Airlie House
Care Home Service

5 Victoria Park
Ayr
KA7 2TR

Telephone: 01292 262744

Type of inspection: Unannounced
Inspection completed on: 18 July 2016

Service provided by: Ayr Baptist Homes

Service provider number: SP2003000262

Care service number: CS2003001308
About the service

Airlie House is located in Ayr and is operated by Ayr Baptist Homes. The service is registered to provide a care service to a maximum of 26 older people, of whom 26 may have physical needs or dementia. One of the registered places may be used to provide respite for an older person.

The service consists of an original two-storey, detached stone property, with single-storey extensions to the side and the rear. There are 19 single bedrooms and three double rooms. All bedrooms have en-suite facilities, with some bathing en-suite.

There is access to the accommodation on all floors by means of stairs and a passenger lift. There is also disabled ramp access. The building is situated within its own well maintained grounds and within easy access to local amenities.

The service’s aim in their mission statement is “to provide service users care in a Christian environment, committed to excellence, where personal dignity is maintained, personal privacy is respected and personal needs are fully met”.

The inspection focused on standards of care for people living with dementia. We are using a sample of 150 care home services to look in detail at the standards of care for people living with dementia and this service is one of those selected as part of the sample.

The areas looked at were informed by the Scottish Government’s Promoting Excellence: A framework for health and social care staff working with people with dementia and their carers and the associated dementia standards. It is our intention to publish a national report on some of these standards during 2017.

What people told us

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection, we used SOFI2 to observe staff interactions with four individuals. We observed warm engagement between residents and staff which displayed compassion and respect.

We asked the service to distribute care standards questionnaires to service users and relative/carers, of which three service users and four relative/carer questionnaires were returned. All relatives agreed or strongly agreed they were satisfied with the quality of care their relative/friend receives in Airlie. Comments included:

‘I have absolutely no complaints. I am very thankful for the loving care I get.’

‘The staff very caring. I am impressed and thankful for their caring attention.’

‘My relative is happy and well looked after. She likes her single room. The staff are all very good to my relative and make her happy. She gets on fine with them. I have no complaints whatsoever about the staff.’

‘I am very happy with the care my relative receives. She knows everyone by name as do they know her. I feel she is in a safe place where my Aunt’s also feel happy to visit her.’

We also had 1:1 discussions with service users and families, with comments throughout, and all were positive.
Self assessment

An extension to the timeframe for date of submission of the self-assessment had been agreed prior to the inspection process.

From this inspection we graded this service as:

<table>
<thead>
<tr>
<th>Quality of care and support</th>
<th>4 - Good</th>
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Quality of care and support

Findings from the inspection

Overall, residents and families described a positive culture towards care and support which enhanced the wellbeing of residents. Regular review and development of information contained within care plans must continue to be updated through use of assessment tools to support any changes in the ability of residents and include use of restrictive aids with appropriate risk assessment. Introduction of ‘resident of the day’ initiative had provided a structure for keyworkers to undertake monthly review of care and support with residents, including care plans and all aspects of supports provided (see requirement 1 and recommendation 1).

Implementation of the participation strategy promoted meaningful engagement to include residents and families in decisions on how care and support should be made and delivered. This included continued consideration on how information is presented to ensure residents have the opportunity to make choices relevant to their needs. We saw how residents were respected and that staff knew how to communicate with residents who considered their use of language to make sure residents understood (see recommendation 2).

Provision of equipment supported movement for residents including walking aids supported independence and freedom of movement for residents.

Support from external health professionals provided guidance to staff in how to provide appropriate care for residents with particular health conditions. Good links had been established with local G.P.s, District Nurse and allied health professionals. Implementation of health champion roles within the service had been initiated. This had supported sharing information, use of best practice and a responsibility for staff to continue to improve outcomes for residents (see recommendation 3).

Medication practice had improved within Airlie House which had reduced the risk to residents of inappropriate or lack of administration as prescribed by medical staff. Updates to the staff training and development of the audit system had supported this which had improved staff knowledge on the reason residents were prescribed medication (see recommendation 4).

