care inspectorate

Care service inspection report

Full inspection

Ardencraig Care Home
Care Home Service

15 Ardencraig Place
Castlemilk
Glasgow

HAPPY TO TRANSLATE

Inspection report for Ardencraig Care Home
Inspection completed on 28 September 2015

Service provided by: Thistle Healthcare Limited

Service provider number: SP2003002348

Care service number: CS2003015202

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

As noted at our last inspection, the service continues to be very good at involving service users, relatives and carers in discussions about developing the service.

What the service could do better

We have made a number of recommendations in this report to do with how the service could improve:

How checks on the cleanliness and safety of the environment and equipment are carried out and recorded.

Developing staff training beyond a foundation level and improving staff supervision and appraisal.

Evaluating the quality of staff interaction with people in their care.

What the service has done since the last inspection

The service has developed parts of the environment to include a new café area for service users. There has been a change of manager since we last inspected the service which has been seen as a positive development by service users, relatives and staff.

Conclusion

Ardencraig Care Home continues to be well-regarded by the people who live there and by their relatives and carers. The provider needs to focus on addressing the areas for improvement detailed in this report to further improve the quality across all four quality themes that we inspect.

1 About the service we inspected

Ardencraig is a modern, purpose-built two storey building which can provide support to 90 people. The ground floor provides support to older people. People with a diagnosis of alcohol related brain damage, (ARBD), are supported on the first floor and one wing of the ground floor.

The home aims to "provide a homely environment, companionship and ensure that social, nursing and medical needs are met by suitably qualified and experienced professionals and with a view to affording peace of mind."

The service is located in the Castlemilk area of Glasgow and is near some local shops and public transport links.

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

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

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 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 medium 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

The inspection was carried out by one Inspector over three days, who was assisted on two of these days by a second Inspector and on one of these days by an Inspector Volunteer. Inspection volunteers are members of the public who use a care service, have used a care service in the past or care for someone like a family member or friend who has used a care service.

We visited the service on an unannounced basis on Thursday 24 September between the hours of 10.15am and 5.30pm. We continued the inspection from 10.20am till 5.30pm on Friday 25 September and concluded the inspection between 9.50am and 6pm on Monday 28 September. We gave feedback to the development manager, the service manager and two deputy managers at the end of the third day of the inspection.

As part of the inspection, we took account of the self assessment form that we asked the provider to complete and submit to us.

We sent 45 care standards questionnaires to the manager to give to service users to complete. We did not get any completed questionnaires back. We also sent 45 care standards questionnaires to relatives and carers of people who lived in the service. We got six completed questionnaires back.

We asked the manager to give out 20 questionnaires to staff and we got six completed questionnaires back.

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

We met and spoke with:

- Six service users
- Three relatives/carers
- The registered manager for the service.
- One project manager
- Two depute managers
- One charge nurse
- One senior carer
- Three care assistants
- Two activity coordinators
- One housekeeper
- One handyman
- Two administrators
- One chef

We looked at:

- The service's participation strategy. This is the service's plan for how they will involve service users in all areas of the care service.
- A sample of the provider's consultations and feedback with service users, relatives, carers and staff.
- A sample of six personal plans of people supported by the service .
- An audit template for outcome focused/person centred care planning.
- A sample of pictorial information to support care plans covering topics of continence, behaviour management, skin integrity and nutrition.
- We used the SOFI2 tool, (Short Observational Framework for inspection), to observe the wellbeing of people using the service and staff interaction with them.
- A sample of agenda and minutes of the provider's Quality Improvement Team meetings.
- Minute of a health and safety meeting. (27/01/15)
- Minute of manager's meeting. (26/02/15)
- Minute of trained staff and carer meeting. (12/07/15)
- Minute of care staff meeting. (23/07/15)
- Minute of Head of Department meeting. (20/07/15)

- A sample of maintenance record checks on environment and equipment.
- Two "walkabout audits" carried out by the provider. (02/07/15 and 03/09/15).
- A sample of staff training records and a staff training matrix.
- A sample of minutes of meetings with service users, staff, relatives and carers.
- A sample of how service users finances were managed.
- The provider's complaints policy and procedures.
- A sample of accident/incident/complaint records.
- The registration certificate.
- Public liability insurance.
- Employers liability insurance.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied by the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

For this inspection we received views from six people using the service. We spoke with the service users when we visited the service.

