

Care service inspection report

Full inspection

Greencross Care Home Service

2 Tabernacle Street
Cambuslang
Glasgow

Service provided by: Thistle Healthcare Limited

Service provider number: SP2003002348

Care service number: CS2003010440

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.

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

What the service does well

The service continues to actively encourage and support individuals to maintain their independence and fulfil their maximum potential. Staff successfully support people to remain part of the local community with regular outings along with a daily walking group supporting this.

The service has continued improving its participation strategy to ensure that all residents are involved in decision making in relation to their day-to-day living, environment, recruitment of staff and the management of the service.

There is strong, positive leadership from the management and provider, who are motivated to continually improve the quality of service provided and promote positive outcomes for people using the service. Staff were motivated and enthusiastic, well-trained and worked very well as a team. There remains a core staff team who have worked in the service for a number of years and ensure that there is consistency in the care provided.

What the service could do better

The home consists of the main building which has three units for older people some with cognitive impairment. The Lodge is a separate building for people with mental health impairment.

There is a continued need for the provider to create a development plan in order to upgrade the environment with emphasis being placed on the main building. Some lounges, dining areas and communal bathrooms lacked space. Individuals' bedrooms would benefit from being decorated to provide a more homely person centred space for people to relax and enjoy.

The management should continue to supervise and audit the work of the housekeeping staff to ensure that the environment is clean and tidy.

What the service has done since the last inspection

The management have responded positively to previous recommendations and requirements we made. They displayed a commitment toward continuous improvement. The management are aware of the importance of building upon existing quality assurance processes in place to monitor and improve quality in the service.

Improvements have continued to be made to ensure individuals' views are valued and responded to.

Conclusion

Greencross continues to provide a good service for people who have a wide range of support needs and their families. Staff continue to receive good support through ongoing training and development with the provider and management team continually looking at ways to improve and move the service forward. The management team recognise that there are some areas of the home environment that need addressed and continue to show commitment to improving these areas to ensure positive outcomes for the people using the service.

It is clear that those living in the service can influence the way the service is run and that people are supported to remain as independent as they can with

support offered when needed. The service should continue its current practice of consultation with relatives and families, which is to a very good standard. Service users and relatives continue to tell us that they are happy with the care arrangements at Greencross.

1 About the service we inspected

Greencross Care Home is located in the Cambuslang area of Glasgow. The Care Home service is provided by Thistle Healthcare Ltd.

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), took over the work of the Care Commission including the registration of care services. This means that from 1 April this service continued its registration under the new body, SCSWIS.

The Care Home has seventy bedrooms across two separate buildings. All of the accommodation was provided in single rooms, there were larger rooms which could be suitable for shared use by express consent of both parties. The service has a registration for a maximum of seventy six people.

The main building: It now comprises of three units for older people many of whom have been diagnosed with dementia or cognitive impairment.

These units have been named as Baird unit (Top floor), Kelvin unit (Middle floor) and Fleming unit (Ground floor). All areas of the building can be accessed by a lift or stairs. There are a variety of lounge, quiet rooms and dining rooms throughout this building. At the time of the inspection all of the bedrooms were in use as single occupancy. Some of the bedrooms have en-suite shower and toilet, some have en-suite toilet and others do not have en-suite facilities. There were shared toilets and bathrooms located throughout the building.

The service provider's aims of care for older people were "for service users to feel valued as individuals, for care to enhance quality of life and for communication for people with dementia to be effective in understanding difficult behaviours so that individual needs can be met."

The Lodge: is a separate building providing accommodation for up to thirty one adults with mental ill-health. Within this building all bedrooms were for single occupancy and all had en-suite facilities. There was one lounge/dining area, a conservatory, one small dining room and several multi purpose rooms

used for various activities. There is a kitchen that can be used by service users. A lift or stairs provides access to the upper floor.

The service provider's aims of care for adults was "to provide person centred care, for staff to support individual goals to help service users lead lives which are fulfilled, to respect service users rights and choices and for families and friends to take an active role in relation to their care plan."

There was a nicely kept garden, a patio area and car parking spaces.

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 4 - 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 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

We compiled this report following an unannounced inspection. The inspection was carried out by two Inspectors. An Inspector Volunteer was also present on the first day of the inspection.

The unannounced inspection took place on 19 October 2015 between 9.30am and 4.40pm and 20 October 2015 from 9.15am to 6pm. Feedback was provided to the external manager, manager, depute and staff nurse on the last day of the inspection.

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

- Personal plans of people who use the service
- Meeting minutes for those who use the service, their relatives and staff
- Accident and incident records
- Questionnaires that had been requested, filled in and returned to the care service from people who use the service, their relatives or advocates, and staff members
- Medication administration and recording
- Staff training and supervision records
- Quality assurance systems
- Maintenance records

We also spent time observing how staff supported and interacted with residents and considered the general environment of the home.