Residents and families stated they were generally happy with the care and support for residents.
Requirements

Number of requirements: 1

1. The provider must improve the assessment of residents’ needs and care planning processes, to reflect the current needs of residents in accordance with best practice guidance, with evidence on how service user needs are being consistently met and that the plan is being followed on a daily basis. This includes:

   a) implementation of the appropriate best practice assessment tools
   b) linking of assessed needs through the care planning documentation for all residents
   c) continue to develop the content in personal plans to ensure plans fully address assessed healthcare needs in accordance with resident preferences
   d) ensure use of a robust care plan audit tool.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 4 (1) (a), Welfare of users - A provider must make proper provision for the health, welfare and safety of service users.

Timeframe: within one month on publication of this report.

Recommendations

Number of recommendations: 4

1. Guidance on Mental Welfare Commission best practice should be available and understood to protect the rights of residents.

   National Care Standards, care homes for older people - Standard 3: Your legal rights.

2. Information and communication should be provided to residents in a format that is appropriate for their needs.

   National Care Standards, care homes for older people - Standard 18: Staying in touch.

3. To make effective use of the health champion role, staff should receive appropriate training, support and guidance to enable this role to be performed effectively.


4. The management should continue to review the management of medication including review of policy in accordance with legislative requirements and best practice guidance.


Grade: 4 - good
Quality of environment

Findings from the inspection

Residents told us they were very happy with the home in which they lived; it was pretty and well kept. There were no odours and there was a garden that people used, some people spoke of how they liked to ‘take a walk’ or ‘sit outside when the sun is shining’ as ‘the garden is beautiful’. Feedback also included, ‘I have no complaints about my surroundings. It’s a lovely garden and I enjoy getting fresh air when someone can take me out’. The garden area was largely well maintained although a walk around the internal and external environments with the manager identified some areas for improvement (see recommendation 1).

Bedrooms were personalised with personal effects of residents, often from their own home which supported comfort and familiarity to each resident. Involvement in choosing décor was offered and accepted to many residents described they were happy about.

A range of policies and procedures were in place to promote the protection and safety of residents. Review of maintenance and service records supported the promotion of a safe environment for residents, staff and visitors. Some feedback from residents told us they were ‘always asked about how to make things better’ whilst others felt it was ok as ‘the manager takes care of that side of things’ and ‘they have things in place to make sure we are ok’.

Through review of the dependency assessment tool, it was noted this tool could be more effectively used to identify the staffing numbers to meet the identified needs of residents. This includes times of work for staff as detailed on the service staffing schedule and the grades of staff who are appropriately registered to work (see recommendation 2).

Some use of signage around the environment supported guidance to direct resident on where they wanted to go around the home. This signage was at varied heights around the walls and could be more appropriately placed. Some consideration to increased use of necessary signage would support more purposeful movement of residents. This included access to stairwells (see recommendation 3).

Outings outside of the home were supported by attendance of care staff. Some assessment of risk had been made which should continue, with specific consideration on the residents who are attending and the location of the visit (see recommendation 4).

Single accommodation availability had improved within the home with shared bedroom accommodation not widely promoted.

Residents and relatives described feeling safe and happy within Airlie House.

Requirements

Number of requirements: 1

1. The service provider must ensure that there are enough staff on duty with the appropriate skills to meet the individual needs of people who use the service. To meet this requirement the service provider must ensure that:

   Staffing levels take account of the physical layout of the building;
   Staffing levels take account of staff training and supervision needs;
   There are robust contingency arrangements in place for unplanned staff leave.
This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulations 4 (1)(a) Welfare of service users and Regulation 5 - Staffing.

Timeframe: within one month on publication of this report.

Recommendations

Number of recommendations: 4

1. Views and access to the outside are essential to wellbeing. The service should provide residents with independent access to a safe outside space.

National Care Standards, care homes for older people - Standard 4: Your environment.

2. The management should review the rota to ensure that there are enough staff on duty with the appropriate skills to meet the individual needs of people who use the service.

National Care Standards, care homes for older people - Standard 5: Management and staffing.

3. The service should continue to develop a supportive environment for people with dementia.

National Care Standards, care homes for older people - Standard 4: Your environment.