Everyone that we spoke to said that they were very happy with the overall quality of the service. We have included further comments and views from people using the service throughout the report.

Taking carers' views into account

For this inspection we received views from nine relatives/carers of people using the service. Six people gave their views via care standard questionnaires that we asked the manager to give to people using the service. We spoke with a further three carers when we visited the service.

Everyone that we spoke to or who completed our questionnaires said that they were happy or very happy with the overall quality of the service. We have included further comments and views from people using the service throughout the report.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

The service had a written participation strategy which included statements committed to involving service users, families and carers in decisions about various aspects of care including personal needs and choices, day-to-day activities and providing feedback on the quality of staffing and management.

We noted that the service used a range of very good methods to try to involve people in the participation process. Examples of this included regular meetings between staff, service users and carers to discuss matters such as improvements to the environment, choice of activities and choice of food. Service users were encouraged to provide feedback to staff on these and other areas of care and support.

There were plans in place to include feedback from service users in the staff supervision and appraisal process although this had not been implemented at the time our inspection. We will look at this again at a future inspection.

In order to reinforce care that was focussed on improving outcomes for people who lived in the home, the provider had revised personal plans to include sections that were more outcome focussed and had pictorial content that made for easier reading and understanding. This was being rolled out at the time of our inspection and had still to be completed.

A system of named nurses, keyworking and more recently the increased involvement of care assistants in personal planning meant that service users were supported by staff who were familiar with their personal needs, likes and preferences. This was reflected in some of the comments made by relatives and carers in our questionnaires:

"The keyworkers for my relative recognise her traits and preferences and will always pass on information about my relatives attendance at activities, and her mood, etc." (relative)
"At Ardencraig our relative is very happy most of the time. We are very confident that he is cared for well and appropriately with a range of choices within his significant limitations."

The Inspection Volunteer also noted the following comments from service users and carers that she met during the inspection.

Resident's comments about their care and support:

"They look after us well"
"It's an excellent home"
"I'm well looked after"
"The care is fantastic"
"I attend my review meetings"

Relative's comments:

"Things are a lot better since the new manager has arrived"
"I attend the review meetings"
"I know the key worker"

We looked at what information was available to service users and carers about the service, including prospective users of the service. The service had a useful information pack that provided helpful written information including the most recent inspection report on the service, details about care for older adults and people with mental health problems, fees and charges, sample menus and details of activities on offer in the home. It also include information and photographs about the facilities on offer at Ardencraig.

Areas for improvement

The provider's website was under construction at the time of our inspection so we were unable to compare any online information about the service with our findings. We will look at this at a future inspection.

The project manager advised that the provider included staff from different care homes to "champion" the implementation and rollout of the new style of personal plans. At the time of the inspection a "champion" was still to be selected from Ardencraig.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

At this inspection, we found that the performance of the service was good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

The service had well established links with local GPs and other health professionals. Contact details for GPs and health professionals were appropriately recorded in the personal plans that we looked at . This meant that staff had good access to medical and other health advice should this be needed.

All the relatives/carers that completed our questionnaires, (six people responded), strongly agreed or agreed that they were confident that the staff would meet their relative or friend's needs, including to arrange to see health professionals.

The Inspection Volunteer joined some of the residents for lunch and looked at the dining experience. Service users appeared to enjoy their lunch. Appropriate assistance was given to those people who required it. Clothes protectors were offered to residents. Tables were set and each resident had a napkin. Condiments were on the tables. Menus were on tables and a selection of light alternatives to the meal was on offer.

