

# Care service inspection report

Full inspection

## Cathkin House Care Home Care Home Service

147 Glasgow Road  
Nerston  
East Kilbride  
Glasgow

Service provided by: Care UK Limited

Service provider number: SP2003002341

Care service number: CS2011300794

Inspection Visit Type: Unannounced

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

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

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## Summary

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

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

### We gave the service these grades

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

### What the service does well

Cathkin House Care Home provides a homely environment for people to live in. The gardens are well maintained with good views of the garden areas from within the home. The café area is used well by visitors and residents, providing space for socialising. People living in the home have the opportunity to take part in planned activities.

Staff in the service work hard to provide a positive experience for people using the service.

### What the service could do better

The service could develop methods for more effective communication with people who use the service, staff and other stakeholders such as visiting professionals. There could be greater focus on keeping records up to date to reflect the current support needs of residents.

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

There were two recommendations made at the previous inspection on 5 March 2015. The service has worked hard to meet one of the recommendations. One recommendation has been made a requirement at this inspection.

### Conclusion

We found that the newly appointed manager has been working to identify areas for improvement and we look forward to seeing the way in which the service develops.

# 1 About the service we inspected

Cathkin House Care Home is run by Care UK. Ltd. The home is situated in Nerston village, next to East Kilbride. The home provides support to forty-four older people. Care UK's mission statement says that they undertake to ensure that all their residents experience: 'A safe place with a welcoming atmosphere; a stimulating environment; understanding and compassion; a rich and fulfilling life; comfort and reassurance and respect and dignity.'

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## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 4 - Good**

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

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

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

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a 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 compiled the report following an unannounced inspection. Three inspectors and one volunteer inspector undertook the inspection over two days. The inspection took place between the hours of 8am and 4.30pm on day one and 7.45am and 5.45pm on day two. Feedback was provided to the manager and support manager on the last day of the inspection.

We gathered evidence from a variety of sources including:

- Registration details
- Staffing schedules
- Personal plans of people who use the service
- Daily notes such as fluid and nutrition charts
- Risk assessments such as bed rail assessments
- Medication administration records
- Minutes of a range of meetings
- Observation of how staff work
- Observation of the mealtime experience
- Observation of the environment
- Health and safety records
- Maintenance records
- Staff recruitment files
- Training records
- Discussions with people including staff, relatives and people who use the service
- Feedback from care inspectorate questionnaires.

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

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

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

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

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

## **Fire safety issues**

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



## The annual return

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

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

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

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate. The Care Inspectorate received a fully completed self-assessment document from the provider which identified some strengths and some areas for improvement.

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

The views of people using the service have been included in this report. We sent out twenty Care Inspectorate Questionnaires and received two completed questionnaires. We spoke to five people using one to one interviews and a number of other residents receiving care throughout the inspection. Comments included:

- 'I like my room. I have my own chair and television and it's cleaned every day.'
- 'Hygiene is important to me and it's scrupulously clean.'
- 'The staff are kind and thoughtful.'
- 'You have to wait a long time for them to come.'
- 'I've to wait a long time to be moved from the dining room back to my room.'
- 'That's my main complaint - shortage of staff.'

We followed up comments and reported on them under quality theme 1 statement 3.

## Taking carers' views into account

The views of carers of people using the service have been included in this report. We sent out twenty Care Inspectorate Questionnaires and received two completed questionnaires. We spoke to four people using one to one interviews and a number of other relatives throughout the inspection. Comments included:

- 'Don't know the key worker.'
- 'Drinks are often out of reach.'
- 'No one in the entrance at weekends, fewer staff and buzzers going.'
- 'Girls are lovely but pushed to the limits.'
- 'No meetings - I'd like one.'

We followed up comments and reported them under quality theme 4 statement 1.

### 3 The inspection

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

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

Grade awarded for this theme: 4 - Good

##### Statement 1

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

##### Service strengths

At this inspection we found that the service was performing at a good level in areas covered by this quality statement.

From the documents we examined, the people we spoke to and observations made, we saw some good examples of how carer involvement could sometimes make a difference. For example, some families were involved in their relatives reviews and aspects of care planning. We saw this involvement regarding end of life planning, making the care plan more personalised. We also saw evidence of resident involvement, for example where consent was required for some aspects of care such as the use of bed rails. Presence of written consent in the personal care plan showed us that the rights of residents were being considered. A participation strategy included meetings with relatives and residents where they could contribute to possible improvements for people using the service.

We could see that the new manager had a plan to develop systems to ensure that regular communication could take place with relatives and residents though regular meetings and an open door policy.

