

# Care service inspection report

Full inspection

## Lochleven Care Home Care Home Service

Panmuirfield  
Dundee

Service provided by: Thistle Healthcare Limited

Service provider number: SP2003002348

Care service number: CS2005098333

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

The Provider had embraced the training requirements of the Promoting Excellence Framework and had a plan of how they intended to skill the workforce in dementia care. At the time of inspection the service had trained all permanent staff at the informed level and 98% of staff delivering care to the skilled level.

### What the service could do better

The service had a number of strengths that are outlined in the body of this report. We have made comment about how the hospitality experience could be further enhanced. This would further improve the positive quality of life already experienced by those living in the care home.

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

A redevelopment of the courtyard garden was being undertaken to provide a more user friendly environment. At the time of the inspection the development was almost complete. The regenerated space provided opportunities for all weather activity, seated areas and areas for outdoor activities.

### Conclusion

The service is committed to improvement and continues to provide positive outcomes for those living at the service.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

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

The home is owned by Thistle Healthcare Ltd and is registered to provide care to older people and people with dementia. The home, which is registered for 100 service users, is divided into 4 separate units, each with 25 places. All bedrooms have ensuite facilities.

The purpose-built home is situated on the outskirts of Dundee and is close to a local church, pharmacy, shops, pub and children's nursery.

The care home has a service users charter which includes: "The right to retain personal independence and choice, including the right to care for themselves; and to become involved in contributing to setting up objectives through the homes participation strategy."

## 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

This report was written following an unannounced inspection that took place on 27 & 28 May; feedback was given on 06 June 2015. The inspection was undertaken by four inspectors and one Inspection Volunteer. One of the visits took place outwith office hours.

In this inspection evidence was gathered from various sources, including the relevant sections of policies, procedures, records and other documents, including;

- evidence from the service's most recent self assessment
- personal plans of people who use the service
- training records
- action plans
- accident and incident records
- complaints records
- Public Liability Insurance Certificate
- Certificate of registration
- Schedule of staffing
- discussions with various people, including: the manager, care staff, the people who use the service, relatives and carers of people who use the service
- observing how staff work
- examining equipment and the environment

We used SOFI2 (Short Observational Framework for Inspection) tool to help us see what people's experiences were. The SOFI2 tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time and whether they have positive experiences. This included looking at the support that was given to them by the staff.

### 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 was submitted as requested by us. This told us what the service considered they done well in respect of each of the quality statements and some areas for further development.

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

We sent the care home 33 questionnaires for distribution to service users, none were returned. The inspectors spoke to a number of service users during the inspection. The Inspection volunteer spent time in each of the units speaking to service users and their representatives; she spoke to a total of 15 service users during the visit. Overall there was a high level of satisfaction, individual comments included:

"My appetite is small the staff give me small platefuls and I can have more if I wish - the food is lovely."

"I can't fault the food as we are given choice - our food is made here in the kitchen it's always nicely served to us but most of all it's always hot."

"I can go to bed when I choose and get up when I wish."

"The staff are always round to help me do whatever I require help with no questions asked."

"Staff always check I'm ok this gives my family peace of mind."

"I'm happy here as the carers are Happy to Care."

"I have excellent staff who are always willing to help me in anyway they can."

"The staff are human just like you and I - so have their good and bad days outside but they are so attentive to me I honestly can't fault them."

"I enjoy a good banter with the staff as this helps the day go by."

"They are lovely people and nice with it."

"My carers know how I like things done and are always willing to help me."

"The manager is lovely leads a good ship with staff who are all supportive attentive and nothing is too much bother for them who encourage me to try and achieve something each day all this helps me fulfil my potential and live an independent life as I can."

"I'm not a very demanding person but I think they (the staff) look after us well."

"I used to go up to the shop, I've slowed down now though and haven't been out recently. My family take me up there now."

"I think it's quite nice. There's little corners for peace and quiet to read a book. I don't always want to sit with everyone."

## Taking carers' views into account

We sent out 33 questionnaires to the service for distribution to service users representatives; two were returned. Both were very positive about the service. Inspectors also spoke to visitors during the inspection and the Inspection Volunteer spent her time speaking to service users and visitors, she spoke to two relatives. Individual comments included:

"There's not always enough activities; there's lots of sitting about. My relative often says there is nothing to do. Events are very good but they are infrequent."

