

## **Braid Hills Nursing Centre Care Home Service**

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**Service provided by:**  
BUPA Care Homes (ANS) Limited

**Service provider number:**  
SP2003002354

**Care service number:**  
CS2003010604

## About the service

Braid Hills Nursing Centre is a care home that is registered to provide care to a maximum of 95 older people, some of which will have dementia, and to a maximum of 24 adults with a physical disability. It is owned and run by Bupa Care Homes ANS Limited ("the provider").

The home is situated in a residential area to the south of the city of Edinburgh, close to local bus routes. The building sits back from the road, and is surrounded by landscaped gardens. There is off-road parking available at the front of the building.

Accommodation is provided on two floors, and access to the first floor is by stairs or passenger lift. The home is divided into five units: Kingsknowe provides care for younger residents with physical or sensory impairment; Dalmahoy and Muirfield provide care for older adults who are physically frail; and Hermitage and Swanston provide care for older adults who have dementia or other memory problems.

Each of the units has a lounge and dining area, a quiet room, and shared assisted bathrooms. All bedrooms have an en-suite toilet and washbasin. There are central facilities in the home for cooking and laundry.

The website for Braid Hills Nursing Centre states that: "As everyone is different and has different needs, we make sure that every resident living with us has their own personal care plan that's unique to them and them alone".

Bupa states on its website that 'Bupa's purpose is longer, healthier, happier lives. We do this by providing a broad range of healthcare services, support and advice to people throughout their lives'.

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 met with nine residents individually during our inspection and spent time with others around the home. Residents spoke positively about living in the care home and were complimentary about various aspects of the service, including the staff and quality of the meals.

They told us that:

"Staff help me with everything".

"Foods good - I eat anything".

"Do whatever I like to do - go for a walk about the shops and things".

"Staff all look after me well".

"Very happy here".

"Excellent".

"Satisfied here - food good".

Prior to the inspection, we sent out 50 care standards questionnaires for residents. Twenty-one of these were completed and returned to us. Comments in the questionnaires included:

- "I like the activities, I really like arts and crafts. I get on well with everyone. The staff are very kind".
- "I have just moved in....and so far everything seems good".
- "I have no complaints. All the staff are very nice to me".
- "I love it here, everyone is so kind. I like when (husband) visits, he comes for dinner".
- "The staff are always helpful and very polite".
- "They always take care of my needs and support me when I need them".
- "The staff always encourage me to socialise and get involved in activities. I enjoy the music activities the most".
- "I like my room".
- "I feel the care and support I receive is very good".
- "I think it's good. Staff know me well".

Some residents were less able to tell us what they thought about the service or the care they received. However, we saw that residents responded positively to support from staff. Both residents and staff appeared relaxed in each other's company and enjoyed exchanging chats and good humour.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes for people who were unable to tell us their views. It helps us capture the experiences of people using the service who may not be able to express their views.

We found that staff supported residents with warmth and respect. There were kind and caring interactions and good humour exchanged between staff and residents. We saw that staff were attentive to a resident who was quite unsettled.

Whilst we saw that staff appeared to take a genuine interest in chatting to residents, we found that residents had mixed experiences of staff interactions during our observations. Some of the residents we observed went for long periods of time where they had no, or little attention or interaction from staff. We gave the result of our observation to senior management during feedback.

Twenty-three relatives/carers returned completed care standards questionnaires to us before the inspection. We met with a further eight relatives/carers during our inspection. The completed questionnaires showed that all relatives/carers agreed or strongly agreed that they were happy with the care their relative received at the home.

All agreed that staff had the knowledge and skills to care for their relative but three people disagreed there were enough staff on at any one point. Four relatives/carers disagreed that the home was clean, hygienic and free from smells with disagreeing or strongly disagreeing that their relatives property or clothing was clearly marked and properly cared for.

Twenty-two relatives strongly agreed or agreed that their relatives likes and dislikes and preferences had been detailed in their personal plans and that staff knew these and did what they could to meet them.