## Areas for improvement

We found several areas for improvement where the service could perform better to improve the quality of care and support provided to residents'.

In some of the documents that we examined there were gaps in information. Some life stories were not completed fully. Attention to accurate recording in the care plan could help staff to support people and help them explore opportunities and choices. Participation of relatives in care planning was not always documented indicating that either their involvement was limited or documentation was not completed fully by staff. From what we saw and heard, National Care Standards, Care Homes for Older People, 6, Supporting Arrangements was not always being met.

For example, the choices noted on personal care plans were not always being followed in relation to personal preferences regarding personal hygiene. From the personal support plans that we sampled, we saw that not all six monthly reviews had been completed within the timeframe required. We were not confident that all resident's needs were assessed as regularly as they should have been to ensure they have the opportunity to have needs or wishes updated. We concluded that the recommendation was not met and we have made a requirement at this inspection. We will follow-up on this at the next inspection.

(See Requirement 1)

We thought the service tried to seek the views of relatives and residents in relation to what personal choices residents wanted to make. For example in relation to menus and preferred activities such as arts and crafts. However, we thought more work was required to provide feedback to people living in the service and relatives about the outcomes of these suggestions.

Care plans and supplementary recording charts such as daily personal hygiene charts were not all easily accessible for families to see and we thought these could be made more readily available for families to see.

## Grade

4 - Good

## **Requirements**

### **Number of requirements - 1**

1. The provider must ensure that at least once in every six month period, personal plans are reviewed in order to ensure that the service is able to meet individual care and support needs. The support plans must be updated to reflect any changes to inform current planning of care and support needs.

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

Timescale for implementation: to commence upon receipt of this report and be completed within six months and remain ongoing every six months thereafter.

### **Number of recommendations - 0**

## Statement 3

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

### Service strengths

At this inspection we awarded a grade of good for areas covered by this quality statement. We looked at the content and quality of information recorded in personal care plans and additional monitoring charts. We observed the dining experience and staff interaction with residents. From the evidence we gathered, we found the service had some good ways to ensure health and wellbeing needs were met.

We saw that staff strived to be courteous and respectful to residents, showing good awareness of the needs of people living in the home. Residents looked well groomed with many making good use of the hairdressing service in the home.

The quality of personal information recorded in personal care plans was good, enabling staff to respond to the health needs of residents. We saw detailed information regarding specific health needs such as medical conditions. This information should guide staff to respond appropriately to changes in resident's needs. Information about end of life wishes was good and risk assessments were in place.

Electronic care planning is used to record daily notes with evidence of regular entries. There was evidence of regular involvement of visiting professionals such as the speech and language therapist, dietician, dentist, GP, community psychiatric nursing service. This involvement showed us that the service has joint working relationships to promote wellbeing of residents.

Observation of the lunchtime dining experience showed staff working hard to create a calm and pleasant atmosphere for residents' to enjoy their meal in. Quiet music played in the background with tables being nicely set. Staff

followed good practice to ensure nutritional needs of residents were being met by being patient, encouraging and offering alternatives if desired.

We saw the downstairs café area for relatives and residents use was busy, offering a pleasant environment in which families could spend time together independently having drinks and snacks.

### Areas for improvement

During the inspection we saw that staff were very busy and unable to respond promptly to all residents despite some residents care plans specifying the need for prompt response. We felt that delays in responding to residents could have a negative impact on physical, psychological and mental wellbeing. Staff told us they felt under pressure of work at times. We saw that some personal support plans had not been updated to reflect involvement of other professionals such as the community psychiatric nurse or residents attendance at hospital. We felt that these omissions could impact on resident support needs being accurate and current.

Supplementary recording charts such as fluid charts were not updated regularly indicating that staff were either unable to update charts or unaware of the importance of accurate documentation as a means to promote health and wellbeing of residents.

Methods of working out how much support residents require and how dependent they are were not always completed fully. We felt this could lead to inaccurate calculations of the number of staff required to meet the needs of all residents.

Some risk assessment tools such as the Waterlow score for pressure ulcer risk assessment had incomplete sections leading to inaccurate assessment of health needs.

On medication administration recording charts we noted that there were at times inconsistencies between the prescription chart and additional charts such as transdermal patch application records. We saw that the manager has identified the need for ongoing medication training of staff so we will review

this at the next inspection. However, in order to meet national standards, we have made a recommendation, (See recommendation 1).

While there was a programme of daily activities displayed on a board at the entrance hall, during the inspection we did not see evidence of this being carried out with residents.