"Staff always phone if there are any issues with my relative."

"The home got a lovely bed as my relative had fallen out, she is much safer with that."

"The manager will listen to you take on board any concerns you may have but I have not been down this road for a long time now."

"The open door policy is good."

"When it's someone birthday the chef always makes a lovely cake for the resident, at the last birthday for my relative staff set aside a room for us to have a Birthday Meal together the family thought that was a lovely touch."

"There is the Coffee Shop that we can go to with our relatives, it's not open all the time but it's a nice place to sit and chat."

"I know my relative is happy to sit and watch TV in their room with the staff popping in from time to time."

### 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

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a very good level of performance. We came to this decision after discussion with service users and their representatives and examination of written documentation including action plans.

We found that the service used a number of methods to involve service users and other relevant stakeholders in the evaluation and development of the service.

- formal meetings were arranged for service users and their representatives, this provided a platform for information sharing, getting to know each other and opportunities to consider and plan developments.
- a comfort fund was in operation, decisions on how it was to be used to benefit those living in the care home was made at meetings attended by service users, their representatives and staff. This meant that all relevant parties could offer their suggestions on how best to use the funds.

- a group of service users and staff met together to consider food and menu options; this was called "the grub club". At the time of the inspection it was planned for a group of service users to work together with the chef to have tasting sessions of potential new menu options, the outcome of which was to be used to influence and update the menu.

The courtyard garden area was in the process of being developed, we saw staff and service users go out together to purchase plants for the area. This meant that service users were actively involved in the development.

Care file documentation contained "all about me" information. We also saw life story boards on some of the bedroom doors. This provided important information about aspects of peoples lives both past and present. This helped staff to get to know them better and use the information to influence daily life. The management team told us that person centred information was being further enhanced and training was planned to support this.

We examined a sample of personnel files of newly recruited employees. This contained information on questions that had been put together by service users that had been used as part of the interview process.

Care reviews took place on a planned and regular basis. This provided an opportunity for service users and/or their representatives to have their say on how well the service user was meeting their needs. This meant that changes could be considered to enhance the life of those living at the care home if required.

### **Areas for improvement**

The Inspection Volunteer noted that menu choices were available in each of the units, a dementia friendly pictorial food board was in use in Lomond Unit. However this had the meal choices displayed for more than one meal, this could be over stimulating and cause confusion. See quality theme 1, statement 1, recommendation 1.

Anticipatory care plans were in place for those who had life limiting conditions. This meant that anticipated health needs could be planned for in conjunction with the service user, their representatives and their GP. These were mainly health based and could be enhanced by considering the social and emotional needs of the service user and their families. See quality theme 1, statement 1, recommendation 2.

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 2**

1. Menu choices should be displayed in a way that are meaningful to the service user group giving consideration to the implications for those with a cognitive impairment.

**National Care Standards for Care Homes for Older people: Standard 8 - Making choices.**

2. Anticipatory care planning could be further enhanced by considering the social and emotional needs of the family in end of life care.

**National Care Standards for Care Homes for Older people: Standard 19 - Support and care in dying and death.**

## Statement 3

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

### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a very good level of performance. We came to this decision after discussion with service users, examination of a sample of personal plans and other documentation.

Each service user had a personal plan detailing how they were to be supported by staff to have their needs met; these were informed by a range of assessments. Some contained a good level of detail and contained a summarised pictorial plan providing important information at a glance. We found that plans contained good information on power of attorney and guardianship.

We found good examples of the involvement of visiting health professionals promoting a multi-agency approach to the delivery of care. Guidance provided by them was contained in plans and staff were familiar with these.

Well established systems were in place for medication management. At the time of the inspection the service was introducing individual pods in each service users bedroom to store their own medication. This meant that medications could be administered at a time that was suitable to individual lifestyles and eradicated the need for large medication rounds. The feedback from staff was very positive about the new system.

The service had a focus on falls prevention and were using some best practice documents to monitor activity. This helped identify persons and areas in the home that presented as a potential risk. This helped staff take action to promote safety.

We observed a mealtime which had a relaxed calm atmosphere and was unhurried with anyone needing support being offered it. Foods looked hot and appetising and additional helpings were available for those who wanted them. We saw service users being supported to be independent. Since the last inspection some service users were being supported to pour their own drinks with individual tea pots on tables to facilitate this. The inspection volunteer observed a Picture Menu board in one of the Dining rooms which was positioned where all could see what meals were on offer that day. This helped people make choices about what they ate.