During the inspection we spoke to the following people;

- The manager
- The project manager
- Staff
- Relatives
- Residents

An Inspector Volunteer is a member of the public who volunteers to work alongside Inspectors during the Inspection process. Inspector Volunteer have a unique experience of either being a service user themselves or being a carer for someone who has used services.

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

During the inspection the Inspector Volunteer spoke to fifteen residents either individually in lounge, dining and bedroom areas. Interactions between staff and residents were noted throughout the inspection period which included a meal time.

The views and observations of the Inspector Volunteer are detailed through this report.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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 self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we 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 use the care service had taken part in the self-assessment process.

Taking the views of people using the care service into account

We issued twenty five questionnaires prior to the inspection and received thirteen back. One resident agreed and twelve residents strongly agreed with the statement 'Overall I am happy with the Quality of Care I receive at this home'

The Inspectors and Inspector Volunteer spoke with residents within the service during the inspection. Residents with whom we spoke expressed a mainly positive view of the service. Some of the residents comments from discussion and questionnaires included:

- "We are well looked after. We get the doctor when needed, glasses, dental and our feet done"

- "staff are great and always happy to help"
- "I have my own bedroom, which is fresh and clean"
- "I am well looked after"
- "It's the best"
- "The garden is out of bounds. You need to have a member of staff all the time and they are not available"

Additional comments made by those living in the service are highlighted throughout the report.

Taking carers' views into account

We issued twenty five questionnaires for relatives and carers to complete and received six back. Four strongly agreed and two agreed with the statement 'Overall I am happy with the Quality of Care my relative/friend receives at this home'

The Inspectors and Inspector Volunteer spoke with relatives within the service during the inspection. Relatives with whom we spoke expressed a mainly positive view of the service. Some of the residents comments from discussion and questionnaires included:

- "find the staff very friendly and helpful"
- "management have...answered any questions that I have asked them"
- "the quality of service and help my relative gets is fantastic, I'm always kept up to date with everything and very happy"
- "my relative...loves it, I've not seen (them) this happy for years. The staff really can not do enough for the people in their care and are always welcoming to any visitors and are happy to answer any questions we may have".

Within Baird court "there are quite a few occasions when there are no staff in the common (TV) lounge. This does cause concern when a number of residents are there alone"

Additional comments made by those living in the service are highlighted 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: 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

For this quality statement we found that the service was performing at a very good level. We concluded this after we:

- Talked with the manager, care staff, residents and visitors.
- Looked at minutes of residents' and carer meetings.
- Looked at information in residents' personal plans.
- Looked at the activities programme and documentation about events that had taken place within the service.

We have considered the ways in which the service ensures that people are involved in assessing and improving the quality of care and support, environment, staffing and management and leadership provided by the service.

The service has a participation strategy in place and we found that positive actions were taken to implement this to ensure that residents and their relatives had the opportunity and help to contribute to their care and support and the overall development of the service.

Personal plans provided good detailed information on individuals care and support needs. There was recorded evidence that residents and their families had been involved in the development and review of these. The service has developed an "I have a say" folder, which we found in each of the rooms we entered throughout the inspection. This folder has been made up through staff discussion with each resident and their families and is pictorial. Picture-based communication aids can enable communication and comprehension for adults who experience speech or cognitive loss.

The content of the "I have a say" folders provides information on resident opinions, views, preferences and goals and contains very good information on personal care planning; such as food preferences and time of rising/going to bed. Along with information on personal preferences the folder contains resident feedback on how happy they are with aspects of their care such as; menus, staff assistance, table settings, choices of drinks and their overall experience of residing within the service.

Residents and their families were given a range of opportunities and help to be involved in their care and support. The service used a number of methods to gather information from the people using the service. These included surveys, questionnaires, meetings with residents and relatives and a variety of focussed questionnaires about specific aspects of the service provided. We could see that any suggestions or actions required from these consultations were appropriately actioned to provide a positive outcome for people living there. For example people were asked to provide their favourite meal choice, these choices had then been used and incorporated into the menus ensuring residents could look forward to having their favourite meal choice on a regular basis. The chef also attends meetings to gain feedback and plan person centred menus.

We could see that the service had began contacting relatives to carry out phone surveys to ensure that they were happy with their own level of consultation and the general wellbeing of their relatives. The service was asking relatives if they were; aware of when meetings were scheduled, kept informed of any changed in their relatives' general condition and if they would like a copy of any minutes from meetings sent to them. We could see that relatives were generally happy with the level of consultation from the service, with one relative stating that

they had received minutes of a latest review meeting in the post.