Comments from questionnaires returned from relatives/carers included:

- "Excellent service".
- "The staff were courteous, polite and friendly when mum and I arrived feeling overwhelmed at the prospect of moving in. The male nurse asked first of all, whether or not she was happy for a male to be looking after her. That was a lovely start and very considerate".

"The staff deal with patients very well and respectfully. Repetitive questions and behaviours are responded to well and it makes you feel confident that there is training and a measure of good common sense in realising that these behaviours result from their illnesses. The inclusion of sports equipment, musical instruments etc displayed on corridor walls is a welcoming touch especially if these items were a major part of someone's earlier life".

"All the care, nursing and admin staff know both me and my relative and are always approachable".

"It is difficult for my relative to have access to the garden in pleasant weather....as their room is upstairs".

"I am very happy with the staff and the overall care my brother receives".

"I am very happy with the care my daughter receives, from all members of staff. They look after her very well. The management are all considerate and keep me well informed of any problems or needs (relative) might have".

"I have found all nursing and care staff and other support staff take time to interact with my mother. They have sought help and advice in helping her feel more settled to good effect. She is allowed to make her own decisions whilst in a caring and well supported environment".

"sometimes strong and unpleasant odours".

"Tumble drying has ruined clothing and bed throws".

"The quantity of fresh linen ready for use in the linen store is inadequate a great deal of the time".

"The daily cleaning and general up-keep of the rooms needs improvement".

"Cleanliness and a re-painting of rooms could be done better".

"I would like to see my relatives clothes ironed and hung up in wardrobe the same as at home.

"Ever since my husband has been a resident the home always changing the staff. I find the visitors are confused as well as the residents. It is very confusing for both residents and visitors".

"Would like to see permanent staff in the home and not agency as much. More staff would mean people eating hot meals not cold and not running about the dining room. Laundry is a big question with clothes always going missing".

"Keyworker; yes, there is a name on the door but I don't think that person has any more contact with (friend) than other carers. There are not enough care staff, they are focussed on completing many tasks and don't have time to chat, plus they are rotated round the residents so there is no consistency of contact or routine. There are feedback forms available but no proactive contact".

"Staff changes sometimes makes communication difficult i.e. staff often 'don't know' as they were not there at the time. Generally very happy with care received".

The relatives/carers we met spoke very positively about the quality of care given to their relative. They were complimentary about staff and of the welcome they were given when visiting.

Relatives said they had been involved in reviews of care and they felt staff kept them informed with any changes to their relative's health or support needs.

They told us;

"Yes, things are good. If I had a problem I would say - I've got them sorted now".

"Staff are good".

"Nurses are great. Welcoming".

"Before this happened I never wanted her (relative) to come to a care home - but not now".

"Staff are very good, very welcoming".

"It's like a family, everyone gets on well".

"Sometimes feels over-stretched and difficult for them (talking about staff)".

"Food is really good, take into account preference".

"Entertainment every week".

"Staff always speak nicely to (relative), caring".

"(relative) always clean and well dressed, except after meals".

"For mum, they know her well".

## Self assessment

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned.

## From this inspection we graded this service as:

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

## Quality of care and support

### Findings from the inspection

During our inspection we saw that residents appeared relaxed and responded positively to support offered by staff. Staff offered care to residents in a respectful and caring manner.

The service aimed to involve people in developing the service in a variety of ways, including meetings, a yearly questionnaire and a system for making suggestions or complaints. Whilst acknowledging this, it was not always clear what actions had been completed in response to points raised. The service should clearly record when actions have been completed following meetings, questionnaires or surveys. We will follow this up at the next inspection.

The service should continue to look at how they can help residents who find communication difficult, to express their views and influence the quality of service they receive. The recommendation from the last inspection is repeated (see recommendation 1).