4. Risk assessments should be devised as necessary with appropriate timeframe for review.

National Care Standards Care Homes for Older People, Standard 4: Your environment

Grade: 4 - good

Quality of staffing

Findings from the inspection

Recent recruitment of staff had involved residents and relatives who reported feeling proud and happy about how the process was undertaken and their enjoyment at being part of the process and having a say. Recruitment practices had improved and best practice guidance was followed to promote safer recruitment (see recommendation 1).

Residents and relatives told us they were always treated with respect, were happy and felt comfortable with who was looking after the residents in Airlie House.

Some staff told us they attended regular team meetings, training and had supervision to support how they worked to improve outcomes for residents. Some staff describe being unable to attend meetings or training as a result of being on duty. To support staff to continue to develop their skills and knowledge, whether through mandatory or training of interest would benefit residents care and wellbeing. Some staff reported not attending
training through their choice with no acknowledgement of their legal responsibility to attend in accordance with their continued professional development (see recommendation 2).

Improvement in teamworking through clearer communication had been reported by staff which had also improved staff morale. Daily meetings to improve involvement of staff to be more aware of what changes had/will be made to practice to enhance the quality of life for residents (see recommendation 3).

Feeling of empowerment was a description by staff on the reintroduction of the health champion role. Staff spoke positively on the responsibility this role provided and the support from additional training on health conditions of residents.

Where staff worked in more than one role, there was a lack of evidence to recruitment for the role or in the specific training required for the role. This was discussed with the manager during the inspection process who took steps to address this (see recommendation 1).

Monitoring of staffing levels over a 24 hour period in accordance with the dependency assessment of residents would support the health and safety of residents and staff, and provide staffing levels through the staff rota.

Some recommendations made during the previous inspection are reviewed later in this report.

**Requirements**

Number of requirements: 0

**Recommendations**

Number of recommendations: 3

1. The provider must ensure that at all times staff are recruited and inducted in a safe and robust manner to protect people using this service.

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

2. Staff should attend training as is scheduled as part of their continuous learning to support maintenance of their professional registration and be supported to do so.

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

3. The management should continue to address issues with staff communication and teamwork amongst all staff within this home.

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

**Grade:** 4 - good
Quality of management and leadership

Findings from the inspection

Appointment of a new management team within the last year had demonstrated some positive improvement within the service. Leadership was being provided to the staff team on how to continue to improve the quality of life for residents who resided within Airlie. Feedback from residents, relatives, staff and stakeholders all supported the strength in the new team. Outcomes for residents were more positively reflected by residents through conversation and in observation of interactions.

Improvements to the quality assurance system to monitor and audit the quality of life for residents continued to be made with the management being more effective in recognising areas for development. Action plans were used to continue to monitor and develop the service, with an external consultant providing some understanding to board members on the needs of older people’s services and updating policies and procedures.

Daily meetings supported the manager to promote leadership to the staff team to include their involvement in developing and improving the service. Some attempts had been observed and understood for staff to accept their accountability in seeking opportunities to improve their practice learning which was being discussed at team meetings.

When discussed with some residents, the mission statement for the service was not always in full agreement on what residents wanted from the service. This could be an opportunity to review the current delivery of service with aims and objectives of the service alongside the mission statement (see recommendation 1).

Feedback from residents and relatives complimented the management team on their approachability but also their reaction to address any issue highlighted.

Some requirements and recommendations made from previous inspection is reported later in this report.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should continue to review and develop quality assurance systems and processes. This will ensure that everyone in the service continues to work together to ensure a high standard of service is provided.

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

Grade: 4 - good
Previous requirements

Requirement 1

The provider must improve the assessment of residents’ needs and care planning processes, to reflect the current needs of residents in accordance with best practice guidance with evidence on how service user needs are being consistently met and that the plan is being followed on a daily basis. This includes:

a) implementation of the appropriate best practice assessment tools
b) linking of assessed needs through the care planning documentation for all residents
c) continue to develop the content in personal plans to ensure plans fully address assessed healthcare needs in accordance with resident preferences.
d) ensure use of a robust care plan audit tool.

This is in order to comply with: SSI 2011/210 Regulation 4 (1) (a) Welfare of users - A provider must make proper provision for the health, welfare and safety of service users.

