

Care service inspection report

Full inspection

Castle Gardens Care Home Care Home Service

Castle Avenue
Invergordon

Service provided by: HC-One Limited

Service provider number: SP2011011682

Care service number: CS2011300648

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](https://twitter.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	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

The staff are friendly and approachable and residents, relatives and visitors are welcomed to the home. Residents and relatives were encouraged to speak with the manager and the staff and felt they were listened to. Overall, relatives were happy with the care their relatives received at Castle Gardens. Staff seemed to know the residents well and the interactions we observed were good. The feedback we got from residents and relatives about the activities and entertainment within the home was good.

There was a commitment at organisational and service level to staff training and a development of the service.

What the service could do better

The management and staff need to improve the way they review and develop the personal care plans and the standard of record keeping.

Staff should receive training and supervision to ensure topical creams are applied as prescribed and accurate records are maintained.

Residents records needs to be stored safely and securely to protect confidentiality.

The provider and manager should continue to make improvements to the home environment.

What the service has done since the last inspection

The way the service monitors itself and looks at what can be done better has improved.

Communication between management, staff and relatives has improved and staff morale is better. The management and staff had worked hard to improve the dining arrangements and dining experience for residents in the upstairs unit.

A number of improvements had been made to the environment.

Conclusion

Castle Gardens is a well used resource where a good standard of care is provided. Visitors are welcomed to the home and encouraged to be involved in the home life. There is good communication between the manager and relatives. The provider, manager and staff demonstrate an on-going commitment to providing a good standard of care for the people living at Castle Gardens and looking for ways to improve this further.

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 registered with the Care Inspectorate on 31 October 2011.

Castle Gardens Care Home is registered for a maximum of 38 older people / adults some of whom may have dementia, mental health problems or physical and sensory impairment.

The provider is HC-One limited.

The purpose-built, two storey care home is situated within its own walled, well maintained spacious grounds on the outskirts of Invergordon. There are 37 single bedrooms, three of which could be used as double rooms, within the maximum number of registered places. Bedrooms have en-suite toilet and wash hand basin facilities and one single bedroom has shower facilities. There are a number of communal rooms, lounges, dining rooms, bathrooms, showers and toilet facilities situated throughout the care home.

The provider's aims included to 'strive to provide all our residents with the highest standard of individualised care. We will do this within a warm, friendly, homely and supportive environment where quality of life is paramount and where residents' rights, habits, values and cultural background are safeguarded and respected.'

'We value the life experiences and knowledge of every resident. We will spend time with every resident so that they can help us fully to plan their care, which will include opportunities for fulfilment and responsible risk taking.'

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 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 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 after an unannounced inspection that took place between 10:10 am and 4:45 pm on 30 November and 09:30 am and 5:30 pm on 01 December 2015. The inspection was carried out by two inspectors. We gave feedback on the inspection findings to the manager on 08 December 2015.

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

We sent fifteen care standard questionnaires to the manager to distribute to residents. We received five completed questionnaire. We also sent fifteen care standard questionnaires to the manager to distribute to relatives and carers. Six completed questionnaire were returned before the inspection.

We also sent ten staff questionnaires for staff to complete and two were completed and returned to us.

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

We looked at:

- personal plans of people who use the service
- care documentation and reviews
- information about the service
- observation of staff and resident interactions
- evidence from the service's most recent self assessment
- audits and action plans
- minutes of meetings
- staff duty rotas
- training records

- health and safety records
- accident and incident records
- the environment and equipment

We spoke with:

- residents
- relatives and carers
- the manager and members of the staff team including the deputy, nurses, carers, the activity organisers and the handyman.

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 completed self assessment document from the service provider. The service provider had completed this with the relevant information for each heading that we grade them under. The service provider identified what they thought they did well and some areas for development.

Taking the views of people using the care service into account

At the time of this inspection there were 37 people living in the care home. We received six completed questionnaires from residents before the inspection and spoke with several residents in the lounges during the inspection. Several of the residents we spoke with were unable to give their views about the care home, though they seemed to be comfortable in their surroundings and responded well to staff.