Residents comments about the quality of food available included:

"The food is not bad"
"If it's something you don't like, you can get something different. Food is excellent"
"I enjoy the food"

Relatives comments about the food on offer included:

"The food is great. If they don't like the pudding they can have yoghurt"
"There is plenty of fresh fruit in the afternoon"
"My relative's appetite is very poor"

Supporting people with their social needs continued to be as important as other parts of care. We saw how choice of daily activities was encouraged by staff. This included staff supporting people to keep in touch with their friends and to socialise in the local community. The Inspection volunteer noted that:

The service had two activity coordinators employed at the time of our inspection. We observed that downstairs, in the morning, musical reminiscing was taking place. We were also informed that residents had just completed movement to music exercises. In the afternoon, both floors had World War II memory boxes with relevant music playing. Upstairs some of the residents went out with staff to the local bingo hall. Resident's comments about the quality of activities included:

"I like the knitting"
"They have people come and play the accordion"
"I like going out on the trips"
"We play pool and have bingo nights"
"I went swimming last week with a member of staff"
"I enjoy going out fishing and swimming"
'We had a karaoke last night'

Relative's comments:

"People are getting out a lot more"
"When the organiser is off, it's just DVDs they play"
"Relative is not keen to take part in activities but staff try to encourage them"

Areas for improvement

A recommendation made following the last inspection of the service was that:

Menus should be assessed using a recognised nutritional tool or be approved by a qualified dietician.

We spoke with the chef who advised that menus were regularly reviewed but who was unable to tell us if the menus had been assessed for nutritional content or reviewed by a dietician. We have repeated this recommendation. (see recommendation 1).

There were also plans to have menu planning meetings with service users but these had not started at the time of our visit to the service. (see recommendation 1).

We looked at a sample of six personal plans and noted that there are still some gaps and contradictions in the information recorded in some plans. Examples included blanks where information about guardianship/power of attorney should have been recorded, details of individual "goals and dreams" but no detail of how people would be supported to achieve these aspirations. Some people had care plan sections in their folder that were not relevant or not required as there was no identified need or risk. (see recommendation 2).

The Inspection Volunteer noted that the planner displayed on the activities board could be in larger print to make it much easier for people to read. The manager agreed to action this immediately.

During our discussion with staff, some staff indicated that there was less external support from the local ARBD, (Alcohol Related Brain Damage), team than before and that there was less training input from Community Psychiatric Nurses or Psychiatrists. We were unable to verify if this was accurate but would encourage the provider to explore this further with the staff team. (see recommendation 3).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. Menus should be assessed using a recognised nutritional tool or be approved by a qualified dietician.

The menu planning meetings with service users should be progressed as soon as possible so that people who live in the service can further contribute their views to the choice of food and drink available.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

2. The provider should continue to roll out the new outcome focussed personal plans. Regular checks should be carried out on all personal plans to make sure that key information is consistently recorded accurately and that only information that is relevant to individual service user needs is contained in each plan. If staff need more training on care planning then the provider should arrange this.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

NCS 6 Care Homes for Older People - Supporting Arrangements.

3. The provider should explore with staff if there is indeed less external support from the local ARBD, (Alcohol Related Brain Damage), team than before and less training input from Community Psychiatric Nurses or Psychiatrists. If this is the case the reasons for this should be made clear to staff working in the service.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

Statement 2

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

Service strengths

At this inspection, we found that the performance of the service was good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

Keeping people safe was important in this service and the environment supported this in a number of ways. The building had a secured entry system and all visitors to the service had to sign in and out of the building. This meant that staff were aware of who was coming in and leaving the service. Service users who could come and go independently were still able to do this.

The inside of the home was brightly decorated and was, overall, fresh and clean, with the exception of one area, (see areas for improvement). We noted that there appeared to be sufficient numbers of domestic staff on duty to keep the home clean. Domestic staff that we spoke with told us that they had appropriate equipment and sufficient cleaning products to do their job.

We looked at how service users were supported to manage their money and the systems that the provider had to keep their money secure. We were satisfied that there were very good systems in place to record money transactions, purchases and for retention of receipts. There were regular audits in place of service users finances that meant it is was more likely that any discrepancies would be identified quickly and that service users and carers could have confidence in how the service dealt with money matters.

A new handyman had been appointed in the last year since we last visited the service. The handyman had revised the system of carrying out checks on the environment and equipment and this appeared to work well.