Timescale: within three months on receipt of this report.

This requirement was made on 30 June 2015.

Action taken on previous requirement

A new format for personal plans had been implemented. This had streamlined information contained within, with a cover sheet to direct to appropriate information.

Content of personal plans should continue to be reviewed for quality of information, not quantity, to ensure the content reflect the current needs as identified through assessment tools are reflected within the care plans.

During discussions, staff demonstrated an understanding of the needs of residents with awareness of any changes in residents care. Staff stated they were not clear on recording of this information since the new paperwork had been introduced.

Continued development of the personal plans should be undertaken with specific regard to continued completion of assessment tools within relevant timeframes, updates of care plans and inclusion of specific information relating to oral care, anticipatory care planning and legal information relating to people with authority to make decisions on behalf of resident.

Not met

Requirement 2

The provider must ensure the health and welfare of residents. To do this they must ensure the following:

(a) Medication is administered as instructed by the prescriber. In order to achieve this, they must ensure that medication is available at the care service at the time it is due for administration
(b) Controlled drugs must be appropriately stored, administered and managed with the support of appropriate recording systems.
(c) A complete, accurate and consistent auditable record of all prescribed medication entering, administered or destroyed, and leaving the service. An audit trail and stock control should be enhanced by recording on the MAR (Medication Administration Record) which details the amount of medication carried forward to the start of each new cycle.
(d) Where a regular medicine is not given as prescribed a reason for this must be clearly annotated on the MAR chart.
(e) An appropriate system of training and ongoing competency testing should be implemented.

This is in order to comply with: SSI 2011/210 Regulation 4 (1) (a) Welfare of users - A provider must make proper provision for the health, welfare and safety of service users.

Timescale: within one month on receipt of this report.

This requirement was made on 30 June 2015.

Action taken on previous requirement
Improvements had been made to the medication practice. A significant reduction in the number of medication errors had been noted. Monitoring practices had been improved which included use of spot checks, competency assessments, training and involvement of the polypharmacy review team to ensure medication was appropriately prescribed.

Met - within timescales

Requirement 3

The provider must ensure that at all times staff are recruited and inducted in a safe and robust manner to protect people using this service.

This is in order to comply with: SSI 2011/210 regulation 15(a) - A requirement for a provider to ensure that at all times suitable qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare and safety of service users.

National Care Standards, care homes for older people - Standard 5: Management and staffing.

This requirement was made on 30 June 2015.

Action taken on previous requirement
The process for recruitment had been updated to include best practice guidance which was being adhered to by the recruitment panel. Residents and families were also being included in this process to provide a different perspective in recruitment of staff.

Met - outwith timescales

Requirement 4

The provider must address issues with staff communication and teamwork amongst all staff within this home.
This is in order to comply with: SSI 2011/210 Regulation 15 (a), Staffing - A requirement to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This requirement was made on 30 June 2015.

Action taken on previous requirement
Staff reported feeling morale had improved and team working was better, and was less dependent on who they worked with. Communication channels had been more effectively used and staff described the management team approachable but respectful that they could make some attempts to be professional on their own volition. Some staff continued to speak of their frustration on the lack of time to spend with residents.

As there was new leadership within the service, the new processes being introduced require time to be embedded and evaluated for effectiveness.

Met - outwith timescales

Requirement 5

The provider must demonstrate how they involve staff in determining the direction, future objectives and assuring quality within this service.

This is in order to comply with: SSI 2011/210 Regulation 3 Principles - A requirement that the provider of a care service shall provide the service in a manner which promotes the quality and safety and respects the independence of service user, and affords them choice in the way in which the service is provided to them.

This requirement was made on 30 June 2015.

Action taken on previous requirement
A new management team had developed a different style of management to include staff in making suggestions and improvement in how the service could be developed.

Flash meetings, staff meetings and supervisions were now being viewed as formal forums to enable staff to share their views but were yet to be consistently facilitated.

However, expectation on staff to be included was being discussed at team meetings and supervisions to develop staff confidence and support was being provided to ensure they understood their duty of care to provide the best care for residents.

Staff reported they felt more included and had confidence in the new management structure.