Three residents who returned questionnaires strongly agreed and two agreed that overall they are happy with the quality of the care they received at this home.

Comments included:

'The staff are 100% at Castle Gardens.'

'The food is good.'

Further residents' comments and references to our discussions are included throughout this report.

Taking carers' views into account

During this inspection we spoke with six relatives.

We also received five completed questionnaires from relatives and carers before the inspection and spoke to some of these relatives by phone.

Four relatives who returned questionnaires strongly agreed and one agreed that overall they were happy with the quality of the care their relative or friend received at this home.

Comments we received included:

'Could not fault the care. The are superb. Manager has been great.'

'Things are better now.'

'Very, very happy with service can not fault them at all.'

'Things have improved, my concerns are for patients that don't have anyone to speak up for them.'

'I find the care very good and the staff are very kind and good.'

'Although my wife has a 'nominated' nurse and carer, the other staff were aware of her limitations and assist her as required.'

'New blood coming into the service at senior level is an advantage. Frequently there are three staff out in the smoking hut and not enough staff in the home when you are looking for them. Too relaxed between senior and junior staff and boundaries get pushed.'

'Not be improved. Have been very good to me and have asked me in for lunch. Food good.'

'Nothing to improve, all have been fantastic so far, 12 out of 10.'

Further relatives' comments and references to our discussions are included throughout this report.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

From the evidence we found during this inspection, we found the service's performance was very good for this statement. We examined a sample of care records, review notes, minutes of meetings, questionnaire results and information about the service. We also spoke with some residents, relatives and staff.

The service had a written participation strategy policy. This was displayed at the front entrance so visitors to the home could see. The policy aimed at providing 'opportunities for the exchange of views and information at local level, informal level, with staff being proactive in liaising with residents, family members and stakeholders.' The service also had a policy for handling concerns, compliments and serious complaints. The service dealt with concern and complaints they received and retained records about these. Five out of six relatives who returned questionnaires told us they knew the home's complaints procedure. The feedback we received from relatives we spoke with confirmed they knew who to speak to if they had any concerns or complaints and felt that they would be listened to and action would be taken. Although four out of five residents who returned questionnaires told us they did not know the home's complaints procedure, residents we spoke with that were able to respond told us they

would speak to the manager or staff if they weren't happy about something or had a complaint.

There was a resident's guide booklet by the front entrance which included information about expressing views and opinions and how to do this.

Residents' meetings were held regularly and were facilitated by the activities organisers. This created an opportunity for residents who attended the meetings to discuss and make different suggestions about different aspects of the service. Minutes of the meetings were available.

Questionnaires were used on an annual basis to get the views of residents and relatives about the service. A menu questionnaires had also been carried out to gain feedback and suggestions about the meals. The service had carried out surveys with relatives in March 2015 to gain their views. The results had been collated and were displayed within the home. An advanced list of monthly dates for relatives meetings was displayed on the notice board in the front entrance, however the manager advised us that no relatives attended. Five of the six relatives who returned questionnaires agreed that the service asks for their opinions on how it can improve (the other relative indicated this was not applicable).

Residents questionnaires had been carried out in September the results of which were to be collated and shared. We saw that the majority of responses were positive. The service had began to introduce the use of picture help cards or pictorial prompts to assist residents with communication difficulties to share their views.

Residents, who were able to, could give their views about the service informally on a day to day basis when speaking with staff. The five residents who returned questionnaires to us agreed they were encouraged to discuss any views about the care home and most agreed the service asks for their opinions on how it can improve.

Residents and visitors could use a suggestion box to post comments or suggestions however this was seldom used.

Where applicable, relatives and carers were invited to care reviews. The review meeting provided an opportunity to involve residents and their representatives in giving their views and feedback on their care and the service provision. The management and staff operated an open door policy and relatives could speak with them when they were visiting the home. This was actively encouraged by the manager and enabled residents, relatives and carers to approach staff directly to discuss any day to day issues. Good use was made of phone call and emails where relatives were not able to visit the home regularly and see the manager and staff in person. Phone and email was also used where relatives were unable to attend reviews in person and wanted to be involved and give their views.