During the inspection we discussed these issues with the manager who has oversight of these issues and so we will monitor this at the next inspection. However, in order to meet national standards, we have made a recommendation, (See recommendation 2).

## Grade

4 - Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 2**

1. The service should ensure that medication administration recording charts and additional recording charts such as those used for topical or patch application have consistent recording patterns. The exact detail of the application given to the person should be recorded on the additional recording charts to ensure the medication given to the person is accurately recorded to help monitor the effects of the medication on the person. This is in order to comply with National Care Standards, Care Homes for Older people, Standard 15, Keeping Well, Medication.

2. The service should implement a system to ensure that records of support and monitoring charts provide an accurate, up to date account of any support provided to individuals. Fluid recording charts should provide a target intake over a twenty-four hour period with actions taken if this has not been achieved to ensure the health and wellbeing of the person. The manager should ensure that all healthcare monitoring records are checked at least once in every twenty-four hour period and where gaps are identified that action is taken to ensure the wellbeing of the person concerned. This is in order to comply with National Care Standards, Care Homes for Older people, Standard 6, Supporting Arrangements, 13, Eating Well.



## 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 saw at this inspection that the service was performing at a good level for this quality statement.

We saw that some bedrooms were personalised with resident's own furniture and belongings. There was a record of residents and families having the opportunity to contribute ideas that were important to them regarding the environment. The ongoing decoration programme involved residents in choosing colours for the downstairs dining room and lounge areas. One resident commented 'I have a lovely view'.

There is a quiet area available for families and residents and pets are welcomed in the home. A large lounge is used for entertainment and enclosed gardens are well maintained by staff. We saw that residents and relatives feed the birds in the garden area and help to choose plants for garden containers.

The home looked clean during the inspection and most people we spoke to felt the standard of cleanliness is usually good.

The service has a participation strategy and we could see that there are plans in place to continue to develop this strategy to enhance involvement of people living in the home and their families. We saw from minutes of staff meetings that the manager has addressed issues raised by relatives about laundry concerns. Staff had been reminded about using the correct procedures to take

care of residents clothing. We thought it was good that issues raised had been acted upon.

### Areas for improvement

We thought the service did try to seek the views of people who use the service and their families in relation to the environment. However, we thought continued work is required to ensure people are given feedback in response to comments and suggestions. While there was evidence of actions being identified from meetings, we suggest recording when the action was completed to allow feedback to be given to residents and families informing them of the end result.

Relatives commented on the length of time it takes for used dishes and crockery to be removed from dining rooms creating a cluttered environment. We discussed this issue with the manager and suggested consideration be given to improve this situation and improve outcomes for people using the service.

Some people told us they felt the standard of cleaning in the home had declined. We discussed this issue with the manager who will review the process for ensuring enough cleaning staff are on duty. We are confident that this issue will be monitored and we will review the situation at the next inspection.

### 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

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

We saw the secure door entry system and visitors book to sign in and out, ensuring safety of residents within the home.

Public liability insurance was in date and displayed in the foyer.

We examined a volume of evidence regarding safety. We were satisfied that the service has a systematic method of ensuring safety of residents in the home to meet required legislation and provide a safe environment for residents and others in the home. The home benefits from having a dedicated maintenance person. We saw evidence of weekly safety checklists which were up to date to promote safety and comfort of residents. We saw regular servicing records including Legionella which was up to date. There was evidence of ongoing maintenance contracts being in place for equipment such as hoists and slings to assist with moving and handling.

Risk assessment policies were in place to promote safety and we saw evidence of these in personal support plans. For example, moving and handling risk assessments. We thought that would promote positive outcomes for residents.

During our inspection of the environment, we saw that the manager has tried to promote safe staff practice by guiding them to relevant policies for example through notices in clinical rooms or notice boards.

We observed that staff followed best practice regarding infection control procedures using protective clothing appropriately. We saw moving and handling equipment was clean and staff appeared comfortable using equipment to ensure safety and comfort of residents and themselves.

We saw evidence of accidents and incidents being reported showing us that policies are being followed.

### Areas for improvement

During the inspection we observed staff were very busy, buzzers were buzzing and there were residents who had to wait some time for attention. We felt that there could be compromises to the safety of residents if they have to wait too long for attention.

We saw from personal support plans, detailed information including information about how quickly to respond to residents. Staff were unable to respond to residents in a timely manner and we saw that caused distress to some residents who may then have been at risk of falls or choking.

