

Care service inspection report

Full inspection

Parkview Care Home Service

64 Peffermill Road
Edinburgh

Service provided by: City of Edinburgh Council

Service provider number: SP2003002576

Care service number: CS2003010939

Inspection Visit Type: Unannounced

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Summary

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

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

We gave the service these grades

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

What the service does well

As at previous inspections of this service residents told us about the good care and support provided. No-one we spoke with had any complaints or concerns about the service they received.

What the service could do better

The manager should continue to promote high standards of residents care and ensure compliance with health and safety and fire safety guidance and requirements throughout the closure programme.

What the service has done since the last inspection

We saw that progress had been made to implement the requirements and recommendations made at the last inspection of the home in April 2015. For example, we saw improvements in the quality of the environment, the management of medicines and the contents of care plans. We have noted these improvements under the relevant quality theme and statement.

The service provider has made an application to cancel the Registration of this service as a new home is being built to accommodate current residents who wish to move to the new facility.

Conclusion

As a result of more consistent management in the home we have seen improvements in all aspects of the service provided and progress with the requirements and recommendations we made at the last inspection. We also concluded that a more consistent senior team has helped improve the guidance and support given to the staff team which has resulted in a more consistent approach to resident care.

The small group living and improvements to the quality of the environment made this a homely, comfortable and clean home for residents.

1 About the service we inspected

Parkview care home for older people is owned and managed by the City of Edinburgh Council Health and Social Care Department (CEC H&SC Dept). The home is registered to provide residential care and accommodation to up to 42 older people.

However due to the closure plan the top floor of the home was not in use. There were 18 permanent residents living in the home and three people who were receiving emergency care and support until alternative arrangements could be made.

The home is situated in a busy residential area of South East Edinburgh near to local shops, amenities and bus routes.

Accommodation for residents' use is provided over the ground and first floor of the home in six separate flats. Five flats have accommodation for seven residents and one flat can accommodate five residents. Each of the flats comprises bedrooms, sitting and dining areas, toilet and bathing/shower facilities.

All of the bedrooms are for single occupancy although one double room is available. This room is only used for couples sharing, otherwise it is used for single occupancy.

The catering and laundry facilities are on the ground floor where there is also a large sitting area at the entrance to the home. The upper floor can be accessed by stairs and a lift.

The home aims "to provide, in a residential setting, individual care to all residents: this is done through an individual care plan developed by individual residents and their key worker. This is to ensure that resident's rights are met in choice, privacy, respect, independence, fulfilment and that individuals are allowed to take risks in their daily life."

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 high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We compiled the report following an unannounced inspection. The inspection was carried out by one Inspector from Social Care and Social Work Improvement Scotland on 22 June 2016 between 9:40 am and 5 :15pm, approximately.

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

- The Certificate of Registration.
- The staffing schedule.
- The insurance certificate.
- A sample of residents' personal plans/care plans.
- Minutes of residents, relatives/carers and staff meetings.
- Accident, incident and complaint records.
- Observation lunchtime
- Observation of how staff work with residents and fellow workers.
- Examination of the environment including public rooms, private bedrooms and facilities and equipment in use.
- Examination of repair and maintenance records and safety checks.
- Examination of staff training records.
- Examination of a sample of medication records and storage arrangements.
- Consideration of audits undertaken in the home.
- Consideration of residents' and relatives' comments in pre inspection questionnaires and during the inspection
- Consideration of the National Care Standards, Care Homes for Older People.

Discussion with various people including:

- Manager.
- Change and development manager.
- Team leaders.
- Care staff on duty.
- Housekeeping.
- The handyman.

We saw most of the residents during the inspection and met with some, either in small groups, or in private to gain their views on the service they received. The above information was taken into account during the inspection process.

Feedback was shared with the manager and change and development manager.

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.

We received a fully completed self assessment document from the manager.

The self assessment included information under each statement to describe the service's strengths, areas they thought they did well, some areas for development and any changes they planned. The grades awarded through self assessment were generally in accordance with those awarded through inspection.

Taking the views of people using the care service into account

We met and spoke with most of the residents during our inspection and spoke with approximately 14 to gain their views on the overall service provided. However, due to frailty or memory problems some residents had communication difficulties.