Two inspectors walked round the inside and outside of the home on the first day of the inspection to examine the environment. We then walked round again with the service manager to discuss and point out our findings. We noted that the there was an existing system in place for the internal and external environment to be checked.

The inspection volunteer noted that the home was clean and the outside space looked well maintained. Comments made to the inspection volunteer from service users and carers about the environment are detailed below:

Resident's comments:

"I have a nice room. It's kept clean. I have pictures of my kids in my room"
"My room is spotless"
"We go out in the garden on nice days"
"The home is exceptionally clean"
"The laundry is good"

Relative's comments:

"The home is kept clean"
"They have a fabulous carpet cleaner"
"The laundry is okay"
"The main area is clean"

Areas for improvement

Since we last inspected the service there were some gaps in the checks carried out by the provider on equipment and safety systems, although there had been an improvement since the recruitment of a new handyman earlier this year. We discussed this with the provider at feedback and asked that they take action to address any gaps in routine safety and maintenance checks, particularly when the handyman is on annual leave. (see recommendation 1).

The protection of people who live in the home is the responsibility of all staff, including administrative and ancillary staff. Therefore the provider should make sure that all staff receive training in Adult Protection which would help staff recognise unacceptable practice and inform them what to do about it. Not all staff had received training in this area at the time of our inspection. (see recommendation 2).

On our walk round the home we noted a number of areas that needed to be addressed immediately including a number of overhead lights not working in corridors and one stairwell, a smell of urine in one corridor near bedrooms on the ground floor and the door to the vacant hairdressing salon left unlocked when vacant and when hair products were kept there. One bathroom did not have a bath thermometer to check the temperature of bathing water.

We walked round the home with the manager and pointed out our concerns. The manager took immediate and appropriate action to address the matters that we had highlighted. However in the service's own environmental audits it was not always clear when areas identified for improvement had been addressed. (see recommendation 3).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The provider should take action to make sure there are no gaps in routine safety and maintenance checks, particularly when the handyman is on annual leave.

NCS 4 Care Homes for Older People - Your Environment.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

2. The provider should make sure that all staff receive training in Adult Protection in a timely way. A plan should be made and implemented to address this.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

3. The provider's own audits of the internal and external environment should always clearly date and indicate when areas for further development have been addressed.

NCS 4 Care Homes for Older People - Your Environment.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

Statement 3

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

Service strengths

At this inspection, we found that the performance of the service was good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

We saw that people who used this service continued to be involved in decision-making about how to further improve and develop the use of the environment. Meetings and surveys had been used to listen to the views of people who use the service. Since we last visited the service there had been some improvements made to the environment including:

The development of a café area, "Cozy Corner" which offered service users and visitors a pleasant, quiet area to have snacks and refreshments. Service users had been involved in discussions about how to develop this area. The inner courtyard could be easily accessed from this location.

The home had a hair salon where service users could have their hair done by a visiting hairdresser. We also noted that good use was made of public spaces for social events such as karaoke evenings, bingo and in the summer months a garden fête for residents, families and other visitors.

An activities room was available on the first floor of the home where service users had use of exercise equipment and a pool table.

The inside and outside of the home had a number of areas that enhanced the quality of living for people who lived in the service. There were mature, landscaped garden and plants outside the building and in the inner courtyard area. The inner courtyard had garden seating, shrubbery and an area for playing bowls when the weather permitted.

The Inspection Volunteer joined service users for lunch and noted that dining tables were nicely set and each resident had a napkin. Condiments were on the tables. Menus were on tables and a selection of light alternatives to the meal was on offer. This meant that people had a pleasant environment in which they could enjoy their meals.

Areas for improvement

We noted that both staff and service users referred to different parts of the home using a range of names or descriptions. Example included the "ARBD unit", the "extension" and by which level people lived on. This was despite that the different units had names. The provider should better promote the use of the given names for each part of the home to make it more personalised.

Plans to use the café area as a "cook school" where service users could develop and learn cooking skills had stalled since first being discussed with service users and carers. The provider was exploring the barriers to this in an effort to move this forward.