Each resident had an individual personal plan. These included information on resident's health and care needs and how staff should support them with these. A range of assessments were used to help identify potential risks or care needs for residents. These helped inform the development of care plans for residents. Personal plans were regularly evaluated and audited which helped ensure the information was detailed and current.

To ensure that residents plan of care was up-to-date, care reviews were held with the involvement of residents and relatives where appropriate. Pre-review questionnaires were sent out to relatives in advance and contact made with those unable to attend to provide them with an opportunity to contribute their views.

Overall, personal plans contained good information on residents care and support needs. However, the standard of completion was not consistent throughout the home. The management team were aware of this and advised they will continue to look at how consistency could be achieved across the home. We will follow this up at the next inspection.

Most residents appeared to have had the care and support they needed with dressing and their appearance. There were a few residents, however, that did not receive the assistance they needed during the day to maintain their appearance. We told the manager about this during our inspection.

Medications were stored safely and securely and staff had protected time to administer medication. The sample of medication records we looked at had generally been completed well.

Residents assessed as being at risk of developing skin damage from pressure, had information on their skin care needs in their personal plans and special mattresses used by some residents were set according to the guidance in their personal plans. Information on how often residents needed help to change position or use of prescribed creams and ointments was detailed in care plans or other documentation, such as re-positioning charts.

However, this was more detailed in some than others and some re-positioning charts did not guide staff on how often residents needed help to change position. The service should ensure that information on resident's skin care needs is consistently detailed throughout the home. We will follow this up at the next inspection.

The service used specific documentation to record the treatment and management of skin wounds. We discussed with the management team that this should be further developed to more clearly record the depth of wounds and plan for the management of dressings. We will follow this up at future inspections.

All meals were cooked on the premises and a selection snacks, fruit and home baking were made available to residents and drinks were offered regularly by staff during the day. Staff were knowledgeable about special diets and residents individual needs. The chef was enthusiastic about looking at ways to add variety into resident's diets and an international themed meal was organised every month.

Mealtimes were relaxed and resident's individual choices were respected. Residents who need help with their meals had individual assistance from the same member of staff for the duration of their meal and were assisted in a caring manner. This helped create a positive mealtime experience for all residents.

In order to continue to help residents to be as independent as possible with their meals, the service should look at obtaining a selection of coloured crockery. This provides contrasting colours to help make things easier for residents to see and recognise.

Residents were complimentary about the food and meals they received. Staff regularly assessed resident's nutritional risk and monitored resident's weights. The service contacted relevant health professionals with any concerns and subsequent recommendations or guidance was included in resident's care plans.

Activity workers organised events, activities and outings. A regular programme of social activities was organised and residents who were less able, or didn't wish to participate in group activities, were offered one-to-one time. Whilst acknowledging this, we saw that this was not consistent throughout the home. The service should further develop their assessment of residents social needs and how this influences the planning and programming of activities. The requirement from the last inspection is repeated (see requirement 1).

Some residents were less able to make decisions or choices about their care and had been medically assessed under Section 47 of Adults with Incapacity (Scotland) Act 2000. The relevant documentation was in place. The service maintained a register with this information along with other relevant information such as who had powers to act on the behalf of individual residents and in what circumstances. This was reviewed and updated on a regular basis. The staff we spoke had an awareness of issues of capacity and consent to treatment and how this may affect the care and support given to residents.

## Requirements

### Number of requirements: 1

1. The provider must ensure the range of activities offered to service users reflects their interests, and activities are introduced at an appropriate level they can enjoy. In order to do so the provider must:

- a) Continue to develop and provide a programme of a range of activities which reflects the interests and preferences indicated by residents. This should clearly demonstrate that evaluations of meaningful moments and information from the map of life have influenced the programme.
- b) Ensure that all records relating to activities including meaningful moments, map of life and records of levels of participation are accurately completed for all residents, and are signed and dated by staff.
- c) Evaluate the effectiveness of activities to demonstrate that residents' social needs are met and evidence that this information contributes to care planning and reviews.