Therefore, communication in these instances was limited to interpretation of facial expression and gesture in response to conversation and their interactions with the staff team.

Some of the comments made by residents either in person or in questionnaires were as follows:

"I'm fine here but I will be moving to the new home."

"I'm well cared for here and quite comfortable."

"This place has been a God send for me. The staff have been a great help. This is not the place for me but it has helped me get back on my feet and prepare me to move on. I can't complain about anything here at all, all have been great."

" I am happy with the service overall but one thing disappoints me, while I was in step-down I was receiving physiotherapy, this was part of my rehabilitation stopped when I came here."

"Generally happy with the service and have faith in the staff who care for me."

"Staff are very friendly and support me when I need it."

"In my opinion 12 hour shifts are far to long for this kind of care. Staff are sometimes over worked because there are too few carers."

Taking carers' views into account

We did not meet any relatives/carers during our inspection.

Comments in pre inspection questionnaires returned by relatives/carers included:

"Generally the staff are kind and caring when I visit. I find there is a general lack of good leadership as queries and problems voiced are given lip service but not always acted upon. My relative has dementia and is totally dependent on staff for everything and I worry that this information is not always understood by agency staff. "

"It is really reassuring that staff know about my mother's needs and make sure they help her with this. Staff are approachable, warm and supportive about any queries I may have. Also reassuring that she is involved in activities, shows and outings and her health issues are seen to as and when required."

"The staff know my mum so well and can deal with quite difficult situations that arise from time to time. I have no worried at all and the think staff go above and beyond, My greatest disappointment is that Parkview is due for closure, what a pity, a jewel in the crown."

"As a family we are very disappointed this home is closing. The staff are very friendly. It is more a home from home and we think it's a shame its closing. It also seems a great waste of money now air conditioning and bathrooms that have not long been installed."

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

The service showed the following strengths in the areas covered by this Quality Statement.

As we noted at the last inspection of this service in April 2015 we saw that the service provider CEC (City of Edinburgh Council) had a participation strategy to which this home subscribed.

This outlines ways to involve residents and relatives/carers in giving their views and contributing to development of the service. In this home participation was well established. These included:

- Day to day contact with the manager and staff team.
- Social events and activities in the home.
- Residents and relative/carers meetings.
- Care plan reviews.
- Complaints policy and procedure.

However, due to frailty and or communication difficulties some residents could not give their views and in these instances likes and dislikes and preferences were recorded in care plans to guide staff in how care was to be provided. The manager was also seeking to gain advocacy support for some residents who did

not have relatives or carers to assist them to make decision about their care.

The certificate of registration, staffing schedule, insurance details, the last Care Inspectorate inspection report and the complaint policy were on display and available for reference. An information brochure was also available for reference for service users and, or, relatives/carers which outlined some of the services provided. Having information in different forms may assist people to be informed about aspects of the service and who they could contact should they wish to raise any issues.

As at previous inspections, residents told us that the small flats and allocation of staff to these meant that they knew who was available to them each day and who they could speak to if they had any concerns. We also saw that the manager and team leaders were accessible to residents.

Residents we spoke with during the inspection told us that they had no concerns or complaints about the quality of the service provided in Parkview.

At the last inspection we made a recommendation that the service should continue to develop the participation strategy and use a range of methods to seek the views of residents and relatives/carers on the service provided.

At this inspection we saw that consultation had taken place with residents and relatives/carers about the closure plans for this home. Residents review meetings and consultation had also taken place to assist residents and relatives/carers to make decisions about moving to the new care home or to seek an alternative care service. This recommendation had been implemented.

Areas for improvement

The manager should continue to support residents and relatives/carers throughout the closure period and provide information to enable them to make decisions about their future care arrangements.

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

The service demonstrated the following strengths in the areas covered by this Quality Statement.

During our inspection we saw how staff cared for residents and we looked at care and support plans to see if residents' needs were being assessed planned and reviewed. We also spoke to residents about the quality of care they received in this home.

Health, personal care and care planning

We saw that residents were generally well presented in their personal appearance and residents told us that staff assisted them to look after their personal hygiene and care. Residents told us that they liked knowing which staff were available to them in their flat to help with their care and support.

They also told us that they found the care staff to be kind and considerate in their approach which we also saw during the inspection. All staff spoke about and with residents in a very respectful and knowledgeable manner.

