care inspectorate

Care service inspection report

Full inspection

St. Peter's House
Care Home Service

St. Peter's House
Back Road
Stromness

HAPPY TO TRANSLATE

Inspection report for St. Peter's House
Inspection completed on 03 December 2015

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2003009101

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.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

@careinspect

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

The staff and management team provide a good standard of care and are committed to continual improvement.

Visitors are made welcome.

St. Peters has a warm and homely environment.

Residents and their families have opportunities to give feedback about the service.

What the service could do better

Personal care and support plans need to be reviewed at least once in a six month period.

A record of prescribed topical medications needs to be kept of when applied.

The dining experience for residents could be improved. There should be better use made of fluid charts.

There needs to be a more robust system for repairs and maintenance.

Residents who need to use a hoist should have their own sling. Information about the sling used should be in their care plan.

Staff awareness and compliance with environmental risk assessments could be more effective.

Medicine training needs to be of an acceptable level.

What the service has done since the last inspection

There has been redecoration and some new carpets.

Staff have had training including mandatory instruction.

Staff read 'Daily Sparkle' a reminiscence newspaper with residents which helps discussion.

Care plans are more informative about the resident which helps staff provide more person centred care.

Medicine arrangements have improved.

Conclusion

The management and staff team work hard to provide a good standard of care. The service is highly valued by residents, their families and allied professionals in the community.

1 About the service we inspected

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

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

The service is registered to provide a care home service for a maximum of 32 older people.

St. Peter's is a residential home located in the town of Stromness provided by Orkney Islands Council (OIC). Accommodation is available on two floors; the ground floor has a large lounge and dining room, conservatory, kitchen, offices and laundry, as well as bedrooms. Two passenger lifts allow residents to access the upper floors.

Thirteen of the thirty two bedrooms have ensuite facilities of a toilet and a sink, two bedrooms also have a shower and the rest have a sink. There are communal bathrooms with specialised equipment and toilets located on both floors. The grounds were accessible by ramp to residents.

The information brochure states: 'St. Peter's House is committed to creating a sensitive and caring culture based on empowerment where the well-being and quality of life for residents are of the utmost importance.'

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

What we did during the inspection

We wrote this report following an unannounced inspection, which was carried out by one Care Inspector. We visited the home on 1, 2 and 3 December 2015 between the hours of 9.30am and 8.00pm. We provided feedback to the registered manager and senior area manager at the end of the visit. The feedback included requirement, recommendations and areas of improvement made as a result of these visits.

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

We sent ten Care Standards Questionnaires to the service, to be given to people who use the service and five were returned completed. We also sent ten questionnaires to be given to relatives of people who use the service and six were returned. Twenty staff questionnaires were handed out and six were completed and returned.

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

We spoke with:

- six people who used the service
- registered manager
- four senior social care workers
- six social care workers/assistants
- housekeeper
- community nurses
- cook

- kitchen assistant
- 2 handy men
- relief driver
- administrator

We looked at:

- evidence from the service's most recent self assessment
- personal plans of people who use the service
- formal care reviews and records
- participation information, including Care Standards Questionnaires
- accident and incident records
- staff training records
- supervision and performance development review records
- risk assessments
- notice boards
- health and safety records
- maintenance records
- menus
- minutes of residents and relatives meetings
- minutes of staff meetings
- service development plan

We observed staff interacting with residents and looked round the building and grounds and at the equipment used.

- Consideration of the National Care Standards - Care Homes for Older People.

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 self assessment was fully completed.

Taking the views of people using the care service into account

We spoke with six residents during the inspection though not all were able to give an opinion about the service received. Comments received included:

"We are very comfortable here. We have nothing to complain about."
"I am very glad to be in Orkney. I have had a very happy life and I have never regretted coming to Orkney."
"The food I find is always good."
"I would rather be at home but if I have to be somewhere this is very good. The staff are very kind."

We received five completed care standard questionnaires. All indicated that they were very happy with the quality of care received. Comments received included:

'Occasionally there may be a slight muttering but overall I am very happy with the care and support I receive. I am very happy to live at St. Peters.'

'It's excellent and it'll never be home, but I'm very happy living here. The place is lovely.'

'It cannot be improved as it is just right the way it is.'

'The food is very good and I enjoy staying in St. Peter's very much. The staff are very kind and considerate and I couldn't ask for better.'