Areas for improvement

The service should continue to develop ways to involve residents, relatives and carers in giving their views and suggestions about the service.

Consideration should be given to developing a range of different communication tools and methods to gain the views of residents who have difficulty in expressing their views verbally.

The service told us in their self assessment they proposed to continue to encourage participation and involvement of relatives and residents in all aspects of life in the home.

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 found during this inspection, we found the service's performance was good for this statement. We examined a sample of care records, review notes, minutes of meetings, questionnaires and information about the service. We also made observations in different areas of the home and spoke with the management, some staff, residents and relatives.

Generally the interaction we observed between the staff and residents was very good. Staff were seen to be kind and caring in their approach and seemed to know residents well.

We looked at a sample of residents' care documents. The documentation that was being introduced at the last inspection had become more established. Each resident had a care file which contained records of various assessments, on-going care notes and care plans that had been developed further. There was some good linkage between some of the information gained through assessments and information in care plans. **(See areas for improvement)**

There was some good information in the care plans we sampled about individual preferences and the care and support with individual care needs. Residents and their relative/representative, had some involvement with their/their relatives care plan and the review meeting about the agreed care.

There was a dining room on each floor. Mealtimes were sociable and residents were well supported by staff. There was a choice of meals, these were displayed on menus and staff also showed residents what was on offer at meal times by giving them a visual choice. The residents who spoke with us about the meals were complimentary. All the residents who returned questionnaires confirmed the service provided the type of food they like, taking account of any special dietary needs. Since the last inspection, the dining room arrangements on the first floor had been changed to improve the dining experience for residents. The new arrangement seemed to be working well and had resulted in a better experience for residents as staff were able to offer residents a better level of support. All the relatives who returned questionnaires to us agreed their relative/friend was able to eat and enjoy their food, getting help from staff where required and there were always snack and hot and cold drinks available for their relative/friend.

The activities programme for the day was on the board outside each lounge, also a colourful board with the day, date and weather conditions, which was current and up to date. Residents who resided on the first floor regularly joined in with the activities that were held on the ground floor and were supported to use the gardens. The activities organisers knew the residents well and co-ordinated different activities both in the care home and the local community. The management and staff had put a lot of effort in to supporting residents to vote at the recent election and had made it in to an event within the home.

We saw good evidence in care documentation to support the staff contacted other health professionals involved with the residents care promptly when this was needed for example if a resident became unwell or the staff identified a need for referral. A GP or Nurse practitioner visited the home every Wednesday and saw any residents who needed to be seen and spoke with staff about any concerns they had or advice they needed. Out with these times the GP was called as and when needed and NHS 24 is used for out of hours.

We sampled medication records, associated documentation and storage arrangements. We found the storage arrangements were generally satisfactory. Medication audits had continued and any issues highlighted were being addressed appropriately by the service.

Accident and incidents were recorded and reported using the Datix system. These were monitored and appropriately followed up. Preventative action was taken where this was identified.

Areas for improvement

The management and staff should continue life story work with residents and develop the range of activities to meet their needs.

The care plans relating to the prevention and management of pressure ulcers lacked specific information for example, the correct setting of pressure reducing mattresses. **(See recommendation 1)**

The level of information and standard of care plans we sampled varied across the sample we looked at. We found examples where there was information

missing or out of date and did not reflect the persons current care needs. There was a lack of information in some of the review notes. Appropriate measures should be taken to ensure that information in all residents' records and care plans was up-to-date and clearly set out how their needs are met and the desired outcomes are met. **(See recommendation 2)**

All staff involved with administration of topical preparations and creams were accountable for their practice. Staff need to make sure prescribed preparations are administered safely and in line with best practice guidance to safeguard the health and well being of the people they manage medications for. The service had introduced the use of topical medication administration recording sheets (TMARs). We looked at a sample of TMARs and found the administration and recording practices needed to improve. The use of topical medication administration records (TMARs) and should be fully implemented and where possible kept in each resident's rooms. **(See recommendation 3)**

The standard of record keeping need to improve to reflect the service's own policies and good practice guidance. **(See recommendation 4)**

There was no door on the nurses and carers office on the first floor, consequently the area could not be secured. Residents care plans, notes and records were kept in the area and were not stored securely therefore confidentiality could not be assured. Arrangements should be made to ensure all resident records are held in a safe and secure manner and their confidentiality is protected. **(See recommendation 5)**

The service told us in their self assessment they proposed to evidence frequent review and good current practice between nurses and the surgery.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 5

1. Care plans relating to the prevention and management of pressure ulcers should be linked to assessments and include specific up-to-date information detail used for wound care, repositioning frequency, equipment in use and setting for pressure reducing equipment.