At the last inspection we made a requirement about assessment of needs and care planning:

The assessed needs of each resident must be accurately recorded in care plans to ensure that their health and welfare needs are known and inform staff practice.

In order to do so, the provider must ensure that:

a) Assessments which help to identify service users' needs and inform the way care is planned are completed accurately.

b) Care plans identify all of the individual service user's needs, and clearly set out how those needs are to be met including any specific behaviours.

c) Care plans are revised and updated as the service user's needs or circumstances change, including as a result of the outcomes of accidents, incidents and falls risk assessments.

d) Outcomes and actions as a result of care plan audits are fully completed.

At this inspection we looked at a sample of care and support plans and we saw that the contents including associated records such as risk assessments had improved. Although care plans followed the same format the information was person centred and noted specific needs, preferences and choices of the individual.

Relevant contact details for relatives/carers and where necessary health care professionals for example, the GP were also recorded.

Systems were in place to ensure that care plans and risk assessments were reviewed and updated where assessed needs or circumstances had changed for example and at least once in a six month period.

Care plans we looked at included a care plan audit which detailed actions required of staff for example updating some of the records, the dates for these actions had not yet expired.

Overall we concluded that there was sufficient improvement in the quality of information in care plans to consider that this requirement had been met.

At the last inspection we made a recommendation about ensuring that all staff received a regular update about residents needs and any changes to these needs. This was to ensure that staff were fully aware of residents needs and their responsibilities in meeting these and to ensure staff practice was based on up to date information.

At this inspection we saw that staff handover meetings took place at each staff shift change where an update was given about each resident. We saw that staff

were aware of, responsive to and able to tell us about residents needs and their responsibilities in meeting these needs. Staff also said that the reduction in resident numbers and use of only the ground floor accommodation made communication and exchange of information between staff easier. This recommendation had been implemented.

Legal status and Consent

We looked at the home's system in respect of legal authorities to act on residents' behalf. We saw that care plans included where necessary records w of 'Adults with incapacity' (under Section 47 of the Adults with Incapacity (Scotland) Act 2002) and (Do not attempt cardiopulmonary resuscitation) (DNACPR) forms. These were to protect the service user and to guide the service on their responsibilities to provide care and treatment.

At the last inspection we made a requirement about residents' legal status:

The provider must review the arrangements in place for those residents who lack capacity to make decisions for themselves in some aspects of their lives. This is to ensure that appropriate legal safeguards such as DNACPR and AWI certificates are in place where assessed as necessary.

The provided must ensure that:

- a) The current status of each resident in respect of capacity is recorded.
- b) Records show that, where powers have been enacted to others, that this is clearly documented.

At this inspection we saw that this information was recorded in care plan files and concluded that there was sufficient improvement to consider that this requirement was met.

At the last inspection we made a recommendation about ensuring that all staff received a regular update about residents needs and any changes to these needs. This was to ensure that staff were fully aware of residents needs and their responsibilities in meeting these and to ensure staff practice was based on up to date information.

At this inspection we saw that staff handover meetings took place at each staff shift change where an update was given about each resident. We saw that staff were aware of, responsive to and able to tell us about residents needs and their responsibilities in meeting these needs. Staff also said that the reduction in resident numbers and use of only the ground floor accommodation made communication and exchange of information between staff easier. This recommendation had been implemented.

Areas for improvement

Although we saw improvement in records relating to residents' legal status there was no way to track that legal documents were still within date. We discussed the need to have accurate and up to date information relating to residents' legal status such as AWI and DNACPR to inform any interventions and actions in this area of care. We provided a copy of the Care Inspectorate Adults with Incapacity Register which may assist in progressing this area of care.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

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

The comments made in Quality Theme 1 Statement 1 also apply to this statement.

Areas for improvement

The areas for development noted in Quality Theme 1, Statement 1 are relevant to this statement.

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

The service demonstrated the following strengths in the areas covered by this Quality Statement.

To make our assessment of this statement, we looked at a sample of the accommodation throughout the home including bedrooms, sitting rooms, dining room, toilets, and bathing/shower facilities and the general home environment.

We also looked at a variety of records including safety checks and maintenance,

management of medicines and staffing provision.