'Very warm and comfortable, my bed is very comfortable. I love to watch the boat come in each day and the walks people take over the Brinkies Brae every day also. The home is very clean and comfortable.'

'The staff are very supportive and most helpful and will do anything for you.'

Taking carers' views into account

We received six completed care standard questionnaires. All showed that the relatives were very happy with the care their relative received. Comment received

'Property not cared for but clothing marked and cared for, but on occasion there can be a mix up in contents. Personal items broken and necklaces dirty with food. Overall a well run home with friendly helpful staff but would like to always see someone in the sitting area amongst the residents, communicating with them outwith feeding time and ensuring no-one gets up and falls over as could happen with wanderers unsteady on their legs or even a resident having a violent streak.'

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

From the evidence looked at during this inspection we decided that the grade for this statement was good. This was after we spoke with residents, looked at minutes of meetings, results of questionnaires, notice boards and other documents.

The service participation strategy was displayed and was written in plain English. It stated: 'ensure that the views service users share with us, influences the department's work and service development.' The policy outlined the ways that residents and their families could use to give their views and suggestions. See areas for improvement.

We saw minutes for residents meetings and suggestions for activities and improvements. These had also been displayed on the notice board which indicated what the service had done about these suggestions and comments. Included were suggestions for the menu for example more salt fish, lobster, fried spouts. Also for areas of the garden to be given over for wild flowers and for a T.V. to be adjusted. The board showed that these wishes were being met.

Care plans now contained the document: 'Getting to know me' and several examined contained essential information which would help staff to know and understand the person and help to provide person centred care. Care plans are reported in Quality Theme, 1 Statement 3 areas for improvement as a significant number of care plans had not been reviewed within the previous six months. Some care plans showed how to support resident's choices and to maintain their individuality.

We saw that residents were consulted about menus, about décor, outside areas and other aspects of the environment.

People who came for respite to St. Peters were asked to complete a questionnaire at the end of their stay. Results were very positive.

There were usually monthly newsletters which gave information about events and activities often with photographs. There were updates about staff changes and birthdays.

There was a suggestion box in the entrance hall.

Advocacy was promoted.

Residents were involved to some extent in the recruitment process. Sometimes they met the candidate when they came for interview.

We observed staff carefully asking residents about what they wanted including where they wanted to sit, what they wanted to eat or drink and when they wanted to go to bed.

Areas for improvement

The participation strategy could be further developed to show how those residents with communication difficulties or cognitive impairment could be meaningfully involved.

We found there were fewer formal opportunities for residents and relatives to put forward their views and suggestions this year.

Care staff should be aware of different methods of communication to include those living with dementia.

Management could initiate questionnaires in different formats - a snap survey after an event, about the menus, invite the views of relatives or allied professionals. Focus groups could be developed to look at aspects of the service for example how to involve residents/relatives in recruitment whether formally or informally.

Newsletters could be further developed to include about inspections and outcomes and what management are doing to make improvements. Knowledge of complaints procedure could be refreshed and the newsletter could give information about any questionnaires or focus groups.

Management should consider the use of photographs to inform residents and visitors who was on duty.

Grade
4 - 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 looked at during the inspection we found that the service grade for this statement was good. This was after we looked at care plans, reviews, risk assessments, nursing notes and other relevant documents.

Care Plans and Communication
Care plans were kept in the office and were seen to be used by care staff. Key workers were responsible to keep the care plan up to date. In the office, white boards gave crucial information about each resident: whether on a food and

fluid chart, had skin problems or were on the 'stop and watch' tool amongst other areas. Notice boards in the office also informed about a variety of other subjects at a glance.

The service used short term care plans for acute conditions which would be referred to at each duty handover. This ensured that all staff were up to date with the situations of the residents at most risk. The handover also covered concerns about fluid intake, skin problems, new medication and if a resident was in pain or discomfort. Communication between senior staff and care workers and assistants was seen to be good.

Care staff worked effectively with allied professionals. All nursing procedures were carried out by community nurses who recorded their treatment in the care plan so care staff could easily access information about the nurses' management. We found that staff appropriately referred residents to allied health and social care professionals. There were regular meetings both with GPs and community nurses and referral books were kept with details of residents who needed attention from these health colleagues.

Some care plans had good information about residents' preferences and what interested them. The service used a comprehensive checklist to assess residents past and present skills and interests. There were records of activities as well as photos on notice boards and in newsletters to show residents' involvement.