We identified some "quick fixes" during our walk round of the environment that would improve the appearance of the some areas. These included replacing waste bins in bathrooms that were rusty and had no lids with new bins, painting the walls that had been plastered where soap dispensers had been relocated to another part of the wall and making all communal bathroom areas less spartan and more attractive areas to use.

Since we last visited the home the seating arrangements in the communal foyer on the first floor had been removed. People that we spoke to, both service users and staff, had mixed views about this change. We would encourage the provider to discuss this further with residents.

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 3

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

Service strengths

At this inspection, we found that the performance of the service was good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

We spoke to a range of staff about their training opportunities and some of the topics covered in their training. Staff that we spoke with told us that they had participated in training opportunities in areas such as mental health training, Alcohol Related Brain Damage (ARBD), dementia and values training.

Well trained staff meant that service users benefited from support from people who had a good knowledge and understanding of how to meet their needs.

The project manager, training manager and management team had introduced short focused coaching sessions on specific subjects that were designed to refresh and consolidate staff's current knowledge in these areas. This was welcomed by staff that we spoke with.

The manager showed us a training matrix that was in place in the service for care staff and staff that were registered nurses. This detailed training that members of these staff groups had taken part in. We also noted that the majority of staff that were required to be registered with a professional body such as the NMC, (Nursing & Midwifery Council) or the SSSC (Scottish Social Services Council) were registered or in the process of being registered.

We made a recommendation following our last inspection that staff should be aware of best practice guidance from the Mental Welfare Commission. We noted from what some staff told us, from the training matrix and from staff coaching information that updates had taken place on the MWC, (Mental Welfare Commission), publication about it's visits to people with acquired brain injury and alcohol related brain damage. (see http://www.mwcscot.org.uk/media/53243/Missed opportunities 09-10.pdf)

See also strengths under Quality Theme 4, Statement 2.

Areas for improvement

The provider states in its literature that it will aim to "provide a high quality, well-trained staff team, who are continually focussed on achieving individual objectives in a manner that involves and benefits each person."

We discussed at feedback the need to further develop staff training in areas of mental health, ARBD and dementia beyond the foundation or informed practice level in order to further improve the quality of specialist support service users at Ardencraig received.

We found that some, but not all, staff had participated in training on Missed Opportunities. However staff that we spoke with that had taken part in this training had a varied recall of what this was about. Staff were less familiar with other key MWC publications relevant to the client groups that they were supporting including "Rights, risks and limits to freedom" (see http://www.mwcscot.org.uk/media/125247/rights_risks_2013_edition_web_version.pdf) and "Safe to wander?" (seehttp://www.mwcscot.org.uk/media/51838/Safe to wander.pdf). (see recommendation 1).

The staff training matrix detailed training for care staff and registered nurses but not other staff that worked in the service such as ancillary staff. (see recommendation 2).

There were gaps and highlighted areas in the training matrix that suggested that some staff had not attended required training.

However it was unclear from the matrix if any further action had been taken to make sure that all staff participated in training that they were scheduled to take part in. (see recommendation 2).

See also areas for improvement under Quality Theme 4, Statement 2.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. Staff training in areas of mental health, ARBD and dementia needs to be developed beyond the foundation or informed practice level in order to further improve the quality of specialist support service users at Ardencraig received. Such training should take account of, (but not exclusively), best practice guidance and publications such the Mental Welfare Commission publications detailed above and Scotland's National Dementia Strategy, (see http://www.gov.scot/Topics/Health/Services/Mental-Health/Dementia/DementiaStrategy1316.)

Other useful information is available at
http://www.ssks.org.uk/
http://hub.careinspectorate.com/
http://dementia.stir.ac.uk/information/links

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

2. The staff training matrix should detail training for all staff that work in the service. The provider should have an accurate system for detailing all training that staff have participated in, any missed training and what action has been taken to address this.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

Statement 4

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

Service strengths

At this inspection, we found that the performance of the service was good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

During this inspection we spent time observing how staff engaged and interacted with guests. We also looked at how people living in the service got on with and engaged with each other. Part of this process involved using the SOFI 2 tool. SOFI 2 is the Short Observational Framework for inspection. It provides a framework to enhance the observations already made at inspections about the wellbeing of people using the service and staff interaction with them. It was developed by the Bradford Dementia Group and the Care Quality Commission, the regulator of care services in England, to capture the experiences of people who use services and who may not be able to express this for themselves. (see http://www.bradford.ac.uk/health/career-areas/dementia/dementia-care-mapping/short-observational-framework-for-inspection-(sofi-2)/).