The upper floor was no longer being used as resident accommodation although these rooms could be used if necessary. Accommodation for residents on the ground floor was clean, tidy and comfortably furnished. Private bedrooms had been made more personal with residents' personal belongings and soft furnishings.

We saw that there were ample stocks of disposable gloves and aprons and cleaning materials to help in promoting safe infection control practices. House keeping staff also told us that they had enough equipment and cleaning materials available to them to keep the home clean.

An emergency call system was accessible throughout the home for staff and residents to use to summon help or assistance when needed. Sensor mats were also used to alert staff where for example the resident may not be able to use the call bell system.

At the last inspection we had difficulty accessing the safety check records in the absence of the handyman. and made a recommendation that all records of safety checks undertaken in the home are available for inspection. At this inspection Safety check records were available for reference. This recommendation had been implemented.

We looked at the safety check records and saw that there were systems in place to record checks which were to be taken at prescribed intervals, for example, daily, weekly and monthly. These checks included wheelchairs, beds, water and water temperatures, window restrictors and daily maintenance and repair needs.

Specialist equipment was available in the home and arrangements were in place to have this equipment checked and maintained in accordance with the instructions of the manufacturer and Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) regulations.

Training was also provided for staff to assist them to maintain a safe environment including, Adult Support and Protection, moving and handling, health and safety and fire safety.

At the last inspection we saw that some pillows in use were of poor quality and not fit for purpose. At this inspection we saw that these had been replaced.

Medication.

At the last inspection we made a requirement about the management of medicines in the home:

In order that each resident receives their medication as prescribed including the application of topical creams and lotions the service provider must improve the management of medicines in the home. In order to do so:

- a) All staff must sign to confirm the administration of all medicines, where a prescribed medicine is not administered the reason for this must be recorded.
- b) All handwritten entries on MAR charts must be signed and dated by the person making the change, and referenced to indicate where the handwritten information was obtained, or the authority for any change, for example instructions of the GP.
- c) Accurate records must be maintained for all medicines received, administered in the home and returned to the pharmacy.
- d) Accurate records must be maintained for the application of topical medicines such as creams.

At this inspection we examined samples of the management of medicines in the home, including the storage, administration and recording systems. The samples we looked were in order and medications were in stock which corresponded with those prescribed and all records had been fully completed.

We did not see any hand written prescriptions. We saw significant improvement in the overall management of medicines to confirm that this requirement was met.

Accidents and incidents including management of falls.

At the last inspection we made a requirement about the management of accidents, incidents and falls in this care home:

In order to ensure the health welfare and safety of residents the service provider must ensure that all staff follow CEC policies and procedures in regard to reporting and following up any incidents and accidents in the home.

At this inspection we saw that individual risk assessments including falls risk assessments were part of care planning. We also saw that incidents and accidents were recorded in the home. These included a description of the event and any follow up actions.

Staff we spoke with were aware of their responsibilities in regard to reporting and recording accidents and incidents in the service and appropriate events were the subject of notifications to the Care Inspectorate.

We saw sufficient improvements in the reporting and management of accidents, incidents and falls to consider that this requirement had been met.

Staffing.

At the last inspection we made a requirement about the provision of staff in this service:

There must have enough staff on duty at any given time to meet the assessed needs of the resident group. In order to do so the provider must review the current staffing arrangements in the home. This review must include:

a) Using a dependency assessment tool to accurately determine the needs of each service user at any given time, including overnight. Thereafter, ensuring that each dependency assessment of need is regularly reviewed.

b) Duty rotas in the service show that staffing had been provided to reflect the outcomes of the dependency needs assessments.

At this inspection we saw that the staffing schedule had been updated following an application to the Care Inspectorate to vary the registration for this

service. This was made to reflect the changes to the staffing structure and working patterns.

We saw that resident dependency assessments were undertaken each month to inform the staffing requirements. In the sample of duty rotas we looked at we saw that staffing provided met the staffing schedule and the outcomes of dependency assessments.

At the last inspection we recommended that duty rotas give accurate information about which staff are on duty at any given time and should include the use of agency staff. At this inspection we saw that agency staff were recorded on the duty rota to show the deployment of staff at all times.

Areas for improvement

We saw improvement in the management of medicines in the home. However, there were still some gaps in signatures to confirm the administration some topical medicines and creams. The manager is aware of this and is following up with staff.