The service encouraged people to provide feedback on the standard of care and support, environment, staffing and management/leadership. The results from these consultations were collated and made available for people to read through minutes of meetings, newsletters or through the development plan. This demonstrated areas of strength or where further action was required to improve the service and outcomes for people.

Regular meetings were taking place involving all members of the staff team including maintenance, catering and domestic staff. Residents continued to participate in the quality assurance group. People were encouraged to add items to the agenda for discussion and minutes were provided for those who had not attended ensuring they remained fully up to date on what was happening within the service. The quality assurance group had recently added short internet programmes to their agenda, with a recent item watched and discussed from the director of dementia care matters. We saw that this resulted in discussion surrounding how the service could incorporate more meaningful activity when planning care for those residents with a cognitive impairment.

There were participation meetings taking place every three months involving residents, staff and relatives. This provided an opportunity for people using the service to have an update on what was happening, discuss plans for the future and encourage feedback on the standard of meals and activities provided.

Individual unit and keyworker meetings were taking place.

The manager had an open-door policy that allowed those living in the service to raise any issues or concerns at any time. Relatives and staff we spoke to said that management were very approachable, supportive and regularly visible within all areas of the home.

There was a good, informative newsletter available which covered a range of subjects from activities/outings to information from recent training events and updates on any improvements being made within the home.

There was a compliments and complaints folder, we could see that where any

concerns or complaints were recorded that these were followed up by the manager to provide a positive outcome for the resident and relative. The reception area and notice boards throughout the home were well organised and populated with current information, notices for meetings, minutes of previous meetings, planned activities with suggestion box.

There was a development plan in place with objectives for the continual improvement of the service. We could see that all objectives the service had set out to meet had been completed at the time of inspection.

The service had held a general election night along with a questionnaire to ensure that all residents could vote if they wished to participate. The service had also facilitated a "show me the money" activity based on a political theme. Groups of residents were provided with a budget and advised to think about what this should be spent on. We saw evidence that this resulted in a varied debate amongst residents on what they thought the country's money should be spent on and the feedback from residents who participated in the group was very positive.

The service had also participated in an annual healthcare games tournament with three other care homes. We saw pictures and feedback of the awards to celebrate winners of the pool tournament, quizzes and dominoes.

The Inspector Volunteer made the following comments:

Interaction between Staff and Residents was seen to be naturally respectful and engaging.

Residents participate in a number of Activities including Swimming/Sauna, Karaoke, Bingo, Exercising, Carpet Bowls, Library/Book Club, Film Nights either in house or at the local cinema and have the opportunity to see local football team Cambuslang Rangers. Internet access is available. There is also evidence throughout the Home of their talented Residents - there is an Art Gallery with self portraits, photos of cookery classes, a "giggle gallery" with jokes, "Quotation Corner" and Acrostic Poems where Residents and Staff have revealed themselves in verse.

Evidence of the Managements ongoing commitment to update the Service is seen by their recent choice to convert two unused bedrooms into a Music Room which has been filled with all sorts of musical instruments and is now being used regularly by residents, and an Entertainment Room with a Snooker table, darts etc. Residents and students from the local College have started a Music Initiative, sharing their talents and utilising the new Music Room.

Areas for improvement

The service should continue with the very good programme of participation and consultation it has developed.

One area for improvement highlighted is for the service to ensure that, when action plans for development are completed based on requests made through resident participation then this is dated and signed by the individual responsible for making any improvements to the service.

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

From the evidence we were presented with we concluded that the service was performing at a very good level for this quality statement.

In order to assess this statement we spoke with residents, relatives and staff, observed practice and looked at medication records, care plans, activity programmes, staff training records and evidence of how the service was monitoring people's weights and dietary needs.

We found that the home had good joint working relationships with healthcare professionals and residents had access to these services on a regular basis. The home has recently benefitted from being part of the Care Home Liaison service who provided advice and training to staff. Residents have access to a designated local GP practice who provide a weekly surgery with more frequent visits if necessary. We saw from records that staff were confident and referred to healthcare services such as opticians, chiropodist and dentists on a regular basis. The home works closely in liaison with the community psychiatric nursing services, who provide clinics and guidance for staff when looking after residents with dementia or more complex needs. Through this relationship staff are currently benefitting from stress and distress training to enhance their own practice with dementia care and improve the outcomes of those residents with a diagnosed cognitive impairment within the service.

We saw that the service continued to promote and use advocacy services, where required. And observed an advocacy worker visiting a resident during the inspection. Referrals to advocacy ensures that individuals are supported to express any views and concerns.