We saw the dishwasher had been leaking, causing concern to kitchen staff. We discussed this with the manager and saw the records of repair contractors being called promptly to repair the dishwasher. Replacement of the appliance is in hand and we are confident this will be rectified to improve the kitchen environment and promote staff safety.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

### Statement 2

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

#### Service strengths

For this inspection we have awarded a grade of good for this quality statement. We sampled a variety of evidence on which to base our conclusions. We examined staff recruitment files which showed us that checks are in place to ensure care staff are qualified for their role. We saw checks confirming staff were registered with either the Scottish Social Services Council (SSSC) or Nursing and Midwifery Council (NMC) as appropriate, giving us confidence that safe recruitment was in place.

We examined information about induction and on-going training of staff. We found that mandatory training such as adult support and protection, fire and moving and handling training was up to date with a system of keeping track of when staff require updates. We feel this helps ensure staff continue to get professional development to help them provide quality care to residents.

We saw that external training offered by groups such as the NHS Liaison Nursing Service and Falls Champion was being taken up by the home to help staff have the most up to date information to support them in their role of providing care.

#### Areas for improvement

Although the interview process for new staff recorded the process undertaken and decisions made about offers of employment, we noted that on occasion, not routinely, only one member of staff conducted the interview. We discussed

with the manager that to follow good recruitment practice, there should be two people involved in the interview process.

We noted that interviews did not involve residents or families. Previously the home had a system for involving people in staff recruitment. The service should continue to develop methods to increase resident and family involvement in staff recruitment to achieve best practice. We discussed these issues with the manager during the inspection and will review at the next inspection.

We saw that some of the company training materials refer to English terminology which we think is confusing for staff. We suggest that this is changed to reflect Scottish legislation. we will follow this up at the next inspection.

### 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

For this quality statement we found that the service was performing a good level. We saw that staff appeared professional, trained and motivated as they performed their work, approaching residents in a respectful and dignified manner. We observed good practice in relation to infection control, moving and handling and nutritional support. The service has in place a method to identify on-going training needs and record of when this has been completed.

We saw from staff supervision records that training is discussed during supervision. We think this is helpful for staff to be able to have one to one discussion about their development needs. The Scottish Social Services Council (SSSC) is responsible for registering people who work in social services and for regulating their training. This helps to raise standards of practice and we saw that the service has a high percentage of staff who have completed their training. We saw that daily flash meetings are conducted to help staff be aware of current issues in the home and to identify specific support needs that residents may have for the day. We felt this provides the opportunity for staff to gain support from the team.

Feedback we received from residents and families indicated that staff try very hard to provide a quality service:

- 'The carers are lovely in here.'
- 'They seem well trained and kindly.'
- 'Staff are wonderful - the girls deserve a medal.'

We saw that staff had commented at staff meetings about not having enough staff on duty. The manager had asked staff to accurately assess the level of dependency of each resident to ensure dependency levels accurately reflected required staffing levels. We saw from duty rotas that where there were planned absences such as holidays or unplanned absences though sickness, attempts were made to meet the staffing schedule though deployment of bank or agency

staff. We saw occasional occurrences where the staffing schedule was not met but this was not on a regular basis.

### Areas for improvement

We found that at times there was a lack of detail on recording forms used to note the content and outcome of staff supervision. We discussed this with the manager who will develop ways to ensure detail is contained within documentation to provide evidence of how training requests are progressed and to ensure supervision is meaningful.

We saw staff were very busy and they told us that they feel there is not enough time to attend to residents promptly. Staff should be given support to accurately assess the dependency needs of residents in order to ensure staffing levels meet the needs of current residents. We will review this at the next inspection.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**



## Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service strengths

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

The looked at minutes of meetings and saw that when issues were raised by relatives that required additional discussion, opportunities were created to follow these discussions up with management.

We could see that relatives and residents meetings were held at different times to help people to attend at times that were suitable to them, helping to create the opportunities for participation.

We saw a good level of information on notice boards and discussed with the manager plans to promote participation opportunities as widely as possible.

There is a suggestions box available in the entrance hall and the contents of that is checked regularly.

The manager has an open door policy which families use to feedback their views.

One resident said:

'I met the manager, she was nice. If anything bothered me I would speak to the manager.'

### Areas for improvement

We found that with the transition to new management there had been a delay in convening resident and family meetings. We saw from a managers action plan the intention to hold meetings and re - establish a regular pattern of meetings. We discussed with the manager the need to provide advanced notice of meetings that contain a clear agenda. This should assist in obtaining the views of people who use the service. We are confident this will be put in place and we will review at the next inspection.

Some families felt that when they raised issues, appropriate action was not always taken.

One resident said:

- 'Promised night time drinks but nothing happened.'