The 'Getting to know me' document was a very useful addition to the care plan and contained in some cases a great deal of important biographical information that helped staff talk to the resident and maintain their identity.

Nutrition, Hydration and Dining Experience

Most residents had their meals in the large airy dining room though some chose to have their meal in their room or in the sitting room. In the dining room, tables were set with tablecloths and there were both cloth and paper napkins. Usually the tables were set up ready for the next meal with cups and saucers, cutlery and some tables had salt and pepper. There were breakfast menu boards as well as small signs advertising events that could be put on the table. There was a large blackboard menu which was changed each day which informed about lunch and the evening meal. There was usually a choice of main

course though alternatives could be provided. Meals were made in the kitchen mostly from fresh ingredients. Menus showed a good variety of meals with suitable selection of accompanying vegetables. Fresh fruit was cut up and offered daily.

Care staff kept folders up to date which had details of each resident's dietary preferences and needs. These were kept in the dining room and in the kitchen and provided information including about equipment needed, portion size and if texture modification was needed. We could see that residents were weighed regularly and Body Measurement Index (BMI) and Malnutrition Universal Screening Tool (MUST) were used. If there were concerns about weight loss, staff took action including when appropriate referral to GP, Dietician or Speech and Language Therapist when there were swallowing difficulties. We could see that some residents had their meals fortified to provide extra calories. Kitchen staff often made up 'smoothies' or mousse deserts with extra cream. Some residents received prescribed supplementary drinks or desserts.

We observed some very good staff practice in the dining room. A drink of juice or water was offered very soon after a resident sat down at the table. Staff asked respectfully whether the resident wished to use a napkin or have a tabard and what they wished to eat. Staff who assisted residents to eat did so with patience and did not rush the resident. Some staff were good at speaking with the resident or offering a comforting touch and helping to make the experience pleasant.

Pressure care and prevention

New residents had their skin checked not long after admission and those at risk were checked daily or more frequently if necessary. The service used the Waterlow tool that helped to assess the likelihood that an individual's skin might break down. If residents had wounds, they were treated by the community nurses. They recorded the resident's care and treatment within a section in the care plan, making it easier for care staff to keep up with the nurse's management. Front line care staff kept records within the resident's bedroom that detailed about positional changes, pressure care equipment and skin assessment if deemed necessary. Some records were kept about the application of prescribed topical medication. See areas for improvement.

Medication
In the last report we made a recommendation about medication. We found that there had been improvements in medicine management. Two seniors worked together to check the medication order while I was there. This recommendation has been met. We had concerns about training and assessing competency which is reported in Quality Theme 3, Statement 3.

Pain management
Care plans had details about residents' pain including what caused pain, medication used and dosage. If medication was 'as required' there was some guidance as to when it should be used. We could see some use of the Abbey pain scale which was utilised with residents with communication difficulties or dementia. Staff were observed to be calm and able to support residents who were distressed. A few care plans had good information about individual resident's indicators of distress and how to help them. We saw that the disability distress assessment tool had been used for a resident who was often distressed. This tool was to help identify cues in people who because of cognitive impairment or physical illness have severely impaired communication.

Falls
The service was using several tools from the resource 'Managing falls and fractures in care homes for older people' as well as a comprehensive moving and handling assessment. Falls were recorded and analysed with a monthly overview. Action was taken to try and reduce incidence of falls.

Activities
We saw records of activities, also photographs on notice boards and in newsletters of different events. There was an activity room where we could see some pictures and craft products. At handover in the morning and afternoon a member of the care staff could be allocated to provide activities some time during the shift. The senior manager stated that extra funding could be claimed up to 16 hours a week to provide activities by a staff member. One of the senior staff had responsibility for organising activities. Records showed that a local supermarket had provided help to create a sensory garden as part of their community commitment. There were links with the local secondary school and senior pupils provided voluntary help with activities as part of their school curriculum. A monthly timetable of events was posted on the notice board. At

times we could see a member of staff in the sitting room reading with a resident. The 'Daily Sparkle' a reminiscence newspaper was read to residents which helped to initiate conversation and discussion.

Areas for improvement

Care Plans

We found that there had been action to meet the recommendation made in the previous report though we had concerns that care plans were not being reviewed at six monthly intervals as required. Care plan evaluations were not always up to date and some assessments were not dated. Records for example for bathing and showering were not being kept. We have made a requirement about this.