National Care Standards Care Homes for Older people, Standard 5: Management and staffing arrangements

2. Appropriate measures should be taken to ensure that information in all residents' records and care plans is up to date, regularly reviewed and clearly set out how needs and the desired outcomes are to be met.

National Care Standards Care Homes for Older people, Standard 5: Management and staffing arrangements

National Care Standards Care Homes for Older people, Standard 6: Support arrangements

3. All staff involved with administration of topical preparations must ensure that medication is administered and recorded safely and in line with best practice guidance.

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

4. All staff should ensure a good standard of record keeping is maintained which is in line with good practice guidance.

National Care Standards Care Homes for Older people, Standard 5: Management and staffing arrangements

5. Appropriate arrangements should be made to ensure all resident records are held in a safe and secure manner and their confidentiality is protected.

National Care Standards Care Homes for Older people, Standard 5: Management and staffing arrangements

Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

Statement 2

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

Service strengths

From the evidence sampled during the inspection, we found the service's performance was very good for this statement. We decided this after we spoke to the management, staff, relatives and residents, looked at questionnaires, undertook a tour of the premises and looked at maintenance records.

The arrangements for maintenance and repairs were satisfactory. The maintenance man carried out routine maintenance, checks and repairs and maintained the gardens. There were good systems in place for reporting faults and staff knew how to use them. There was evidence to support the use of outside contractors for maintenance and servicing of equipment to ensure it was fit for purpose. The arrangements for accident reporting, risk assessments and monitoring of health and safety issues was found to be satisfactory. The incident or accident form was filled out by staff and this was entered on the Datix risk management system. These were monitored by the provider at corporate level and followed up appropriately when necessary. Health and safety policies and procedures and arrangements were in place aimed at ensuring the safety of people using the service, staff and visitors. The procedures for infection control were found to be of a satisfactory standard in all areas of the home and staff practice was noted to be good during the inspection. Personal protective equipment for example, gloves and aprons was available and accessible.

A keypad was at the front door and visitors were asked to sign in and out of the building. This made it possible to monitor anyone who entered and left the building.

The large, enclosed, walled garden could be accessed directly from the ground floor accommodation independently or with support depending on the residents needs.

Overall the home appeared to be well maintained and there was a good level of cleanliness.

Areas for improvement

The nurses and carers office on the first floor had no door therefore access could not be restricted. This should be addressed. **(See quality theme 1, quality statement 3)**

The service should continue to carry out regular risk assessments and take appropriate action to minimise risks where these are highlighted.

The service told us in their self assessment risk assessments were reviewed regularly.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

From the evidence sampled during the inspection, we found the service's performance was good for this statement. We decided this after we spoke to the management, staff, relatives and residents, looked at questionnaires and undertook a tour of the premises.

Residents were encouraged to personalise their rooms with their own pictures, photographs and belongings. Residents room doors had locks if they chose to use them.

An appropriate alarm call system was in use so residents could summon for help if they needed it.

There was a choice of pleasant areas to sit and visitors were welcomed. There were a number of bathrooms and a shower room. We found that these were generally clean and free from clutter.

The walled, well maintained spacious grounds could be accessed directly from the downstairs lounge. There were paved paths and seating areas, a green house, planted borders, some raised beds and enclosure with rabbits, ducks and hens. These provided a range of different opportunities for residents to be involved with outdoors.