Grade

4 - 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

To make our assessment for this statement we looked at the outcomes for residents in the other statements and we took account of the views expressed by people and our observations during the days of inspection.

At the last inspection we made a requirement about the home premises:

In order to ensure the health, welfare and safety of residents and to ensure that the premises are fit to be used for a care service the service provider must:

- a) Undertake a written review of the home environment to identify any deficits and repair and maintenance work needed, with specific attention to the toilet facilities. For example, replacement of flooring, repairs to damaged paintwork replacement of damaged woodwork and provision of toilet seat lids. This review should also include the deficits reported to the heating and ventilation systems.
- b) Devise an action plan to show how the deficits identified through the review will be attended to including timescales for the remedial work to be undertaken.
- c) Commence and complete the repair and remedial works identified through the review.

At this inspection we saw considerable improvement in the quality of the home environment which had an impact on residents' quality of life in this home. The remedial work detailed above had been completed. This requirement was met.

Areas for improvement

As we are aware of the closure plans for this service we have asked that the manager continues to ensure compliance with fire safety and health and safety department guidance. This is to allow a positive quality of life for residents whilst they remain in this home.

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 1

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

Service strengths

The comments made in Quality Theme 1 Statement 1 also apply to this statement.

Areas for improvement

The areas for development noted in Quality Theme 1, Statement 1 are relevant to this statement.

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

The service demonstrated the following strengths in the areas covered by the quality statement. To assess this statement we observed interaction between staff and residents and we spoke with staff and residents and took account of the outcomes of pre inspection questionnaires.

We spoke with members of care staff and they told us of improvements which have been made in the home. Some told us that staff morale had increased and they felt more supported. This was for the most part attributed to having a manager for a more consistent length of time.

Staff now felt that their views were listened to in the day to day management of the home and access to training had been improved.

All staff we spoke with were knowledgeable about and responsive to the needs of residents and their duties.

At the last inspection we made a requirement about ensuring staff employed in the service had the necessary skills and training:

The service provider must ensure that persons employed in the care service have the necessary skills and training appropriate to the work they are to perform to meet the assessed needs of the resident group.

In order to do so the provider must :

- a) Undertake a written training needs assessment for each member of care staff.
- b) Ensure that all staff receive mandatory and, or, refresher training as identified from the training needs assessment appropriate to their role in the service and this is recorded.

At this inspection we saw that systems were in place to record staff training and when any refresher training was needed. We saw that training events had included moving and handling, management of medicines and refresher of essential learning topics. Staff practice was also supported by comprehensive policies and procedures.

Staff told us that training staff appraisal and supervision had also been improved. We also saw that a training needs analysis was being developed for the staff team. This requirement was met.

Areas for improvement

The staff training arrangements should continue to be provided in order to promote a professional, trained and motivated workforce.

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

The comments made in Quality Theme 1 Statement 1 also apply to this statement.

Areas for improvement

The areas for development noted in Quality Theme 1, Statement 1 are relevant to this statement.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

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

Service strengths

At the last inspection we heard that staff had little input into the development of the service and we made a recommendation about this.

Regular care staff meetings should be reinstated to enable staff to share information, such as, changes to policies and procedures and developments within the service and wider organisation. Regular meetings could also assist

staff to discuss their work practice and contribute to the development in the service.

At this inspection staff told us that staff meetings had been reinstated and this gave them the opportunity to discuss service provision and any improvements which could be made. Staff also told us that the manager kept them up to date about changes in the service and development of the new care home as far as he knew. This recommendation had been implemented. Also see areas for development.

Areas for improvement

Staff reported that staff meetings about the service provision had been reinstated and that these were useful. However, staff also reported a lack of consultation about their personal circumstances relating to proposals for moving to the new service or any alternative arrangement which may be available.

We understand that employment legislation may apply to staff moving to the new care home or alternative work places. However, in order to ensure consistency of staffing to the resident group in this and the new care home consideration should be given to consulting with staff in order that they are kept informed and aware of future opportunities available to them.

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

CEC had a quality assurance system in place which included methods and measures to assess, develop and improve the quality of the service.