The activities team organised events including trips out, activity groups, gardening, visiting entertainment and a range of other opportunities. We saw care staff and staff have a quiz in the lounge area; this was a spontaneous activity and was joined in by ancillary staff. We saw humour and laughter during this activity. Service users told the Inspection Volunteer about a range of activities they enjoyed including:

- Various activities on offer from Church services - Manicures, I enjoy them all.
- People who come to entertain from time to time.
- Enjoying jigsaws.
- The Hairdresser in the home

### Areas for improvement

Some plans did not contain sufficient detail. For example plans for the use of a dynamic pressure relieving mattress did not always detail the type of mattress or the setting. We also found that on occasion there were delays in actions from reviews being updated in the plans. This meant that there were delays in the agreed actions being implemented. See quality theme 1, statement 3, recommendation 1.

Medications were regularly audited by staff to identify any discrepancies. We found that medication administration records did not always identify the medication stock carried forward when a new cycle commenced. An accurate record of stock carried forward and stock received would help assess if medications had been administered in the event of a missing signature being picked up in the audit. See quality theme 1, statement 3, recommendation 2.

Service users had an agreed prescription for the use of homely remedies for symptomatic relief. This wasn't always reviewed when a new medication was prescribed to check there were no duplications or contraindications. See quality theme 1, statement 3, recommendation 2.

As detailed above there was a good range of activities planned within the home. We also saw care staff engaging in more spontaneous activity including a quiz and nail painting. Some service users and their representatives told us that it would be good to have more activities. During our observations we saw times of the day when all available staff were engaging in tasks not directly involving service users; for example setting up for meals. We felt that this was a time of day when care staff could have a staff member identified to engage in social activity.

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 2**

1. Care plan documentation should contain up to date and accurate information to enable staff to fully implement the plan of care.

**National care standards for Care Homes for Older People: Standard 6 - Support arrangements.**

2. Medication management could be further enhanced by:

- reviewing homely remedies when a new medication is prescribed
- documenting carried forward stock on to the medication record at the start of a new cycle.

**National care standards for Care Homes for Older People: Standard 15 - Keeping well - medication.**

## Quality Theme 2: Quality of environment

Grade awarded for this theme: 5 - Very Good

### Statement 3

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

#### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a very good level of performance. We made this assessment following an observation of the environment, discussion with service users, discussion with management and staff and examination of written documentation including risk assessments.

We walked round the home and found it to be bright, clean and in a good state of repair. Dedicated maintenance personnel were employed as part of the team who undertook regular maintenance checks and attended to repairs.

Importance was placed on health and safety and actions had been taken to promote safety within the living environment. The home manager told us that they had a rolling programme of upgrading of soft furnishings to help promote a bright and clean environment.

Each service user had their own bedroom, all of which were en-suite. Service users were encouraged to bring in some of their own items to personalise their room and make it feel like home. Some individuals had a private contract for their own telephone and satellite television. The inspector volunteer said "As I walked round the home I observed in what is called Lomond Unit -Life Stories of the residents who live in the unit they were on their bedroom doors and Pictures with Old Scotch and Dundee sayings I felt this was lovely as it was so appropriate for the residents within this wing. I also observed Dementia related items throughout the unit."

The care home operated as four separate units, each with its own dedicated staff team. Each unit offered large communal lounges and dining areas as well as smaller areas for individual or quiet space. One service user told us that they regularly sat in one of the quiet areas to enable them to enjoy the "peace and quiet".

A range of facilities offered social areas for service users; the drinks lounge called the Tartan tavern, a fully functioning café, a sweet shop and a hairdresser offered service users opportunities to socialise in different areas of the home and mix with service users from the other units.

The gardens and outside areas were very inviting and well maintained. At the time of the inspection the courtyard accessed from Lomond Unit was in the process of being upgraded. The developing garden included a covered area to facilitate access in all weathers, a seated area, an all weather bowling lawn and raised planters. Some bedrooms had doors leading to the garden to enable direct access to the outdoors.

Since the last inspection the laundry facilities had been upgraded and expanded; this helped the service look after peoples clothes well. During our observations we found that service users clothes appeared well cared for and clean.