We looked at personal plans and found they were completed to a good standard and personalised to each individual with very good information

documented in these and the life stories. Some parts of the personal plans and medication recording sheets were in pictorial form. We thought this was a good way of demonstrating how the service had tried to engage with people who had difficulty communicating. There was good evidence of people's personal preferences recorded for example when they wanted to get up in the morning, their bathing routines, their preferred daily routine and activities they enjoyed. We found some very good examples of person centred care planning within the service. One care plan stated that a residents goal was to "attend weekly bingo" staff stated that their action would be to "remind when on and support to attend" the recorded outcome for the resident was "satisfaction, enjoyment and social interaction"

The service has a dedicated care plan "Champion" who works alongside other carers and attends meetings at the services' Head Office to further develop the person centred care planning used by the service.

We saw a range of risk assessments depending on individual needs. These were updated monthly or when any changes occurred. We saw the nutritional screening tool MUST (Malnutrition Universal Screening Tool) and BMI (Body Mass Index). We could see from the information recorded in the plans that staff monitored residents weights closely. Any concerns were recorded and staff reacted quickly to contact the appropriate healthcare professionals and inform families.

We saw that the service kept a record of communication with relatives and also detailed who visited the resident and what legal powers, if any, were in place. There were copies of up to date information available on who had the legal powers to act on a persons' behalf, for example Guardianship or Power of Attorney. In the care plans we sampled we saw that residents had an Anticipatory Care Plan were completed and in place. This will assist staff and other healthcare professionals in ensuring the persons wishes are taken into account in the event of any nursing or medical intervention being sought.

The service operates a named nurse and key worker system, relatives we spoke to were aware of this and who their relatives designated worker was. Staff that we spoke to demonstrated that they knew residents well and were knowledgeable about their needs and preferences. They told us they were able

to contribute to the personal plans and were consulted in the six monthly review process.

All staff received a full report at the start of their shift and the manager received a daily written report from all units. This ensured that everyone was fully aware and up to date on what was happening within the service over a 24 hour period.

The activity co-ordinators told us how they speak with each resident to find out their hobbies and interests and plan the activity programme around residents' preferences. There was a daily walking group, some residents were supported to attend the local swimming pool while others were supported to go to the local shopping centre or enjoyed doing a quiz or playing dominoes with the staff.

The service had introduced a mobile tuckshop and supported residents to take this around the home offering sweets and refreshments to residents and visitors. A fruit trolley provided residents with a wide range of soft fruits to try along with fruit juices and smoothies.

During the inspection we observed the dining experience for residents. The tables were set with tablecloths, napkins and condiments and there were plenty of staff around to support people and encourage their independence. People were offered a choice of meals with alternatives available if requested. Staff encouraged and supported some peoples' independence to prepare meals/ snacks and do their own washing in the specially adapted utility area within the Lodge. Staff were friendly and approachable in their manner and clearly had a good rapport with residents and relatives.

We looked at the medication administration and recording system. These charts were audited at each shift changeover in order to identify any omissions. The management team also conducted a more comprehensive monthly audit of the medication system. We saw that any areas of concern highlighted were actioned appropriately. There was good information available to staff on individual medications and allergens, side effects and protocols for as required medications. Staff had access to up to date best practice guidance and protocols for the management of diabetes or epileptic seizures. A checklist was

in place for analgesia, catheters, creams, seizure and behavioural management. We saw that, where any of these were required an appropriate care plan was also in place. We saw that residents had a pictorial medication care plan, which evidenced how an individual preferred to have their medication administered and any drinks preferred.

We saw evidence recorded that where medication was out of stock that the service had regularly contacted the pharmacy and had sought from the GP on the management of this.

We could see that six monthly reviews were being carried out in a timely manner. In the reviews sampled we could see that residents were involved and consulted as to their care planning, keyworkers and their overall experience within the service.

Areas for improvement

We identified the following areas for improvement during the inspection.

Where an individual required diet and/or fluid charts we found that the daily target was not always being recorded by staff. We also found that the charts were not always being completed after mealtimes. Completing food and fluid charts retrospectively can result in errors and inaccuracies when recording the amount of food and fluid an individual has consumed through the day.

We saw that the service had developed personal hygiene charts to ensure that individuals personal hygiene needs were met throughout the day. However we noted that there was no space for staff to record that they had gone back to offer assistance where this had been refused earlier in the day. This service should work to develop this.

We saw that the service was working with a local Community Psychiatric Nurse to train staff in stress and distress where a resident had a cognitive decline. We saw that, where staff had been directed to complete behavioural charts for an individual, these were not always completed. This lack of information could be detrimental to an individual who requires assessment and monitoring by specialist services in order to improve their outcomes.

(see recommendation 1)

We saw that, where a specific health care need was identified there was occasionally a lack of detail within an individuals personal plan on how a specific condition presents and how this could affect other care needs of the resident. For example mobility, eating drinking. The service should look to incorporate more detailed descriptions into residents personal plans. We will look at this further at the next inspection.