Using SOFI, inspectors can observe the mood and engagement of people and the quality of staff interactions. They also make notes on other aspects of care during their observations. Feedback on SOFI observations to staff and managers in the care service also enables them to become more reflective practitioners and supports practice improvement.

We observed and recorded many positive interactions between staff and service users. These included respect, warmth and belonging.

The Inspection Volunteer noted the following comments from service users about the quality of staffing:

"The girls are very nice"
"The language they use is sometimes not good"
"They treat you with respect"
"The staff are excellent"
"The staff give you respect"
"I get on well with the staff"
"The night shift is just as good as the day staff"
"You pull the cord if you need help. They come quite quickly"
"A few weeks ago I used my buzzer and the staff were with me very quickly"

Positive comments made about staff from relatives and carers to the Inspection Volunteer included:

"Staff dealing with residents are better since the new manager"
"Residents are treated with respect"
"The staff are pleasant"

Areas for improvement

A very small number of our SOFI observations showed some interactions from staff that should be improved. Examples included talking over a service user to speak to another staff member or resident when providing care and moving a service user in a wheelchair to another room with little or no explanation of why this was happening. (See recommendation 1).

The Inspection Volunteer also made some observations of staff interaction with service users which were separate from our SOFI observations. She noted that most of the staff were respectful but did observe that some staff were a bit impatient with some of the residents. This may be an indication of a lack of training, knowledge or understanding on the part of some staff of how to best support people in their care. The Inspection Volunteer also received the following comments from relatives and carers:

"There is one member of staff that is not very nice - the way she speaks to people"
"I do not think they are well-trained for people with dementia"

We discussed at feedback another SOFI observation that showed that there was very minimal interaction between service users, particularly, the unit that supported people with a diagnosis of ARBD. This highlighted the need for staff to be proactive in encouraging service users to engage with each other and to continue with activities that promote this.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should observe and evaluate how all staff interact with the people to make sure that there is a consistent ethos of respect towards service users and each other. If this means that some staff require coaching or training to improve their approach then that should be arranged. The many examples of good practice that we observed in this area could be used as a model where areas for improvement have been identified.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

NCS 9 Care Homes for Older People - Feeling Safe and Secure.

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

Statement 2

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

Service strengths

At this inspection, we found that the performance of the service was good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

The service had regular meetings with different grades of staff and managers so that there could be exchanges of information about what was happening in the service and so that staff could be involved in the future development of the service. Examples included heads of department meetings, trained staff/senior carer meetings and care staff meetings.

A useful strategy of "flash" meetings took place every day. These were short meetings with heads of different departments and senior staff to discuss and plan the matters for the day. Staff that we spoke with told us that this worked well.

The service used a system of named nurses and keyworkers which meant that staff had specific responsibilities and duties related to the care of named service users. Having key responsibilities is helpful in developing staff skills, competencies and confidence. It can also lead to good outcomes for service users.

We received six completed questionnaires back from members of staff. Of these, all six people who replied strongly agreed or agreed they were given the opportunity to meet up with staff to talk about their day-to-day work.

Five out of six staff who replied to us strongly agreed or agreed that the service asked for their opinion on how it could improve. One person answered "not applicable" to this question.

Selected staff were encouraged to be "champions" in certain areas of care. This meant that they took the lead in topics such as Caring for Smiles, Activities and Dignity. Care assistant staff were now also more involved in care planning which meant that they had more opportunity to understand the wider care needs of individuals in their care and that they could contribute to the planning process.

Since we last inspected the service there had been change of manager. The majority of staff that we met and spoke with told us that the new manager had been a positive benefit to the service and that staff morale had improved as it had been low before.