At the last inspection we considered that the frequent changes to management of the home had contributed to the difficulties in implementing an effective quality assurance systems. At this inspection we saw that the manager had been in post for some time and there had been no major changes to the senior personnel in the home, as a result there were more effective use of audits to improve the overall service provision.

At the last inspection we saw that e audits were not always effective in improving aspects of the service. We made a recommendation about developing the audit systems:

The manager should develop the audit system used in the home to ensure that information from these are used to identify any deficits and improvements which need to be put in place in the overall provision of the service.

These should include but not be limited to:

- Care plans and associated records, including risk assessments and charts for example, those to monitor food and fluid intake.
- Management of medication.
- Staff training, their work practice and competency, for example, management of medicines.
- Quality assurance surveys.

At this inspection we saw improvements in many aspects of this service and saw that more effective use of quality assurance audits contributed to making these improvements.

For example we saw improvements in the quality of content of care plans and saw that audits were in place to guide and direct staff to make improvements to the records. We also saw that regular medication audits had contributed to improvements we saw in the management of medicines. This recommendation had been implemented.

Areas for improvement

The manager should continue to use quality assurance systems to measure and assess aspects of the service to ensure the improvements to the service can be maintained until the service closes.

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

1. The assessed needs of each resident must be accurately recorded in care plans to ensure that their health and welfare needs are known and inform staff practice.

In order to do so, the provider must ensure that:

a) Assessments which help to identify service users' needs and inform the way care is planned are completed accurately.

b) Care plans identify all of the individual service user's needs, and clearly set out how those needs are to be met including any specific behaviours.

c) Care plans are revised and updated as the service user's needs or circumstances change, including as a result of the outcomes of accidents, incidents and falls risk assessments.

d) Outcomes and actions as a result of care plan audits are fully completed.

This requirement was made on 08 April 2015

We saw improvements in the assessments of need, plans of care and care plan audits. Further information is noted under quality theme 1 statement 3.

Met - Within Timescales

2. The provider must review the arrangements in place for those residents who lack capacity to make decisions for themselves in some aspects of their lives. This is to ensure that appropriate legal safeguards such as DNACPR and AWI certificates are in place where assessed as necessary.

The provided must ensure that:

- a) The current status of each resident in respect of capacity is recorded.
- b) Records show that, where powers have been enacted to others, that this is clearly documented.

This requirement was made on 08 April 2015

The manager had an overview of residents legal status. Further information is noted under quality theme 1 statement 3.

Met - Within Timescales

3. In order that each resident receives their medication as prescribed including the application of topical creams and lotions the service provider must improve the management of medicines in the home. In order to do so:

- a) All staff must sign to confirm the administration of all medicines, where a prescribed medicine is not administered the reason for this must be recorded.
- b) All handwritten entries on MAR charts must be signed and dated by the person making the change, and referenced to indicate where the handwritten information was obtained, or the authority for any change, for example instructions of the GP.
- c) Accurate records must be maintained for all medicines received, administered in the home and returned to the pharmacy.
- d) Accurate records must be maintained for the application of topical medicines such as creams.

This requirement was made on 08 April 2015

We saw considerable improvement in the management of medicines in this service. Further information is noted under quality theme 2 statement 2.

Met - Within Timescales

4. In order to ensure the health welfare and safety of residents the service provider must ensure that all staff follow CEC policies and procedures in regard to reporting and following up any incidents and accidents in the home.

This requirement was made on 08 April 2015

Staff were aware of their responsibilities in regard to reporting and recording accidents and incidents in the service. Further information is noted under quality theme 2 statement 2.

Met - Within Timescales

5. In order to ensure the health, welfare and safety of residents the service must have enough staff on duty at any given time to meet the assessed needs of the resident group. In order to do so the provider must review the current staffing arrangements in the home. This review must include:

a) Using a dependency assessment tool to accurately determine the needs of each service user at any given time, including overnight. Thereafter, ensuring that each dependency assessment of need is regularly reviewed.

b) Duty rotas in the service show that staffing had been provided to reflect the outcomes of the dependency needs assessments.

This requirement was made on 08 April 2015

Dependency assessments were in place and staffing was in place to meet the outcomes of these assessments. Further information is noted under quality theme 2 statement 2.