We looked at how residents' finances were being managed within the service. We were concerned that the way in which the information was recorded lacked clear distinction of credits and debits within residents accounts. We concluded that the financial system in place was not appropriate in assisting residents to maintain independence to manage their own finances, where appropriate.

However, after the inspection discussion took place with the service provider. We were assured that training has been provided to all staff who manage finances within the services and that there was a system in place to allow residents, and their family members, easy access to their finances and statements.

We will look at this further during the next inspection.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. Assessment and observation charts should be consistently completed. This includes:

- Diet and Fluid charts
- Behavioural Charts
- Personal Hygiene Charts

National Care Standards, Care Homes for Older People, Standard 6: Support Arrangements.

Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 – Good

Statement 1

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

Service strengths

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

We could see that some of the communal lounges and bedrooms had been redecorated with evidence of consultation of residents, relatives and staffs views being taken into account. We saw that “We asked, You Said, We Did” questionnaires had been provided to the residents, with twenty seven of these returned. These were used to consult with residents on their views for different themed lounges within the Lodge and other areas of the service. Samples of wallpaper had been provided and people had chosen their favourites from these.

Residents had chosen different themes for each of the lounges such as an American Diner and a garden theme. The action plan the service produced stated that the remaining rooms with the units were to be upgraded and redecorated in line with residents wishes.

Further examples of resident/relative and staff consultation and participation are detailed in Quality Theme 1, Statement 1.1.

Areas for improvement

The service should review the methods of consultation in particular for those residents who have short-term memory impairment. People with short-term memory loss are unable to retain information or recall any decisions following

any consultation process. The service should further develop its consultation in relation to how it will involve residents in developing and improving the main building.

(see recommendation 1)

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The service should consider ways on how they plan to gauge the views of those service users with significant memory impairments and how they can then support these individuals to remember the choices they made. National Care Standards: Care Homes for Older People Standard 11 Expressing Your Views. The service should consider ways on how they plan to gauge the views of those service users with significant memory impairments and how they can then support these individuals to remember the choices they made.

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

Statement 2

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

Service strengths

At this inspection we concluded that the service was performing at a good level with the environment kept safe and secure and residents protected.

There was a secure door entry system and book to sign in and out to ensure the safety of people within both buildings of the home. There was a registration certificate, staffing schedule and an up to date public liability insurance certificate on display.

The service has used good practice guidance to implement a falls prevention and management programme. We saw that the service was using a multi-factorial assessment tool, had links with the falls team and staff had received falls prevention and management training.

Staff were knowledgeable about their responsibilities to keep people protected under the Adults Support and Protection legislation. Staff were aware of when residents were at risk of harm or harm had occurred and were confident to report any concerns. We saw from training records that staff had attended training in this area.

The service had good infection prevention and control measures in place. The management team were monitoring the standards for infection prevention and control through visual checks of practice and regular audits as well as ongoing staff training. We found the majority of the home clean and fresh and domestic staff told us they were well supported and had plenty of cleaning products and equipment available.

Maintenance contracts were in place for equipment such as baths and hoists and records showed that regular satisfactory checks were carried out on this equipment to ensure people's safety. The maintenance log highlighted any work needed and when these had been completed. The maintenance person ensured

that where possible repairs were carried out as soon as possible to ensure the safety of the residents with external contractors used for more complex issues.

Regular checks of the nurse call system, water temperatures, wheelchairs, emergency lighting, legionella and fire safety were being carried ensuring people remained safe and secure. We saw that a gas safety certificate had recently been issued which indicated that equipment was in good condition.

We saw that the service is carrying out regular Health and safety meetings, which include the manager, depute and maintenance staff. These meetings highlight issues or concerns identified during regulatory inspections or by staff / residents / visitors.

Comments from the Inspector Volunteer were:

- A comfortable Guest Room is available for the use of families whose loved ones are perhaps receiving Palliative Care.
- The Service also has a Butterfly Cafe for the use of Residents and their families.
- Residents have access to a well appointed, secure garden area.
- Notice Boards throughout the Home are up to date, informative and consistent in their information.

Areas for improvement

The provider and management were aware of the need to continually review the accommodation particularly within the main building. The main building is an old building, some of the bedrooms and bathrooms require refurbishment and decoration in order to make them more comfortable and homely for people.

We found the lighting in some areas of the main building was dull which had the potential to increase the risk of trips and falls. Some of the communal bathrooms had limited space which proved difficult for people to access particularly with walking aids or those requiring the use of specialised equipment. The dining areas in the main building were small and unable to accommodate all residents in one sitting. Some people chose to eat in their rooms or lounge area which allowed staff to manage this positively. However the service should review the space and dining experience in the event of

peoples' preferences changing. We were again assured that the management team were aware of these issues and would be looking at improvements in the future environmental improvement plan for the service.
(see requirement 1).