We could see from minutes of staff meetings that the manager is trying to be pro-active to ensure the care and support people receive is personalised in line with best practice.

During the inspection we discussed with the manager how continued development of methods to involve people who use the service could improve the quality and development of the service provided at the home.

### 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

At this inspection we found the service was performing at a good level in areas covered by this quality statement.

We saw that the manager uses quality assurance systems to assess areas for improvement to promote wellbeing of people using the service. The manager had identified a number of issues that would require actions. For example, though the health and safety audit the need for additional adult support and protection training was identified to support staff in maintaining the safety of people who use the service.

Another issue that the manager identified was the need to increase resident involvement in recruitment such as meet and greeting prospective staff or involvement with interviews. We thought these things could improve the service being provided.

From examining duty rotas, we saw that deployment of bank and agency staff was used to meet the required staffing schedule.

Communication with all staff is helped by holding daily flash meetings where all staff can attend, and the staff communication folder has information from other groups of people who can support staff such as the NHS care home liaison serves and local training. This shows us that relationships with other professionals can enhance the care given to people who use the service.

An innovative event 'Cathkin goes dotty' involved staff and people using the service to generate ideas for improving the quality of service within the home. Following this, there have been two weekly movie nights implemented and plans for a sensory garden. The sensory garden will involve families and people who use the service when the weather allows this to be developed. We thought

this was a very good example of involving people in influencing the development of the service.

We observed relevant monitoring of accidents and incidents to promote the safety of people using the service.

### Areas for improvement

We heard from staff, families and residents that staff feel under pressure to do a good job of providing care and support. We saw from staff meetings that this issue had been raised by staff who were encouraged by the manager to accurately assess the dependency needs of residents. As an area for development, we encouraged the manager to ensure that the tools used to measure dependency are being used accurately. For example, in some personal support plans, we saw gaps in the dependency scoring system which could lead to an inaccurate assessment of dependency. We felt this could impact on calculations of how many staff are required to provide safe care. We will review this at the next inspection.

From feedback with various people it was felt that increased visibility of management would be helpful to generate the opportunity for open communication. We acknowledge the manager had only been in post for four months prior to the inspection and was going through her own induction and development also.

We spoke with visiting professionals who felt that communication could be improved in the home to make better use of their visits to promote wellbeing of residents. We discussed these issues with the manager and are confident that methods to improve these situations will be developed.

Although we saw evidence of consultation with staff, residents and families, an area for development relates to the way in which resolution is achieved and feedback given to the relevant people in a timely manner, (See recommendation 1).

### Grade

4 - Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 1**

1. The service should ensure that where staff, residents or relatives have raised issues of concern through the consultation process, that these are suitably addressed within a reasonable timeframe and arrangements for feedback to the people concerned are identified and recorded. This is in order to comply with National Care Standards, Homes for Older People, Standard 11, Expressing Your Views.

## 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. The service provider should ensure that the use of equipment that may be restraining is fully assessed and clearly documented in line with current best practice from the Mental Welfare Commission. This includes ensuring that personal plans incorporate clear information detailing the consultation about the use of this equipment and that consent is in place for the use of this equipment signed by the individual resident or representative.

National Care Standards- Care Homes for Older People- Standard 5, Management and Staffing arrangements; Standard 6 Support arrangements; Standard 9 Feeling safe and secure.

This recommendation was made on 05 March 2015

From the support plans sampled during the inspection, we saw that each element of the recommendation was in place and so the recommendation was met.

2. The service provider should ensure that there is a record of regular reviews in every resident's paper file to demonstrate that their personal plan has been reviewed with them every six months, or sooner if they want or their needs change.

## **National Care Standards- Care Homes for Older People- Standard 6, Support arrangements.**

**This recommendation was made on 05 March 2015**

From the personal support plans that we sampled, we saw that not all six monthly reviews had been completed within the timeframe required. We were not confident that all resident's needs were assessed as regularly as they should have been to ensure they have the opportunity to have needs or wishes updated. We concluded that the recommendation was not met and on this occasion we have made a requirement which we will follow-up on this at the next inspection.

## **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
5 Mar 2015	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>5 - Very Good</div> <div>Staffing</div> <div>5 - Very Good</div> <div>Management and Leadership</div> <div>5 - Very Good</div>
18 Feb 2014	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>5 - Very Good</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and Leadership</div> <div>5 - Very Good</div>
14 May 2013	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and Leadership</div> <div>4 - Good</div>
15 Jun 2012	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and Leadership</div> <div>4 - Good</div>
16 Mar 2012	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and Leadership</div> <div>4 - Good</div>



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