The Inspection Volunteer said "It is a few years since my last visit as Inspection Volunteers don't always visit Care Homes as often as the Inspectors. During this visit I observed the home to have a lovely friendly welcoming ambience within its large walls and staff more relaxed as they went about their daily business all this I feel enhances the lives of those living within the 4 units of the home."

### **Areas for improvement**

We saw some signage in service user areas that was information for staff. For example; staff break schedules were displayed in one of the units. This detracted from promoting a homely environment. See quality theme 2, statement 2, recommendation 1.

In one of the units we saw boxes of disposable gloves on the handrail in the corridor. This would require a service user to break their grip and reduce the support available from the hand rail to negotiate past. It also detracted from promoting a homely environment. See quality theme 2, statement 2, recommendation 2.

We observed staff service hot drinks for service users in the afternoon. Milk was poured from the commercial container and biscuits offered from the manufacturers box. The overall experience could be enhanced by considering more café style systems for hospitality.

The Inspection Volunteer felt that the waiting room for the hairdresser could be further enhanced with reading material and an opportunity for a hot or cold drink to enhance the overall experience.

Some bedroom doors had life stories to help service users identify their own bedroom. Others had written text only, it would be helpful to consider some personalisation of bedroom door areas to help service users orientate themselves to their own bedroom.

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 2**

1. Information for staff should be displayed discretely in staff only areas.

**National Care Standards for Care Homes for Older People: Standard 4 - Your environment.**

2. Hand rails should be clutter free to provide maximum support for service users.

**National Care Standards for Care Homes for Older People: Standard 4 - Your environment.**

## Statement 4

"The accommodation we provide ensures that the privacy of service users is respected."

### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a very good level of performance. We made this assessment following an observation of the environment, observation of practice, discussion with service users and discussion with management and staff.

All bedrooms were single occupancy with en-suite facilities. This provided privacy easy access for personal care. We observed staff knocking on doors before entering allowing an opportunity for service users to refuse access should they wish. During our observations we noted that staff were discrete in how they managed sensitive interventions and discussions with service users promoting their privacy and dignity.

The Inspector Volunteer noted as part of her observations "It is a few years since my last visit as Inspection Volunteers don't always visit Care Homes as often as the Inspectors. During this visit I observed the home to have a lovely friendly welcoming ambience within its large walls and staff more relaxed as they went about their daily business all this I feel enhances the lives of those living within the 4 units of the home."

A variety of communal areas allowed for group and quiet opportunities. We were told that celebrations had been arranged with families for special occasions.

We saw documentation that was regularly used by staff sited discretely outside bedroom doors. These had pictorial covers that detracted from them being formal documents. We were told that these worked well and made them readily accessible for staff to access.

Some service users had their own personal telephone in their bedroom (private contract). This enabled them to stay in touch with friends and relatives and have discussions in the privacy of their own room.

Service users confidential information was held in the dedicated staff areas in each of the units. This meant that it was not accessible to non-staff. The staff areas also provided a space for staff to make telephone calls in private to promote confidentiality.

## Areas for improvement

We saw some service user mail on the worktop on the nursing station; this area was not secure. We also saw some information relating to finances held in personal plans; this information was not pertinent to the care team. See quality theme 2, statement 4, recommendation 1.

We saw equipment being stored in some of the communal toilet areas. This meant that service users would not be able to access the facilities. See quality theme 2, statement 4, recommendation 2.

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 2**

1. Private mail and financial information should be securely stored.

**National Care Standards for Care Homes for Older People: Standard 10 - Exercising your rights.**

2. Toilet areas should be accessible and clutter free.

**National Care Standards for Care Homes for Older People: Standard 4 - Your environment.**

## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very Good

### Statement 3

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

#### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a very good level of performance. We made this assessment following an observation of practice, discussion with service users, management and staff and examination of written documentation including training records.

Staff spoken to were very positive about their role within the service; they described positive team work and good working relationships with the management team. Morale was described as positive.

We observed staff engage well with service users and visitors. We saw staff being responsive to need and implementing strategies to de-escalate situations when individuals were displaying distress reactions.

An analysis had been undertaken of the issues raised through supervision, appraisal and other systems of staff support, this developed an individual training plan for each staff member to promote their personal and professional development. This included a plan for staff to increase their knowledge and skill in the care of people with dementia. This was planned at a level appropriate to their role and place of work within the service and was based on the Promoting Excellence Framework (Scottish Government, 2011). At the time of the inspection all staff in the service had undertaken training at the informed level.