We found that there were pockets within the environment of the main building that would benefit from more regular cleaning. We found areas within bedrooms where dust was thick, particularly lampshades and skirting boards. There were corners of corridors which also required cleaning. The Inspector Volunteer observed the dining experience of residents and commented that condiments on the tables could also be cleaner.
(see recommendation 1).

Grade

4 - Good

Requirements

Number of requirements - 1

1. The Provider must develop an ongoing refurbishment and maintenance programme to maintain and upgrade the environment of the service.

Specifically we require information on how the care home plans to address the following areas:

- The poor lighting throughout the care home.
- What plans the care home has to upgrade bathrooms
- plans to improve bedrooms within the main building

The care home must continue to implement the current refurbishment programme. This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) - a requirement for a provider to make proper provision for the health, welfare and safety of service users; and SSI 2011/210 Regulation 10(1)(2)(a)(b)(c)(d) - a requirement that a provider must not use premises for the provision of a care service unless they are fit to be so used.

Timescale: Within twelve weeks from receipt of this report.

National Care Standards - Care Homes for Older People 3: Your Legal Rights, Standard 4: Your Environment, Standard 16: Private life have been taken into account when making this requirement.

Recommendations

Number of recommendations - 1

1. The provider must undertake a review of levels of cleanliness throughout the home and levels of infection control.

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

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very Good

Statement 2

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

Service strengths

We thought the service was performing at a very good level in areas covered by this statement.

We looked at staff recruitment files and found they contained the relevant information and appropriate safety checks, for example two references, one of which was from the most recent employer and Protection of Vulnerable Groups (PVG) checks had been completed prior to commencing employment.

There were details available of staff who had completed or were working towards the completion of a Scottish Vocational Qualification (SVQ). We saw a list of the registration details of all employed staff who now all require to be registered with the Scottish Social Services Council (SSSC) and the Nursing and Midwifery Council (NMC). The manager kept records of these details and had a system in place for checking they remained up to date.

We saw some evidence within the recruitment files of resident participation in the process. Residents were being encouraged to sit on interview panels when potential staff were being interviewed. The service was gaining feedback on how residents and staff had found this experience and the feedback was mainly positive.

The service has an appropriate induction process in place to assist new staff. This induction process includes a Fire safety induction, which is carried out on

the first day of employment, an orientation booklet about the service and additional training surrounding the care needs of the residents.

We were informed that the provider is developing a new induction programme for new staff members, which will include training over a longer period of time. We will look at this further during the next inspection.

The service also ensures that staff have a probationary period, this includes midway and end period assessments, with supervisors seeking out comments and observations from residents in relation to the staff members practice.

Areas for improvement

We found that during the interview process only one interview form was included within the file, although both the manager and depute had interviewed the staff member. It would be beneficial for both members of the interview panel to document their thoughts and observations to show thorough discussion and assessment had taken place regarding the suitability of the interviewee.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

At this inspection we found that the service was performing at a very good level for this quality statement. We found that staff were professional, trained and motivated with very low staff turnover demonstrating a good consistent staff team who knew the residents well.

Staff were kept up-to-date with a range of learning and training opportunities provided internally by the training and development manager, where necessary or requested by staff external training was provided by a range of specialised healthcare professionals.

There was an annual training matrix which included a list of all mandatory training ranging from moving and handling, food safety and infection control. Other topics included promoting continence, palliative/end of life care, adult support and protection and adults with incapacity. Staff spoken with confirmed that they had access to a range of training and that if they identified any specific training needs then the management would source this. There was a staff resource library which was well stocked with current up to date best practice guidance and information on a range of subjects from dementia to falls prevention.

We saw from training records that training was being evaluated by staff to demonstrate how much they understood and if further support was required.

The service had a policy and procedure for staff appraisals and supervision, which set out how often these should take place. These allowed management to monitor staff practice and ensure that any staff development needs were identified and actioned quickly. Staff files contained signed supervision agreements with supervision records including feedback from residents,

personal discussions, training and development needs and future training requests.

We saw that group supervision was being carried out with staff members to discuss how the process could be developed to be more insightful. We found that these supervision sessions often had a theme, with staff from the Lodge exploring "Missed opportunities" guidance from the Mental Welfare Commission and additional staff groups discussing positive terminology.

There were good systems for communication between staff. All received a handover at the changeover of each shift, minutes of meetings and memos from the manager were also available. These helped to ensure that staff were aware of any changes that had taken place during their days off and were kept fully informed of what was happening within the service. Staff that we spoke to said they felt well-supported and able to approach senior staff or management if they had any concerns or questions. Regular staff meetings provided further support and staff told us that they could add to the agenda or discuss any issues at these meetings. Minutes of meetings were available to anyone unable to attend the meetings ensuring everyone was kept fully informed.

comments from staff were as follows:

- "If I feel I need training in any aspect of my job, I'm able to approach my manager and ask for it"
- "I feel supported here and the manager is really good at sourcing training"

The service had developed the role of the senior carer and encouraged staff to take on additional responsibilities supported by a specific training programme, for example some staff had undertaken medication administration and management and were now competent in this role. Staff we spoke to told us how they enjoyed having additional responsibility and how well supported and valued they felt which enabled them to fulfil their role successfully.