Met - outwith timescales

Requirement 6

The provider must review quality assurance systems and processes to ensure the quality of this service is improved. This includes, but is not limited, to review and monitoring of care plans, review of staff practice including environmental checks and risk assessments.

This is in order to comply with: SSI 2011/210 Regulation 3 Principles - A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and
affords them choice in the way in which the service is provided to them and SSI 2011/210 Regulation 4(1)(a) - A requirement to make the proper provision for the health, welfare and safety of service users.

This requirement was made on 30 June 2015.

Action taken on previous requirement
A new management team was in place following the recent recruitment of a new depute manager. Feedback from residents, relatives and staff found this to be positive.

A consultant to support the directors and update policies and procedures had continued with the consultant working alongside the manager, a review of the quality assurance systems and processes within the home. This had led to the evaluation and review on the efficacy of some new auditing processes leading to more assessment needed on quality, not quantity.

Changes to the processes had continued to allow the emergence of a system to positively monitor current elements making up the service. This process will be ongoing and had also began to involve residents and relatives.

Met - outwith timescales

Requirement 7
The provider must ensure they improve understanding of National Care Standards, Scottish Legislative requirements and knowledge of the client group for whom they provide a service. The provider and board of directors must provide leadership to the staff for whom they are responsible with an appropriate management reporting structure.

This is in order to comply with SSI 2011/210 Regulation 3 Principles - A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

This requirement was made on 30 June 2015.

Action taken on previous requirement
Continued support from the consultant and appointment of the new manager had supported the development understanding of the directors.

Met - outwith timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1
Information and communication should be provided to residents in a format that is appropriate for their needs.
National Care Standards, care homes for older people - Standard 18: Staying in touch.

**This recommendation was made on 30 June 2015.**

**Action taken on previous recommendation**
There had been a notable increase in the use of signage to support freedom of movement for residents. Signage was at varied heights across the home and should be appropriately placed at eye level. Menus were supplemented by pictures to allow visual identification of foods. New documentation within personal plans had visual aids but this was unclear how residents were aware of this to determine how their support and care was provided.

Development by staff of a board to meet the needs of residents with hearing impairment was an interim measure whilst additional resources were being accessed.

Some bedroom doors had information relating to the person who lived in the room whilst others had a blank door.

Information about the service was being reviewed to support development and sharing of information into a service user friendly format.

This recommendation is repeated for further development.

**Recommendation 2**

The timescales for answering complaints should be upheld in accordance with policy and legislation.

**National Care Standards, care homes for older people - Standard 11: Expressing your views.**

**This recommendation was made on 30 June 2015.**

**Action taken on previous recommendation**
The manager described how there had been an improvement in the approach to addressing how complaints were recorded and resolved to improve the service. We observed how complaints were dealt with by the manager and the policy was being reviewed again.

This recommendation is met.

**Recommendation 3**

To make effective use of the health champion role, staff should receive appropriate training, support and guidance to enable this role to be performed effectively.

**National Care Standards, care homes for older people - Standard 6: Support arrangements and Standard 14: Keeping well - healthcare.**

**This recommendation was made on 30 June 2015.**

**Action taken on previous recommendation**
As a result of staff turnover, there was a reconfiguring with induction and training of staff required. This had led to the depletion of the health champion role. The manager had continued to reallocate the role to staff with specific skills and/or areas of interest to promote the wellbeing of residents.
This recommendation is: not met.

**Recommendation 4**

Information stored within personal plans should be easily accessible to appropriately support resident care.

National Care Standards, care homes for older people - Standard 6: Support arrangements.

*This recommendation was made on 30 June 2015.*

**Action taken on previous recommendation**

We viewed how content of personal plans had been streamlined. A contents page provided direction to the segment where the information was stored to make access easier.

This recommendation is: met.

**Recommendation 5**

The service should ensure appropriate completion of risk assessments to assess any requirement for use of restrictive aids to promote the health, wellbeing and safety of people who use the service.

National Care Standards, care homes for older people - Standard 9: feeling safe and secure.

*This recommendation was made on 30 June 2015.*

**Action taken on previous recommendation**

There had been some progress made on this recommendation since last inspection. However, there remained a lack of formalised recording of risk assessments undertaken to protect residents. This continued to be a work in progress.