There was evidence of on-going maintenance and refurbishment. Improvements had been to the environment on the upstairs floor, for example the dining room and lounges had been re-arranged, the lighting had been improved and contrasting colour was being used to make it easier for residents to find their way around. The service had plans to continue to develop this further as part of their phased refurbishment programme.

Areas for improvement

The provider and manager should continue to look at ways the environment can be enhanced to allow service users to have as positive a quality of life as possible.

Consideration could be given to how independent access in to the garden could be improved.

The service told us in their self assessment they proposed to continue to improve garden areas to allow more outside activity.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

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 staffing in the service."

Service strengths

Please refer to quality theme 1, quality statement 1 of this report.

Areas for improvement

Please refer to quality theme 1, quality statement 1 of this report.

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

From the evidence sampled during the inspection, we found the service's performance was very good for this statement. We decided this after we spoke with management and staff, took account of questionnaire responses, observed staff and resident interactions, and looked at supervision, appraisal and training records and care documentation.

The home had registered nurses on duty 24 hours a day. A high proportion of care staff held a relevant (SVQs) at level 2 or 3 and the full time activities

organiser had a relevant level 2 qualification in Activities. Staff who did not currently hold a relevant qualification were encouraged and given the opportunity to undertake an SVQ relevant to their post. The service regularly monitored the percentage of care staff who were qualified or were on appropriate training. Care staff made appropriate application to register with the Scottish Social Services Council (SSSC). Progress was also monitored and followed up with staff by the management where necessary.

We received comments from relatives that staff were kind, caring and easy to talk to.

The relatives/carers who sent us completed questionnaires were confident that the staff had the skills and knowledge to care for their relative. The majority (five/six) agreed that staff treated their relative/friend politely at all times and respected their individuality.

Residents who returned questionnaires were all confident that the staff had the skills and knowledge to care for them and that staff treated them politely and respected their privacy.

We found the commitment by the provider and management to the provision of training had continued. Good systems were in place for the induction of new staff, mandatory training and staff development. Systems were in place for staff supervision and appraisal, a comprehensive planner for supervision was in place aimed at achieving a consistent approach to timescales.

The provider used a computer based e-learning training system (touch training) for staff development and training. This was complimented with classroom training to equip staff with appropriate knowledge and skills. There was a range of training at different levels to improve staff knowledge and understanding for example, dementia care, infection control and nutrition. The systems provided an overview of the training staff had received and those who still had to attend or receive different aspects of the training. Staff training records supported that these training opportunities took place and staff had attended, or were working through them. Progress was also monitored and followed up with staff by the management where necessary. The company had a central learning and development event calendar, which the manager could access and book places online. The home had internal monitoring arrangements in place to make sure

that supervision and training was taking place and put action plans address any gaps or issues that arose.

Areas for improvement

The provider and management should continue to support staff training and development and monitor, review and develop the training provision.

The service should ensure that all staff receive appropriate training to ensure they are competent and aware of best practice for:

- The administration and recording of topical preparations
- Good record keeping
- Person centred care planning

Arrangements for evaluating training and monitoring practice should continue to be developed to ensure that practice continues to improve as a result of the training provided.

The service told us in their self assessment they proposed to continue to improve knowledge and put it in to practice.

Grade

5 – Very Good

Number of requirements – 0

Number of recommendations – 0

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 5 - Very Good

Statement 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

Please refer to quality theme 1, quality statement 1 of this report.

Areas for improvement

Please refer to Quality Theme 1, Quality Statement 1 of this report.

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

From the evidence sampled during the inspection, we found the service's performance for this statement had improved and was now very good. We decided this after we spoke with management and staff, took account of questionnaire responses, the self-assessment and action plan from the last inspection. We also looked at audits, quality assurance documentation, reviews and minutes of meetings.

The provider had a pro-active approach to quality assurance and planning for improvements. Good quality assurance methods were used to monitor and assess the quality of the service provided and the provider and manager took action to make improvements when these were identified. An internal audit plan was in place to cover different areas of the service provision. We saw evidence to support that internal audits and quality assurance manager home visit took place. Action plans were developed following audits with specific actions and timescales to address issues raised through the visit. Evidence supported that action plans were followed through and any outstanding issues were carried forward and re-visited. Daily walk round visits were carried out to monitor the service on a day-to-day basis and address any issues that arose.