Thistle Healthcare have their own annual awards ceremony which recognised staffs' commitment and hard work over the previous year, staff spoke positively about this.

The service carried out regular assessments of people's current dependency levels and used this information when calculating the staffing levels required to meet people's needs effectively on a daily basis.

There was a well established named nurse/keyworker system in place and staff told us they were able to contribute to the personal plans and were involved and contributed in the six monthly review process.

Residents that we spoke with also commented on staff skills as follows:

- "Very nice staff"
- "The girls "...are good"
- "Prior to (the staff having) SVQ's we got people from the Social who didn't want to be here, now (the staff are) very good"

Areas for improvement

The previous inspection highlighted that the service was developing a training needs analysis for all staff. Each staff member was asked to provide information relevant to their role and responsibilities. This information was then to be used to develop individual leaning plans for staff. We were unable to see how this had benefited staff or implemented within the supervision/appraisal system. The service should look to develop this further and we will look at this further during the next inspection.

The service should continue to develop the supervision format for staff, ensuring that this is meaningful and assists in developing reflective practice. (see recommendation 1).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should look at ways of improving the quality and content of staff supervision in particular where staff have identified specific training requests. Supervision records should be fully completed and evaluated to demonstrate

that staffs' requests have been positively actioned within an agreed timescales. The training matrix should be developed further to highlight which staff have had training and which staff still require specific training.

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

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

At this inspection we found that the service was performing at a very good level for this quality statement.

The management team remain consistent in promoting the values and vision for the home, staff said they were visible and approachable within the service. We saw that the management team encouraged open discussion with staff to share ideas and explore ways of improving the service and were encouraging and supporting staff development.

Senior staff were encouraged to develop leadership skills and experience. We saw that some staff in the service had lead roles where they had specific responsibilities and expertise. For example some staff were promoting palliative care while others focused on meaningful activities and organised regular outings and holidays for people to enjoy. The role of the senior carer was currently being further developed with staff receiving training and support in order to provide them with the skills and knowledge to undertake additional responsibilities, for example medication management.

Management had developed questionnaires and telephone surveys to gain the views of relatives and carers. This ensures that participation is continual within the service for both residents and carers.

The service was able to show that it had started to involve residents and relatives in the completion, of the self-assessment submitted to us prior to the inspection. They plan to further develop their involvement over time to ensure their views are fully reflected in a meaningful way.

Residents comments on the management and leadership within the service were as follows:

- "Yes I know the Matron, I would know how to complain to her"
- "Yes I know the Manager"

Areas for improvement

The service should continue with the very good practice currently undertaken to ensure relatives and carers continue to participate in the management and leadership of the service.

See Quality Theme 1, Statement 1.1 for relevant areas of improvement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service strengths

We found that the service was performing at a very good level in relation to this Quality Statement.

The service was aware of their responsibilities to notify the Care Inspectorate, Scottish Social Services Council and Nursing and Midwifery Council regarding any notifiable incidents and we could see that any issues identified had been dealt with appropriately.

There was a complaints procedure in place and was visible for service users and their families. As a result, people knew how to make a complaint if they were dis-satisfied with any aspect of the service. We saw that complaints were dealt with effectively by the manager to ensure positive outcomes for residents and relatives.

The service submitted its annual return to us when requested.

The management team have a good presence in the service. Those living and working in the service spoke very highly of them and indicated that if they had any issues these would be quickly addressed.

The service has its own quality improvement team that meets regularly to review what is happening in the service, and identify where improvements can be made. This covers all areas from maintenance, housekeeping to care.

The manager of the service carries out a range of audits as part of their Quality Assurance processes. These included audits in relation to the accommodation as well as audits relating to health care of residents, such as medication, falls, dependencies, weights and personal care planning. There was evidence that where issues were raised in this audits that action was taken to address these.

The management team had developed an overview of all action plans following audits or methods of consultation. This assists the manager to ensure that any actions required are followed up within a suitable timeframe and evidence of the end result and outcome achieved.

Accidents and incidents were analysed and audited monthly and included an action plan demonstrating any common trends, actions identified and actions taken to prevent a recurrence.