Met - Within Timescales

6. In order to ensure the health, welfare and safety of residents and to ensure that the premises are fit to be used for a care service the service provider must:

a) Undertake a written review of the home environment to identify any deficits and repair and maintenance work needed, with specific attention to the toilet facilities. For example, replacement of flooring, repairs to damaged paintwork replacement of damaged woodwork and provision of toilet seat lids. This review should also include the deficits reported to the heating and ventilation systems.

b) Devise an action plan to show how the deficits identified through the review will be attended to including timescales for the remedial work to be undertaken.

c) Commence and complete the repair and upgrading works identified through the review.

This requirement was made on 08 April 2015

Full renovation of the toilet facilities had taken place and the heating and ventilation systems improved. Further information is noted under quality theme 2 statement 2.

Met - Outwith Timescales

7. The provider must ensure that persons employed in the care service have the necessary skills and training appropriate to the work they are to perform to meet the assessed needs of the resident group.

In order to do so the provider must:

a) Undertake a written training needs assessment for each member of care staff.

b) Ensure that all staff receive mandatory and, or, refresher training as identified from the training needs assessment appropriate to their role in the service and this is recorded.

This requirement was made on 08 April 2015

Staff confirmed that they received appropriate training and training records had been updated accordingly. Further information is noted under quality theme 3 statement 3.

Met - Outwith Timescales

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

Previous recommendations

1. The service should continue to develop the participation strategy and use a range of methods to seek the views of residents and relatives/carers on the service provided.

This should include in particular methods used to support residents who may find communication difficult, or who choose not to take place in group or written consultation.

This recommendation was made on 08 April 2015

Group and individual consultation took place with residents to gain their views on aspects of the service. This recommendation had been implemented. Further information is noted under quality theme 1 statement 3.

2. Systems should be in place to ensure that all staff receive a regular update about residents are needs and any changes to these needs. This is to ensure that staff are fully aware of residents' needs and their responsibilities in meeting these and to ensure their practice is based on up to date information.

This recommendation was made on 08 April 2015

Regular staff handover meetings take place to exchange information about residents needs and any changes to these. This recommendation had been implemented. Further information is noted under quality theme 1 statement 3.

3. The manager should ensure that the duty rotas in the home give accurate information about which staff are on duty at any given time and should include the use of agency staff. All duty rotas should be able to evidence the numbers of staff on each shift.

This is in order to meet The National Care Standards, Care homes for older people Standard 5 - Management and staffing arrangements.

This recommendation was made on 08 April 2015

The duty rotas included all staff including agency staff on duty. This recommendation had been implemented. Further information is noted under quality theme 2 statement 2.

4. The manager should ensure that all records of safety checks undertaken in the home are available for inspection.

This recommendation was made on 08 April 2015

Safety check records were available for reference. This recommendation had been implemented. Further information is noted under quality theme 2 statement 2.

5. Regular care staff meetings should be reinstated to enable staff to share information, such as, changes to policies and procedures and developments within the service and wider organisation. Regular meetings could also assist staff to discuss their work practice and contribute to the development in the service.

This recommendation was made on 08 April 2015

Staff confirmed that regular staff meetings had been reinstated. This recommendation had been implemented. Further information is noted under quality theme 3 statement 3.

6. The manager should develop the audit system used in the home to ensure that information from these are used to identify any deficits and improvements which need to be put in place in the overall provision of the service.

These should include but not be limited to:

- Care plans and associated records, including risk assessments and charts for example, those to monitor food and fluid intake.
- Management of medication.
- Staff training, their work practice and competency, for example, management of medicines.
- Quality assurance surveys.

This recommendation was made on 08 April 2015

We saw that audits had been further developed. This recommendation had been implemented. Further information is noted under quality theme 4 statement 4..

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	
14 Apr 2015	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and Leadership	2 - Weak
6 May 2014	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
6 Feb 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good

		Staffing Management and Leadership	4 - Good 4 - Good
7 Nov 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 2 - Weak 4 - Good 3 - Adequate
5 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
26 Jul 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
28 Mar 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good Not Assessed
6 Jul 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good Not Assessed
24 Nov 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good Not Assessed
22 Feb 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good Not Assessed Not Assessed

21 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 4 - Good 4 - Good
29 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 4 - Good Not Assessed
9 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
26 Jun 2008		Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

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

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