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 3 - a regulation regarding the principles of the Act, regulation 4(1)(a) - a regulation regarding the welfare of users, and regulation 5(1) - a regulation regarding personal plans.

Timescale for achieving this requirement: by 31 December 2016.

## Recommendations

### Number of recommendations: 1

1. The service should continue to put into place different ways for residents and relatives to express their views, and have an influence on the quality of service they receive. Particular attention should be given to finding ways to make sure that residents with dementia are able to have their views made known and listened to.

This takes into account the National Care Standards Care Homes for Older People Standard 11 - Expressing Your Views, the Nursing and Midwifery Council (NMC) Guidance for the Care of Older People 2009, the Scottish Government's Standards of Care for Dementia in Scotland 2011, and the SSSC Code of Practice for Employers Section 1.5.

**Grade:** 4 - good

## Quality of environment

### Findings from the inspection

The home had a pleasant, welcoming entrance, with nicely planted and maintained gardens. The home had a secure entry system and visitors were asked to sign in and out, helping the staff to know who was in the home at any given time. Each unit had secure, enclosed gardens for residents to spend time in. These were easily accessed from the home.

A system of routine maintenance and safety checks was in place and completed regularly. This was

comprehensive and showed that where issues were identified, actions were taken to address these. During our inspection, the service acted promptly to rectify areas for improvement that were highlighted.

A variety of moving and handling equipment was available to staff. The equipment we looked at had been serviced in line with Lifting Operations and Lifting Equipment Regulations (LOLER), which helped ensure it was safe for use. We discussed with the manager, the benefits of developing a comprehensive log of all moving and handling equipment and slings used within the service. This would help make sure every sling is listed and made available for LOLER checks to ensure they continue to be safe for use (see recommendation 1).

Overall, we found that resident's bedrooms were clean and tidy. We saw that guidance was in place for housekeeping staff on tasks to be completed and regular audits were completed by the housekeeping manager. These had identified areas needing attention. Whilst these systems were in place, we found some aspects of cleaning needed to be improved. These included some unclean kitchen areas and equipment and unpleasant odours in some areas of the home. We discussed these with the manager during the inspection who assured us that these would be rectified.

The service must continue to ensure that all rooms that contain cleaning chemicals or potentially harmful equipment such as sluices and domestic cupboards are kept locked. We will monitor this at the next inspection.

A system of recording accidents and incidents was in place and completed by staff, including actions taken, or to be taken, in order to minimise the likelihood of the event re-occurring. This was completed within each unit and reviewed by unit managers on a monthly basis and included in an audit of the whole home which also occurred monthly.

Resident dependency levels were calculated regularly and used to inform staffing levels throughout the home. We saw that staff were visible around the home and residents appeared to be attended to promptly when assistance was needed. Residents were accompanied by staff when they were in communal areas of the home such as lounges and when out in the garden.

Some residents were at risk of falling and had systems and documentation in place to help guide staff on steps to take to minimise the risk for residents. During our inspection, the home was tidy and free from obstacles and call bells were within reach of residents when they were in their own rooms. These actions contributed to reducing the likelihood of residents having falls. Whilst we saw that documentation and care plans related to residents' falls needs were completed well overall, this was not consistently done to the same standard (see recommendation 2).

We used the Kings Fund Environmental Assessment Tool as part of our assessment of the home environment. This helps identify areas where the environment could be improved to be more supportive for people with dementia. This identified some areas of the home provided positive outcomes for residents, where other areas needed improvements.

We discussed with the manager that, in particular, Swanston unit of the home needed improvements in order to provide a more positive and enabling environment for residents with dementia. The manager advised that this will be progressed. We will follow this up at the next inspection.

It is important that residents have a pleasant environment to live in that is free from odours and is of a consistent standard throughout. In order to maintain the grade awarded for this theme, the service must make improvements to the issues identified at this inspection.



## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The service should develop a log of all slings and moving and handling equipment used in the home, in order to ensure that items are made available for LOLER checks.

