be completed within a reasonable timescale following any support provided. Fluid recording charts should provide a target intake over a twenty-four hour period with actions taken if this has not been achieved to ensure the health and wellbeing of the individual concerned. The manager must ensure that all healthcare monitoring records are checked at least once in every twenty-four hour period and where gaps are identified that this is actioned immediately to ensure the well-being of the individual.

This is in order to comply with:

The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users.

Timescale for implementation: within twenty-four hours upon receipt of this report.

This requirement was made on 18 February 2015

Please refer to Quality Statement 1.3 for further information.

**Not Met**

2. If handwritten changes are required on the MAR sheets, these should reflect the exact details of the prescription or pharmacy label. The entry should be dated and signed by the person making the amendment and referenced to the prescriber. When as required medication has been administered there should be a followed with outcomes up to ensure their effectiveness.

The service must implement a protocol providing staff with clear guidance on the management and monitoring of residents who administer their own medication to ensure their safety and wellbeing is maintained.

This is in order to comply with:

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

Timescale for implementation: to commence immediately and be completed within one week upon receipt of this report.

This requirement was made on 18 February 2015

Please refer to Quality Statement 1.3 for further information.

**Met - Within Timescales**

3. The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of the individual are to be met. In order to do this the service must ensure that the personal plans:

- Follow the organisational policy in relation to the monthly evaluation of care plan and risk assessment information.
- Accurately reflect all the current needs of individuals,
- Reflect a person centred approach and are developed in line with National Care Standards.
- Include details about individuals preferences over all aspects of care and support.
- Include information about care and support interventions and are developed to fully reflect the care being provided.
- Include information about care and support that is up to date and regularly evaluated with any changes reflected in the relevant sections of the care plans.
- Have a full range of risk assessment tools in place and that the outcome of the assessments are used to their full potential to inform care planning.
- Daily notes must be accurate and provide reference to the relevant sections of the care plan. These notes should provide meaningful details of how the person spent their day with details of nursing/medical

intervention recorded and updated in the relevant section of the care plan.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulations 5(1).

Timescale for implementation: to commence upon receipt of this report and be completed by 31 January 2015.

**This requirement was made on 18 February 2015**

Please refer to Quality Statement 1.3 for further information.

### **Not Met**

4. The service must ensure that all residents have unrestricted access to a nurse call system at all times and in any area of the home in order to alert staff and summon assistance particularly in the case of an emergency situation.

This is in order to comply with:

The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users.

Timescale for implementation: to be completed within one month upon receipt of this report.

**This requirement was made on 18 February 2015**

Please refer to Quality Statement 2.2 for further information.

### **Met - Within Timescales**

5. The provider must improve quality assurance systems within all departments of service to ensure that where deficits are identified there is evidence available to show the action taken to effect improvements. This should include:

- Health and safety audits
- Infection control audits
- Environmental audits

- Medication audits
- Care plan audits
- Accident/ incidents and falls
- Management of weight loss
- Diet and fluid monitoring charts
- Personal hygiene/ oral hygiene/ bowel charts

This is in order to comply with;

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

Timescale for completion: to commence upon receipt of this report and be completed by 31 January 2015.

This requirement was made on 18 February 2015

Please refer to Quality Statement 4.4 for further information on this requirement.

**Not Met**

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

### Previous recommendations

1. The service should ensure that any methods of consultation provide an agenda, with clear reference to who is responsible for actioning any changes required, and show a timescale for when actions are to be met. The outcomes of any consultation should be available to residents, relatives and staff to ensure that all parties remain fully informed of the service demonstrating positive outcomes for people using the service.

This is in order to comply with: National Care Standards for Older people Standard 11 Expressing Your Views

This recommendation was made on 18 February 2015

Please refer to Quality Statement 1.1 for further information on this recommendation.

**2. The service should consider how best it can capture the views of those residents with cognitive impairment and those who choose not to attend meetings. This will ensure that the service captures the views of the majority rather than minority of residents. Minutes of meetings should be provided for those people who do not attend, to ensure they have the opportunity to remain informed of what is happening within the service.**

**This is in order to comply with: National Care Standards Standard 11 Expressing Your Views.**

**This recommendation was made on 18 February 2015**

Please refer to Quality Statement 1.1 for further information on this recommendation.

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

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

**This recommendation was made on 18 February 2015**

Please refer to Quality Statement 1.1 for further information on this recommendation.

**4. The service should continue with a refurbishment and redecoration programme for the communal bathrooms and toilets to allow people to enjoy their bathing experience in a warm and pleasant environment. This development programme should evidence that the decor/ furnishings and gardens are being continually being reviewed and upgraded when needed.**

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

**This recommendation was made on 18 February 2015**

Please refer to Quality Statement 2.2 for further information on this recommendation.

5. As part of the development plan, the service should consider the contrast of colour already in use in the corridors of the home. Flooring should consist of one colour with no patterned areas in order to avoid anxiety and confusion for residents with visual and cognitive impairment increasing their risk of trips and falls.

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

This recommendation was made on 18 February 2015

Please refer to Quality Statement 1.1 for further information on this recommendation.

6. The service should introduce ways of obtaining feedback on staffs performance from recruitment through induction and on an ongoing basis. Any feedback obtained should be used to demonstrate how this has positively influenced staffs performance.

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

This recommendation was made on 18 February 2015

Please refer to Quality Statement 3.3 for further information on this recommendation.

## 6 Complaints

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

## 7 Enforcements

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

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings
18 Feb 2015	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
11 Nov 2014	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
19 Dec 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
16 Jan 2013	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 5 - Very Good
30 Oct 2012	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
16 Jan 2012	Unannounced	Care and support 3 - Adequate Environment Not Assessed Staffing Not Assessed Management and Leadership 3 - Adequate

19 Sep 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good 3 - Adequate
10 Feb 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 3 - Adequate Not Assessed
17 Sep 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 3 - Adequate Not Assessed
22 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 3 - Adequate 3 - Adequate
11 Nov 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 3 - Adequate
15 Jun 2009	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
9 Jun 2008		Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 2 - Weak 2 - Weak

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