Nutrition and Dining Experience

There were aspects of meal times that could be improved. Some cloth napkins were ragged with holes. The place setting for each resident could have a tablemat which would help those with visual or spatial difficulties to know their place on the dining table. Table decorations could be considered. For residents who were not sure what the meals were, staff could show an example of the meal choices to help them understand by seeing and perhaps smelling the food. For residents who needed their food cut up this could be done discreetly away from the table.

The radio was on during a lunch to Radio Scotland and a heated debate was being broadcast. Residents should be consulted as to what they want to listen to when they are eating. Perhaps the residents at one of the tables could choose.

We found some nine residents were on food and fluid charts. The chart recorded food and fluid over one day and it should be totalled at the end of the day. We found that the total fluids consumed for individual residents could be very low for example 200 mls. The target fluid intake for each resident should be noted on the chart to guide staff. Target intake calculation should follow best practice.

We observed one resident who was assisted by three different staff throughout the meal which may have been confusing for her.

The cook told us that she would be interested in training about texture modification.

On one evening it was decided to serve the meal in the sitting room as they were short staffed. One staff member had phoned in sick for the late shift though one of the care staff agreed to stay on until 8.00pm. This resulted in residents sitting for a long time in the same position. Residents should be encouraged to move more for their health. **(see Recommendation 1).**

Pressure Care

Some residents who had prescribed topical creams had no record of their application. The senior manager stated that they were in the process of changing the system of recording back to using the medication administration record (MAR) rather than on a separate topical MAR chart. There should be a continuous record to show that the resident has been getting the prescribed medication. **(see Recommendation 2).**

Activities

Over two days of the inspection there was little planned activity. Staff stated that due to the high and complex needs of the residents there was not enough time to provide activities and also they were short staffed due to illness. Staff commented that they were: "Flat out"; also that they usually did not have time to take a break as they were so busy.

Records showed that the extra funding for activities was only claimed for twenty hours for all November. At a staff meeting during the inspection a senior manager agreed to allocate extra funding each day so that extra staff could be taken on at busy times. We will look at this at next inspection.

The Adults with Incapacity Certificate completed by the GP or hospital doctor usually did not have the second part of the document: the treatment plan. It would be useful for staff to have both parts of the certificate.

Management should ensure that if a relative or friend has legal powers to make decisions for a resident that a copy of the letter of authority should be kept

with the care plan. This should show what powers the person has so they can be consulted appropriately.

Grade
4 - Good

Requirements
Number of requirements - 1

1. The provider is required to ensure that care plans are reviewed as requested to do so by the resident or representative, when there is significant change in a resident's health, welfare or safety needs and at least once in every six month period. Where appropriate after a review, the care plan will be revised.

This is in order to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 5 (1) (2) Personal plans.

Timescale: 3 months from receipt of this report.

Recommendations
Number of recommendations - 2

1. It is recommended that:
a) the provider improve the dining experience as outlined in the report.
b) the provider ensure that the use of fluid charts improve. From an assessment of the resident's fluid needs which would correlate with their weight, a target fluid intake over 24 hours should be recorded on the chart with the total calculated. Where there is a significant difference between the fluid intake goal and actual intake this should be communicated at duty handover.

National Care Standards, Care homes for older people - Standard 13: Eating well

2. It is recommended that the provider ensure there is a system in place for staff to follow to record the application of prescribed topical creams. Records should be able to be checked to assess treatment prescribed.

National Care Standards, Care homes for older people - Standard 15: Keeping well- medication

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

We found that the service grade for this statement was good.

Residents were consulted about the environment both inside and about the garden.

For further evidence see Quality Theme 1, Statement 1.

Areas for improvement

See Quality Theme 1, Statement 1.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

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

Service strengths

From the evidence we looked at during this inspection we decided that the service grade for this statement was good. This was after we looked round the building, looked at equipment and examined relevant records.

Written residency agreements between Orkney Islands Council (OIC) and each resident were in the resident's care plan.

St. Peter's House presented a homely, relaxed atmosphere to residents and visitors. The large sitting room had good views over the sea, with armchairs arranged in groups so residents could chat together if wished. At one end was an open fire which was usually burning. Reading materials and other resources for pastimes, for example jigsaws were close to hand. The conservatory was used for activities and we could see various craft materials and photo albums. There were tropical fish tanks as well as two cats which were obvious favourites with many residents.