There were good systems in place for induction, appraisal and staff supervision, which were used to monitor staff development and training needs. Staff meetings were held, which looked at practice issues and ways to improve the service. The views of residents, relatives and stakeholders were sought through reviews, annual surveys/questionnaires and meetings. In addition, the management had an open door policy and welcomed suggestions and comments about the service. The way people were involved in giving their views on the service under quality theme 1, quality statement 1 are also relevant to this statement.

There was a complaints policy in place, which was displayed within the service. The company had arrangements in place to monitor complaint activity and ensure that complaints were handled appropriately and that follow up action was carried out when required.

Communication between relatives, management and staff had improved. The majority of relatives who expressed a view felt their opinions were sought, their suggestions and views were listened to and the care home was providing a good standard of care for their relative.

Areas for improvement

The service needs to make sure that the standard of record keeping is improved and maintained and staff were aware of their own accountability.

The regularity of meetings should be monitored and reviewed. Where attendance is low, alternative formats, times and venues could be explored.

The provider and management should continue to develop and monitor the effectiveness of the quality assurance system to ensure there are improvements to the quality of the service and the quality of outcomes for people using it. Where areas for improvement were identified, the service should continue plan and take appropriate action to effectively improve the quality of the service provision. Action plans should be followed up and a record maintained of when these were completed and closed off.

The service told us in their self assessment they proposed to continue to develop the home within action plans identified.

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 there are sufficient staff on duty at all times to meet the needs of the people using the service taking account of recorded dependency levels, lay out of the building and the aims and objectives of the service.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 15 - Staffing

The following National Standards have been taken in to account:

**National Care Standards, Care Homes for Older People, Standard 5:
Management and staffing arrangements**

Timescale: immediately on receipt of this report

This requirement was made on 10 March 2015

The service had taken steps to ensure there were sufficient staff on duty relating to the dependency scores they had calculated.

Met - Within Timescales

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

Previous recommendations

1. The provider should review the staffing cover and contingency arrangements that are currently in place to ensure the arrangements are suitable and make any necessary changes where this is indicated.

**National Care Standards Care homes for older people, Standard 5:
Management and staffing arrangements**

This recommendation was made on 10 March 2015

The service had contingency arrangements in place and had built up their own staff bank they they could use where there were gaps in shifts that needed covered or when additional staff were needed.

2. All staff involved with administration of topical preparations must ensure that medication is administered and recorded safely and in line with best practice guidance.

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

This recommendation was made on 10 March 2015

The service had introduced the use of topical medication administration recording sheets (TMARs). We looked at a sample of TMARs and found the administration and recording practices needed to improve. This recommendation remains in place. **(See quality theme 1, quality statement 3)**

3. Appropriate measures should be taken to ensure that information in all residents' records and care plans are easy to access, current and clearly sets out their needs and how these are to be met.

National Care Standards Care homes for older people, Standard 5:

Management and staffing arrangements

National Care Standards Care homes for older people, Standard 6: Supporting arrangements

This recommendation was made on 10 March 2015

The care documentation had been fully implemented and information could be easily accessed. We sampled care plans and found that some of the information was out of date, incomplete and needed to improve. **(See quality theme 1, quality statement 3)**

4. There was no restriction to access to the three stairwells that led from the ground floor to the first floor although entry was restricted at the first floor level. An appropriate risk assessment should be carried out taking account of the abilities and needs of the residents. A written record of the findings should be maintained including any action to reduce identified risks.

National Care Standards Care Homes for older people, Standard 4: Your environment

National Care Standards Care Homes for older people , Standard 5:

Management and staffing arrangements

This recommendation was made on 10 March 2015

Appropriate action had been taken to address this recommendation and the risk had been reduced.

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
10 Mar 2015	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
4 Sep 2014	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
22 Nov 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
11 Oct 2012	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 6 - Excellent
24 May 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good

		Management and Leadership	5 - Very Good
--	--	---------------------------	---------------

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

This report is available in other languages and formats on request.

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

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۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.