The Provider continues to hold regular management meetings, bringing together managers from all services operated by Thistle Healthcare and Associated companies. These meetings are still used to continually review existing procedures and practices and to consider how services can continue to develop and improve over time. Areas discussed included quality assurance, Care Inspectorate grades, occupancy levels, training and maintenance/ refurbishment

External management continue to carry out 'Quality Visits' and a report is completed following this visit, highlighting their findings. Action plans are available highlighting any areas that needed addressed and who was responsible to progress these.

The service has a development plan in place which is regularly reviewed. This sets out the priorities for the service for the coming year and identifies, where possible, timescales for actions to be taken. We saw a business development plan for 2014-2017 which highlighted the future plans and improvements for all homes within the service. This included information on refurbishment work which had been completed and areas still to be done. The plan gave an overview of the future initiatives in each home, for example the training and project manager are both working in collaboration with the Care Inspectorate advisors and NHS community practitioners in compiling guidance to promote urinary continence.

The service has continued with its quality improvement team who met every three months with staff and residents contributing to the agenda for this. The purpose of the meeting was to encourage people to discuss what was important to them and also focused on how to improve these areas to provide

positive outcomes for residents. For example topics discussed included; weight, falls and seizure management, skin integrity and pain management and how these could be managed and improved further. Recently these meetings have focussed on dementia care and meaningful activities for those resident within the service.

Areas for improvement

As highlighted in the previous Inspection Report we found a lack of clarity within the current auditing system that where areas for improvement had been identified that these had been positively actioned within a specified timescale. We will continue to monitor this at the next inspection.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

1. The provider must ensure that each resident receives a review of their personal support plan at least once in every six month period while in receipt of the service.

This is in order to comply with; The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2010/2011 Regulation 5 (2)(b)(iii) Personal plans

Timescale; to commence upon receipt of this report and be completed within six months and continue six monthly thereafter.

This requirement was made on 15 September 2014

We found that, within the care plans sampled, residents six monthly reviews were being carried out on time. We could see that the management continued to audit these, ensuring that staff were aware of when a review was required so that this could be carried out.

Met - Within Timescales

2. The provider must ensure that all alarm call systems are regularly checked to ensure that they are fully accessible to residents to summon assistance or in the event of an emergency. They must be within reach and accessible to floor level at all times. This will ensure that if a resident falls they can call for assistance.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2010/2011 Regulation 4 (1) Welfare of users.

Timescale to commence upon receipt of this report and be completed within one week thereafter.

This requirement was made on 15 September 2014

We did not find any evidence during this inspection that alarm call systems were inaccessible to residents. The service has ensured that all residents have access to call systems, where required.

Met - Within Timescales

3. The provider must ensure proper provision for the health, welfare and safety of residents. In order to do this the provider must ensure that the ventilation systems are improved and that doors to these areas close correctly to prevent smoke penetrating into surrounding communal areas . The service must ensure that all doors within the home are fitted and close correctly to meet current fire safety regulations.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2010/2011 Regulation 4 (1) Welfare of users.

Timescale to commence upon receipt of this report and be completed within one week thereafter.

This requirement was made on 15 September 2014

We could find no evidence during the inspection that doors were incorrectly fitted or posed risk of harm to the residents. The service receives assessment from the local fire station who advise on ways to minimise any potential risk.

Met - Within Timescales

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

Previous recommendations

1. The service should consider ways on how they plan to gauge the views of those service users with significant memory impairments and how they can then support these individuals to remember the choices they made.

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

This recommendation was made on 15 September 2014

We found that the participation and consultation being carried out by the service was to a very good standard. The service continues to develop ways that views can be captured, one of which is the views of individuals with a cognitive decline. The service should continue to collate the views of resident, particularly within the main building.

The recommendation has been repeated and will be followed up at the next inspection

2. Amendments made to the medication recording charts should provide a date, be referenced to the prescriber and be signed by the person making the change.

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

This recommendation was made on 15 September 2014

We found that the recording on the medication recording charts was to a good standard with no omissions or errors.

This recommendation is MET

3. The provider should look at ways of improving the quality and content of staff supervision in particular where staff have identified specific training

requests. Supervision records should be fully completed and evaluated to demonstrate that staffs' requests have been positively actioned within an agreed timescales. The training matrix should be developed further to highlight which staff have had training and which staff still require specific training.

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

This recommendation was made on 15 September 2014

We saw that supervision were being carried out, however there content requires improvement to ensure that this is a meaningful experience for staff.

This recommendation is not met and is repeated.

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
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27 Aug 2014	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
22 Jan 2014	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
16 Jul 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate
19 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
24 May 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
28 Oct 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
17 May 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
4 Feb 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed Not Assessed 4 - Good

24 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed Not Assessed 3 - Adequate
5 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 3 - Adequate
13 Aug 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 3 - Adequate
26 Nov 2008	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 3 - Adequate 3 - Adequate 2 - Weak
23 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak

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

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