During the inspection a painter and decorator was in the sitting room on one day painting the dark walls a lighter colour as residents wished. The entrance hallway had already been brightened and the communal rooms were due to be re-carpeted.

A handy man/gardener was employed part time to manage day to day repairs, maintenance and the garden. There was also a recent arrangement whereby a maintenance man from another service came to provide 1 to 2 hours in the afternoon. Repairs were noted on a sheet by staff to inform handymen.

We could see that there were regular inspections of the service by contracted companies to ensure the lift, hoisting equipment, wheelchairs, sensor mats and other necessary systems were in working order.

There were clear signs for the toilets and bathrooms to help people find them more easily.

The handyman tested a few hot water outlets accessible to residents each month so that over a year all outlets were tested. He recorded the temperature to ensure that it was within an acceptable range and would not scald the resident.

An inventory of all pressure relieving equipment was kept with instructions for use.

When bedrails were used we could see that a risk assessment was completed and the resident's family was consulted.

Areas for improvement

There was not a robust system in place to ensure repairs and maintenance were carried out. Sheets on a clipboard showed entries going back some time that had not been signed off as completed. Often there was no date when the repair was reported or finished. The repair report needs to be able to be audited and retained. **(see Recommendation 1).**

We found that hoist slings were being shared and that care staff were not always sure of which sling they needed to use. Care plans did not always have details of the sling needed. We saw one member of staff hoisting someone by himself when the moving and handling risk assessment stated that two staff were needed. Many slings were hung up in the corridor outside the staff office, most not named or with room number to indicate whose it was. **(see Recommendation 2).**

We found radiators that did not have a cool wall to prevent scalding. One radiator was found to be very hot to touch and could have been a risk to an older person. The senior manager present at feedback stated that this would be looked at immediately. We also found that sluice doors had keypads to prevent non staff entry though the keypads had been switched off. **(see Recommendation 3).**

There should be an inventory of all pressure relieving equipment with information as to how each type of active mattress works and their settings. This should be accessible to staff.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. It is recommended that the provider ensure that there is a robust system to manage repairs and maintenance of the building and equipment.

National Care Standards, Care homes for older people - Standard 5: management and staffing arrangements.

2. It is recommended that hoist slings should not be shared. Slings should be marked so that staff can identify who it is for. Details of the sling needed should be in the resident's care plan to guide staff. Staff should follow moving and handling risk assessment guidelines.

National Care Standards, Care homes for older people - Standard 5: management and staffing arrangements.

3. It is recommended that the provider ensure that the environment is safe for all residents whilst taking account of their needs and abilities. Risk assessments should be completed and action taken to reduce significant risk. Staff should be aware of these risk assessments and adhere to the findings.

National Care Standards, Care homes for older people - Standard 4: Your environment, Standard 5: management and staffing arrangements and Standard 9: Feeling safe and secure

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

We decided that the grade for this statement should be good.

For evidence see Quality Theme 1, Statement 1.

Areas for improvement

See Quality Theme 1, Statement 1.

Grade

4 - Good

Number of requirements - 0
Number of recommendations - 0

Statement 3

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

Service strengths

From evidence examined during this inspection we decided to grade this statement as good. This was after we spoke with staff, looked at training and supervision records, staff meetings and other documents.

We found that OIC used a robust employment procedure which helped to ensure that unsuitable people were not employed. Candidates were asked to

provide two suitable references and did not start work until an up to date Protection of Vulnerable Groups (PVG) check was made. A recently employed staff member confirmed that she had two weeks of shadowing more experienced staff on shift before she worked on her own as part of her induction. She also received comprehensive training which included fire, moving and handling, infection control and health and safety training.

A new electronic training tracker was being developed to record training and to alert management to training needs of individual staff. The tracker showed that overall most mandatory training was up to date or was planned in the near future.

Training was provided in various ways: in house from seniors, by external specialists, on line through I - learn and through DVDs. There was some evaluation of training. Staff had opportunities to access training about resident's specific health needs. Most care staff had some dementia training. There was support from community nurses to provide training, for example in skin care.

There was good communication between care staff and seniors. There were two 'flexi seniors' who could also be part of the front line care team. This enabled communication within the team as well as helping to assess care staff practice and needs of residents.

There were regular meetings where staff were able to voice their opinions and discuss relevant issues.

We found staff had one to one supervision on a fairly regular basis.

We were assured that all care staff were suitably registered with the Scottish Social Services Council and the majority had a relevant qualification or were working towards this.