An enhanced programme of learning had been introduced for staff who were involved in medication management. This included theoretical learning as well as supervised practice to assess competency. This contributed positively to promoting safe practice.

We examined a sample of staff files; this confirmed that the service was implementing best practice guidance in relation to staff recruitment.

Management were very aware of the requirement for all care staff to be registered with the Scottish Social Services Council (SSSC) and were supporting staff with the registration process. A system was in place for monitoring the registration of staff with SSSC and also nurses with the Nursing and Midwifery council (NMC). This helped promote a skilled and professional workforce.

### Areas for improvement

Staff were not familiar with points of access for best practice guidance including the Care Inspectorate Hub and Social Care Institute for Excellence (SCIE). These are good points of reference to influence best practice.

We observed some very positive engagement between staff and service users. However it would be good practice to implement systems to support staff to implement their learning from the informed training in dementia in to practice.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a very good level of performance. We made this assessment following an observation of practice, discussion with service users, management, staff and visitors to the home.

Observations evidenced that people living in the service experienced warmth, fun and humour when engaging with staff. We found that staff were knowledgeable of service users needs and delivered care in a way that was relaxed and unhurried. We saw service users and staff singing, story telling and chatting together. The Inspection Volunteer noted "I observed the staff adding the finer touches after one resident had visited the bathroom thus observing their dignity. I also observed one resident being given their medications in the lounge in a quiet manner by staff as resident had been enjoying a long lie."

We observed staff getting down to the level of service user when speaking with them, this meant that they were able to engage at eye level when entering in to conversation. This was considered to be one of the fundamentals of effective communication. We also saw that staff sat with service users when supporting them with eating and drinking, we considered this to be respectful of the support they required.

Staff were considerate to the needs of service users and responded to buzzers promptly. We saw discrete discussion about sensitive issues including requests for the toilet and reassurance given when they had to leave the service user to get the assistance of a colleague to meet their needs.

Continence aids were stored discretely to respect the privacy and dignity of service users.

We saw service users and staff wear the same type of tabard at meal times to protect clothing. We thought this was a very good example of how service users were respected and reflected equality.

Different methods were used to offer service users choice at meal time. Some service users were independent in reading the menu, others had the menu read to them and some were offered a visual choice to help them determine what they wanted for their lunch and dinner. We felt this was reflective of the differing levels of needs required by service users and respectful of their ability to make a choice. We also saw a service user being offered second helpings at meal times and those who did not like what was on the menu being asked what alternative they would like. Staff were responsive to this.

The activities offered in each of the units was targeted at the abilities and needs of the service user group. The Inspection Volunteer said "On the day of the visit I observed a group of residents enjoying a quiz in one of the lounges (residential); this was being led by a member of staff who was also encouraging friendly banter between all thus the room had a good buzz about it." She also saw a smell box in use in Lomond Unit where a number of service users lived with advanced dementia, she said "I didn't know what this was so asked; it's a box full of small bottles with various smells the residents can sniff and use Cotton Wool to dab the smell on their hands and the smells are varied such as New Cut Grass - Lavender - Perfume from long ago to name a few. . ". We felt activity planning was respectful of the stage of their ability as their dementia advanced.

## Areas for improvement

The service should continue to reflect practice against the needs of service users giving particular consideration to the learning outcomes from dementia training.

## 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 2

"We involve our workforce in determining the direction and future objectives of the service."

#### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a very good level of performance. We came to this decision after discussion with management and staff and examination of written documentation including supervision and appraisal documents.

Staff spoken to confirmed that they had positive working relationships with the management team and that they felt their opinions and suggestions were valued. They felt there were good channels of communication to support this.

We saw some good examples of how staff had been involved in the development of the service:

- Consultation had been undertaken with staff in relation to shift pattern changes that were being introduced to enhance outcomes for service users. We were told that management had taken account of staff needs and introduced a mixed shift pattern to the rota.
- Staff had been involved in the roll out of the new system for medication administration and their thoughts and opinions considered in the development of the new system.

We found evidence of the Providers Business Review being shared and discussed with staff, this allowed staff an opportunity to consider the direction of the provider and how it could influence service development.