This included risk assessments for use of restrictive aids including, for example, bed rails and alert mats, which would be supported by appropriate use of assessment tools.

This recommendation is: not met.

**Recommendation 6**

Deployment of staff should ensure appropriate skill mix to meet the needs of residents.


*This recommendation was made on 30 June 2015.*

**Action taken on previous recommendation**

Staff were deployed by the senior carer after morning handover. However, we found the effectiveness of how staff were deployed was variable and did not always reflect good or appropriate use of staff skills.

We saw how some staff reflected the principles in making every moment count whilst others used a task based approach to work. Engagement with residents was positive with evidence of humour supporting relationships to promote the wellbeing of residents.
This recommendation is: not met.

**Recommendation 7**

Response time for answering nurse call system should be monitored to promote safety and wellbeing of residents.


This recommendation was made on 30 June 2015.

**Action taken on previous recommendation**

**Action taken**

Response times were being monitored and also included the participation of some residents who, at times, chose to conduct their own experiment and feedback to the manager.

There were no concerns found relating to response times.

This recommendation is: met.

**Recommendation 11**

The procedure for sharing of bedrooms will be reviewed with the offer of a single room, when available, being provided to residents.


**Action taken**

There was no additional bedrooms being shared. Some bedrooms had become single bedroom with plans to reduce the number of shared rooms ongoing. The manager proposed to facilitate these discussions during six monthly reviews or sooner if a room became available.

This recommendation is: met.

**Recommendation 12**

Confidential information should be discussed and stored appropriately to protect residents.


**Action taken**

We found documentation was appropriately stored within the service. However, staff should be aware of who they are able to share information with and the purpose of sharing, in accordance with Mental Welfare Commission guidance.

This recommendation is: met.
Recommendation 13
To ensure their skills and knowledge are up-to-date, staff should attend the available training course.

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

Action taken
Some mandatory training had been scheduled to ensure staff had appropriate information relating to current best practice. However, there were occasions where staff failed to attend the scheduled training facilitated by their employer. The manager was closely monitoring attendance to ensure staff skills were appropriate to work with the changing needs of residents whilst considering staff accountability for their practice. This practice is an ongoing issue and is being monitored by the manager who is reflecting the Codes of Conduct in accordance with registration of staff with their regulatory body.

Consideration should also be given by management to availability of staff to be able to attend training.

This recommendation is: not met.

Recommendation 15
Review of the roles of staff should be undertaken to allow clarifications of expectations and promote accountability.

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

Action taken
The introduction of new management is providing a review of current job roles and function. A plan is in place to conduct a formalised review which includes the remit of senior carers and the role of keyworkers to enhance supports delivered for residents.

There are staff who are undertaking duties within differing roles where there was no clear recruitment or training plan for.

This review is ongoing.

This recommendation is: not met.

Recommendation 16
Supportive systems for staff including the supervision process and staff meetings should be consistently implemented with the emphasis on staff improvement.

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

Action taken
Some improvements had been made in staff supervision and was now scheduled to be more regular and include more reflective practice to identify positive practice and potential training needs for staff and positive outcomes for residents.

Staff meetings continued to be facilitated regularly with new agenda items to be implemented which reflected
best practice and National Care Standards.

This recommendation is: not met.

**Recommendation 17**
Records should be recorded appropriately and securely stored to respect the rights of residents.

National Care Standards, care homes for older people - Standard 10: Exercising your rights.

**Action taken**
Records had been stored securely with staff more aware of their responsibility in respect of and protection of information relating to residents or the service. Confidentiality is an expectation of staff working in care and links with best practice guidance from Mental Welfare Commission.

This recommendation is: met.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

**Enforcement**

No enforcement action has been taken against this care service since the last inspection.

**Inspection and grading history**

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<th>Type</th>
<th>Gradings</th>
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Tha am foilseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma niltear iarrtanas.

अनुरोधकार्यकाळ एवं अन्य अवधि कृपया पक्षीयते।

Bu takdir ke hidayatul murtid wala karya karnia) takdir shi'ah shahadat. 

هذه الوثيقة متوفرة بلغات ونمآذج أخرى عند الطلب

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