Areas for improvement

We found that staff had not had medicine administration training up to an acceptable level. A senior manager is addressing this and there are plans for all care staff to have training that would meet the accepted competencies. There

had been some serious medication errors made by staff but we could not find records to show that these staff had their competency assessed or had further training. **(see Recommendation 1).**

Senior staff were looking at present training strategy to ensure staff got the essential training to support them in their role.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. It is recommended that the provider:
a) follow through on plans to improve the training of care staff who administer medicines to an accepted level of skill
b) ensure that staff competency is assessed on a regular basis
c) that staff who err whilst administering medicines should be assessed for possibility of further training and competency.

National Care Standards, Care homes for older people - Standard 15: Keeping well - medication.

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

The service grade for this statement is good.

For evidence see Quality Theme 1, Statement 1.

Areas for improvement

See Quality Theme 1, Statement 1.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service strengths

From the evidence found during the inspection we decided that the service grade for this statement came within good.

Findings from the other themes contributed to this statement.

As reported in Quality Theme 1, Statement 1, residents and relatives were given opportunities to give feedback about the service. We could see that some suggestions to improve the service had been actioned.

Staff were surveyed for their views by OIC and they confirmed that they felt they could contribute ideas to management.

There were close working relationships with local allied health and social service professionals. The manager had a formal meeting with local GPs and district nurses on a monthly basis. Feedback was received at these meetings.

Some management responsibilities were delegated to seniors with each having accountability for a particular area of the service. Seniors followed a weekly and monthly timetable of checks. Seniors and manager met regularly to discuss the service and managers of all Orkney care homes convened to share good practice.

The development plan was displayed on a notice board. Initiatives came from a variety of sources including residents and relatives, allied professionals, senior management and staff. Some actions had been completed.

The manager and seniors were completing a comprehensive audit of the service in sections. Already medicine management and health and safety had been tackled.

Areas for improvement

There are plans to provide a new purpose built care home and a site has been chosen though completion is some time away. It is important that the existing premises are kept up to standard for the residents living there. As reported in Quality Theme 2, Statement 2 the provider should ensure that residents are accommodated in a safe environment that takes account of their needs. Maintenance issues and repairs should be actioned quickly.

Grade

4 - 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

There are no outstanding requirements.

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

Previous recommendations

1. It is recommended that care plans continue to be developed to ensure that they contain sufficient information about the resident in order to be able to provide person centred care. Information should include about their past history, interests, preferences and abilities. Care plans should be up to date and only contain relevant documents. Management should ensure there is no duplication of recording.

This takes account of National care standards: care homes for older people - standard 6 - support arrangements

This recommendation was made on 16 October 2014

Care plans examined generally contained good detail about the person, their preferences and interests. A new section had been added: 'getting to know me' which often included important biographical detail that helped to establish their identity. As there were concerns about frequency of reviews we have made a requirement. See Quality Theme 1, Statement 3.

2. It is recommended that arrangements for storing, recording and administering medicines follow accepted practice.

This takes account of National care standards: care homes for older people - standard 15 - keeping well - medication

This recommendation was made on 16 October 2014

The systems had improved and this was met.

3. It is recommended that management improve the provision of activities for residents in order that they can be engaged in some activity for some of their day. Consideration should be given to leadership and training to improve delivery of this essential part of the care service.

This takes account of National care standards: care homes for older people - standard 12 - lifestyle and 17 - daily life.

This recommendation was made on 16 October 2014

Since the last inspection extra hours for staff for activities could be claimed. We could see records and evidence that activities do happen. As staff were stretched on the days of the inspection, they were not able to provide much in the way of activities. We will look at this at next inspection.

4. It is recommended that management ensure that the environment is safe and suitable for residents through regular audit and putting in place environmental risk assessments that take account of residents' needs.

This takes account of National care standards: care homes for older people - standard 4 - your environment.

This recommendation was made on 16 October 2014

We found that there were environmental risk assessments though we continued to have concerns. This is reported in Quality Theme 2, Statement 2.

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	
16 Oct 2014	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good 4 - Good
10 Oct 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

26 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
7 Aug 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
5 Jan 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
19 Jul 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed 4 - Good
27 Oct 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
2 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
21 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
24 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate

11 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed 3 - Adequate 4 - Good 3 - Adequate
8 May 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 3 - Adequate 3 - Adequate

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Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

@careinspect

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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