This takes account of National Care Standards, Care Homes for Older People, Standard 5 - Management and Staffing Arrangements and Standard 4 - Your Environment.

2. The service should ensure that, where residents are at risk of falling, documents such as risk assessments and falls diaries are consistently completed to ensure that staff have current knowledge of residents needs in order to take actions to help minimise identified risks.

National Care Standards, Care Homes for Older People, standard 4 - Your Environment and standard 6 -Support Arrangements.

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

We observed staff to be respectful, caring and supportive towards residents during our visits. Staff had a good awareness of resident's health and support needs and appeared motivated to provide a good standard of care for residents.

Safe recruitment checks and procedures were used when employing new staff. We saw that, where applicable, staff were registered with the Nursing and Midwifery Council (NMC) or the Scottish Social Services Council (SSSC) according to their role.

Records showed that checks had been completed with the NMC and SSSC for all new staff starting work in the service to ensure they were registered accordingly. Residents were introduced to prospective staff during the recruitment process and asked for their views and feedback that was taken into account when appointing new staff.

The staff we spoke with were aware of how to report adult protection concerns and told us they would be confident in doing so. Staff were professional and confident in their approach to their work.

A staff induction and training programme was in place. A system was in place that allowed the manager an awareness of the training and provided them with the information needed to have an overview of the training undertaken by staff and any outstanding training yet to be completed.

Staff were encouraged to develop within their roles and take on specific responsibilities in areas, such as in

dementia and to promote good practice with the staff team.

Staff were supported to complete further training and development in order to meet their registration requirements with NMC and SSSC.

The home had three 'dementia ambassadors' who provided training and support in dementia to other staff. The service used a learning framework initiated by SSSC and NHS Scotland to provide training to staff on dementia, at different levels appropriate to the role they worked in. Following this, staff completed reflective accounts which helped the service assess that staff had attained the relevant level of skills and knowledge. Whilst a majority of staff had completed training in dementia, we would encourage the service to continue to support all staff to complete this.

Staff had one-to-one supervision meetings, giving them opportunities to discuss their work, training and personal development. Senior staff completed observed practice with staff in some aspects of care delivery. This helped management staff to assess the quality of work, identify training needs and promote best practice with staff.

A clinical nurse specialist had recently been employed to help support staff with aspects of care such as nutrition/hydration, falls prevention and accountability.

Whilst there were important strengths in this theme, there are areas for further development such as those identified in Theme 1, Quality of Care, and the need to improve the consistency of some aspects of the service, such as completion of care documentation. These have been taken into account and led to our assessment of good for this theme.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 – good

## Quality of management and leadership

### Findings from the inspection

A quality assurance system was in place that showed regular audit checks were completed on various aspects of the service. The audits were comprehensive and were completed by staff employed in different roles in the service. This helped promote responsibility and ownership in identifying actions needed to develop and improve the service. Nursing staff within each unit of the home completed audits of other units. This further contributed to objective assessment of the topic being monitored.

A monthly audit of the whole home was completed by senior management. This gathered information on various aspects of the service, such as care and support and the environment together on one overview. This helped the senior management team to quickly assess any issues and to monitor any areas of concern.

The quality assurance checks we looked at showed that issues and areas for improvement had been identified. There was evidence to show that actions had been taken in response to these, however, these had not always been signed when completed. We will follow this up at future inspections.

The service involved residents in some quality assurance checks such as those completed on the environment and their individual bedrooms.

The service had liaised with other health professionals to monitor, review and address any issues within the home. This had included working with local GP's to ensure that residents had frequent, routine health checks and reviewing individual resident's medications to ensure all prescribed medication remained appropriate for their needs.

The management team were receptive to the inspection process and to discussions about how the service could continue to develop. They had a good awareness of how the service was performing, what it did well and areas where improvements were needed. During our time in the home, we found that the manager and deputy manager acted swiftly to any issues we identified and appropriate action was taken. We received positive feedback about management from residents and relatives.