Areas for improvement

We noted some formal consultation with staff in areas such as the development of the environment and also in the development in outcome focused strategies. However the information around this dated back to 2014 and it was unclear what action, if any, had resulted from staff feedback.

Staff supervision and appraisal are important opportunities to make sure that staff are accountable for their practice when working with service users. Supervision also allows staff the opportunity to discuss any support and training and other needs they may have with their supervisor. Appraisal, (or performance review), gives individual staff feedback about how well they are meeting key objectives in their role and to get feedback about how well they are doing. Both are key methods where individual staff members contribution to the development and running of the service can be assessed.

The majority of staff that we spoke with said that they received regular supervision but this was not reflected in the sample of supervision records that we looked at. The service was not carrying out staff supervision or appraisals for all staff as required by the provider's own policy. The new manager was aware of this and was taking action to address this. (see recommendation 1)

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should make sure that all staff have supervision and appraisals carried out in line with the provider's policy for this.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

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

At this inspection, we found that the performance of the service was good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

The provider had a 2015 timetable of quality improvement meetings for home managers that stated "Quality Improvement underpins progress and desired outcomes for all who use the service."

The provider had a good range of quality audits that were used to check that the service was operating as it should and that it was complying with relevant quality standards. Examples that we saw included audits of the environment, care planning and service user finances.

We noted that accidents and falls were well recorded and included a good monthly analysis of the types of accidents/falls that occurred. This indicated that the provider was examining how accidents and falls happened and allowed the service to take appropriate action to reduce the risk of similar occurrences in the future.

The Inspection Volunteer noted the following comments from service users and relatives about the quality of management and leadership in the service:

Resident's comments included:

"Would speak to the manager if I had a problem"
"Nothing annoys me"
"I know the manager. She is fantastic"
"She has made a big difference since she came"
"Would go direct to the manager if I had a worry or problem"

Relative's comments included:

"I know the new manager"
"I would definitely go to the manager if I had a worry or problem. She is very approachable"
"I received information before my relative came into the home"

Areas for improvement
The grade awarded for this statement takes into account the areas for improvement detailed throughout the full report.

We noted that the service had two different complaints procedures on display with different timescales for completing a complaint investigation. This was confusing to us and could be for users of the service. (see recommendation 1).

We discussed with the service manager the relatively low number of notifications of accidents and incidents made to the Care Inspectorate in relation to the size of the service. We asked the manager to make sure that all staff who were authorised by the provider to make notifications to the Care Inspectorate were familiarised again with the guidance on this. The manager agreed to do this. We signposted the manager to this guidance on our website (See http://www.careinspectorate.com/index.php/notifications).

Grade
4 - Good
Number of requirements - 0

Recommendations
Number of recommendations - 1

1. The provider should display the correct procedure for how it will deal with complaints received by the service. This should include a timescale where within 20 working days after the date on which the complaint is made, or such shorter period as may be reasonable the provider informs the complainant of any action that has to be taken.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

1. Staff should be aware of best practice guidance from the Mental Welfare Commission, (MWC).

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

This recommendation was made on 24 September 2014

This recommendation was partly but not full met. Some staff had participated in training related to an MWC publication called missed opportunities. We have made a re-worded recommendation under Quality Theme 3, Statement 3.

2. Menus should be assessed using a recognised nutritional tool or be approved by a qualified dietician.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements.

This recommendation was made on 24 September 2014

This recommendation has not been met. We have made a re-worded recommendation under Quality Theme 1, Statement 3.

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	
24 Sep 2014	Unannounced	Care and support Environment Staffing	4 - Good 4 - Good 5 - Very Good

		Management and Leadership	4 - Good
28 Sep 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good 4 - Good
5 Oct 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
18 Jan 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good Not Assessed Not Assessed
28 Jul 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good Not Assessed Not Assessed
26 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
12 Aug 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 5 - Very Good 5 - Very Good
4 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed 4 - Good 4 - Good Not Assessed
26 Oct 2009	Announced	Care and support	4 - Good

		Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good
31 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
25 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good

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

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