Formal systems for staff development contained a section for staff to consider how they could influence the direction of the service. We found some very good examples of staff linking their own personal strengths and interests to the work they do.

### Areas for improvement

It would be helpful to have an action plan developed from the information obtained from the staff development process to identify how the service has considered the suggestions from staff on how they can contribute to service development.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

"To encourage good quality care, we promote leadership values throughout the workforce."

#### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a very good level of performance. We came to this decision after discussion with management and staff and observation of practice.

The management team had a visible presence in the home and were known by staff, service users and some visitors. This helped form positive relationships and enabled the management team to get to know the staff team and how the care home was functioning.

All staff had actively achieved or had applied to register with Nursing and Midwifery Council (NMC) or Scottish Social Services Council (SSSC) which is the regulatory body for care staff. This registration promoted accountability of staff in relation to upholding good standards of care.

Some of the staff had key roles in the home and were known as Champions. To promote this role staff had undertaken training specific to their role and some had made links with NHS partners. The service had Champions in areas including: health and safety, nutrition and continence.

Staff were familiar with their roles and responsibilities and were led effectively throughout the inspection by the person in charge. Changes in service users' needs were readily supported by the flexibility of the staff team and we saw staff being directed by their supervisor to meet them.

Staff support was provided through scheduled supervision and appraisal. Supervisions were undertaken by direct line managers. This helped staff who led each unit to get to know and support staff in their development.

The staff structure offered a career pathway for staff. The Provider supported staff to gain a recognised qualification to enable them to register with the Scottish Social Services Council (SSSC) and continue with their learning to help progress their role within the service.

## Areas for improvement

The service should consider the Step In to Leadership resource available from the Scottish Social Services Council to support staff in their role and professional development in the home. See quality theme 4, statement 3, recommendation 1.

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. Consideration should be given to supporting staff in developing leadership skills within their role in the care home.

**National Care Standards for Care Homes for Older People: Standard 5 - Management and staffing.**

**Scottish Social Services Council - Step in to Leadership programme was considered in making this recommendation.**

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

### Previous requirements

1. The provider must ensure that systems are in place to ensure that prescribed preparations are used in accordance with their instructions, this includes expiry dates.

This is in order to comply with:

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

Timescale: within one week of receipt of this report.

**This requirement was made on 05 September 2014**

Staff training on medication administration had been enhanced.

During the inspection we examined documentation and practice for medication management and were satisfied that staff were implementing the care homes internal procedures. All medication sampled were within their expiry date and records were made of the opening dates of medications that had a limited shelf life. We have however made a recommendation on how procedures for medication management can be further enhanced. (see quality theme 1, statement 1)

### Met - Within Timescales

2. The provider must take action to promote the control of infection. In particular in relation to maintaining the courtyard area and associated garden furniture free from bird excrement.

This is in order to comply with:

Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 210/2011, Regulation 4(1)(d) - a requirement to

have proper procedures for the control of infection.

**Timescale:** three months from receipt of this report.

**This requirement was made on 05 September 2014**

A refurbishment of the garden area had taken place. This provided a covered area for seating and netting over the entire area to act as a deterrent from the birds. We were satisfied that actions had been taken to maintain good health and hygiene in the outdoor area.

**Met - Within Timescales**

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

### **Previous recommendations**

There are no outstanding recommendations.

## **6 Complaints**

Information on upheld complaints can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

## **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	
5 Sep 2014	Unannounced	Care and support	4 - Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
2 Oct 2013	Unannounced	Care and support	4 - Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
28 Aug 2013	Re-grade	Care and support	2 - Weak
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	2 - Weak
10 Jan 2013	Unannounced	Care and support	4 - Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
2 Nov 2012	Unannounced	Care and support	2 - Weak
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	4 - Good
2 Nov 2012	Unannounced	Care and support	2 - Weak
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	4 - Good
18 Nov 2011	Unannounced	Care and support	4 - Good
		Environment	5 - Very Good
		Staffing	Not Assessed
		Management and Leadership	Not Assessed

28 Jun 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good Not Assessed Not Assessed
18 Feb 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 2 - Weak 4 - Good 4 - Good
23 Dec 2010	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed Not Assessed Not Assessed
2 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed Not Assessed
8 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
1 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
4 Sep 2009	Re-grade	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed 2 - Weak Not Assessed
6 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

26 Jun 2008	Announced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and Leadership</div> <div>4 - Good</div>

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