We saw an overall improvement in the service since our last inspection. However, we saw that the quality of the service being provided varied between units within the home. In order to continue to provide positive outcomes for residents, the service must make progress in addressing the areas for improvement identified in this report and improve consistency of care throughout the home.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

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

## Previous requirements

### Requirement 1

The Provider must make proper provision for the health, welfare and safety of service users. In order to do so, the Provider must ensure that:

a) Care plans reflect the aims, wishes, choices and preferences of the individual resident.

- b) Assessment tools are used accurately to identify service users' needs, including assessments to consider the risk of falls.
- c) Care plans identify all of the individual service user's needs, and clearly demonstrate how those needs are to be met, including needs in relation to social and leisure activity.
- d) Care plans are effectively evaluated to ensure they are meeting the identified aims and goals of the individual service user.
- e) Information from other sources, such as food and fluid charts, medication records, or advice from other professionals, can be seen to have been taken into account when planning care.
- f) Care plans are updated to reflect changes in service users' needs or circumstances.
- g) Care plans are audited to identify deficiencies in care planning, or where improvement has been achieved.
- h) All steps taken to address deficiencies in care planning can be evidenced, for example through training records, supervision records or assessments of competency.

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 3 - a regulation regarding the principles of the Act, regulation 4(1)(a) - a regulation regarding the welfare of users, and regulation 5(1) - a regulation regarding personal plans.

It also takes into account the National Care Standards Care Homes for Older People Standard 6 - Support Arrangements, the Nursing and Midwifery Council (NMC) "NMC's "The Code: Professional standards of practice and behaviour for nurses and midwives" 2015, the SSSC "Code of Practice for Social Service Workers" Sections 1.1, 1.3 and 6.1, the NMC "Guidance for the Care of Older People" 2009, and the Scottish Government's Standards for Dementia Care in Scotland 2011.

Timescale for achieving this requirement: To begin on receipt of the draft of this report, and be completed by 31 March 2016.

**This requirement was made on 26 February 2016.**

### Action taken on previous requirement

Care plans contained some good information on resident's individual choices and preferences of how they would like would to be supported and cared for. Residents wishes for end of life care were included in their personal plans.

The service completed assessments to help identify and manage potential risks to residents. These were used to inform the development of resident's care plans. Overall, falls risk assessments were regularly completed and reviewed after resident's had fallen to re-assess if there were any changes in their support needs.

Residents care and support needs were assessed and identified and care plans put in place to guide staff on how to meet residents needs. Care plans included information on residents preferences on how they liked to spend their time or the kinds of social activities they would like to participate in. Records were kept showing what activities residents had taken part in and how they had enjoyed this and information on how meaningful this was for them.

Overall, regular, detailed evaluations of care plans were recorded and plans updated accordingly. Information from other documentation, such as fluid charts or medication records was taken into account when developing care plans.

Care plans were regularly audited by senior staff and the management team to ensure these were completed to the standard expected by the provider.

**Met - within timescales**

## Requirement 2

The Provider must ensure the range of activities offered to service users reflects their interests, and activities are introduced at an appropriate level they can enjoy. In order to do so the provider must:

- a) Continue to develop and provide a programme of a range of activities which reflects the interests and preferences indicated by residents. This should clearly demonstrate that evaluations of meaningful moments and information from the map of life have influenced the programme.
- b) Ensure that all records relating to activities including meaningful moments, map of life and records of levels of participation are accurately completed for all residents, and are signed and dated by staff.
- c) Evaluate the effectiveness of activities to demonstrate that residents' social needs are met and evidence that this information contributes to care planning and reviews.

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 3 - a regulation regarding the principles of the Act, regulation 4(1)(a) - a regulation regarding the welfare of users, and regulation 5(1) - a regulation regarding personal plans.

Timescale for achieving this requirement: By 31 March 2016.

**This requirement was made on 26 February 2016.**

### Action taken on previous requirement

Whilst some improvements had been made since the last inspection, further progress is needed to fully meet this requirement. We have reported progress on this in Quality of care and support.

**Not met**

## Requirement 3

The provider must make sure that the environment of the home is safe and pleasant for residents. In order to do this, the provider must:

- a) Carry out a detailed, written assessment of the environment of the home to identify where standards of hygiene and cleanliness are not at an acceptable level, and make sure that those areas are cleaned or items removed from use.
- b) Ensure that handwashing facilities are available and accessible in sluices and food preparation areas such as pantries.
- c) Review cleaning schedules and guidance for domestic staff to make sure that expected standards are clearly defined, and instructions about how to achieve those standards are clearly set out, including guidance on the frequency with which water in buckets should be changed.
- d) Put in place effective systems to monitor the standards of cleaning and hygiene in the home.
- e) Be able to evidence that those systems are being used effectively to bring about improvements in the standards of cleanliness and hygiene.

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 3 - a regulation regarding the principles of the Act, and regulation 4(1)(d) - a regulation regarding the welfare of users.

It also takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment, Standard 5 - Management and Staffing Arrangements, and the NHS/Health Protection Scotland National Infection Prevention and Control Manual 2014.

Timescale for achieving this requirement: By 29 February 2016.

**This requirement was made on 26 February 2016.**

## Action taken on previous requirement

The manager advised that a review of the home environment had been completed following the last inspection and actions taken to address issues identified. Handwashing facilities were available and accessible in sluices and pantry areas that were checked. Cleaning schedules had been reviewed and an effective system was in place to monitor these and ensure cleaning was completed accordingly.

Guidance sheets were in place which gave instructions on the expected steps staff should take to complete specified tasks. Domestic staff were aware of the content of these.

Audit and monitoring systems were in place which identified issues or areas for improvement. We could see that actions were taken in response to these.

Overall, there had been an improvement in the environment and cleanliness of the home and the management team were aware of the importance in maintaining this.

**Met - within timescales**

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

## Previous recommendations

### Recommendation 1

The service should continue to put into place different ways for residents and relatives to express their views, and have an influence on the quality of service they receive. Particular attention should be given to finding ways to make sure that residents with dementia are able to have their views made known and listened to.

This takes into account the National Care Standards Care Homes for Older People Standard 11 - Expressing Your Views, the Nursing and Midwifery Council (NMC) Guidance for the Care of Older People 2009, the Scottish Government's Standards of Care for Dementia in Scotland 2011, and the SSSC Code of Practice for Employers Section 1.5.

**This recommendation was made on 26 February 2016.**

## Action taken on previous recommendation

The service aimed to involve people in developing the service in a variety of ways. This included resident and relative meetings, a yearly questionnaire and a system for making suggestions or complaints.

One resident in each unit of the home was offered a day to choose a special activity or have one-to-one time

with a member of staff. This also included involving residents and relatives in commenting on the standards of their own bedrooms and having an opportunity to give their views on their individual personal plans.

There was evidence that the service responded to feedback it had received and kept people up-to-date with actions they had taken on 'you said, we did' boards placed around the home.

Communication care plans gave information on how residents were able to communicate and how staff could help them with this and how to recognise the different ways in which individuals who found this difficult may communicate.

Whilst recognising this, the service should continue to develop how they gather views of all residents, including those with communication difficulties, and demonstrate how these influence the quality of the service.

This recommendation is not met and is repeated. Please see Quality of Care for further information.

## Recommendation 2

The provider should make sure that residents receive their topical medication safely, effectively, and as the provider intended. In order to do so, the provider should:

- a) Ensure that instructions transcribed onto TMARs are detailed, and include the name of the medicine, what the medicine is for, how it should be applied, where it should be applied, how often it can be used, minimum interval between each use, possible side effects.
- b) Monitor the way staff record the administration of topical medicines and take steps to correct any deficiencies in staff practice in recording the administration of medication.

This is in accordance with the National Care Standards Care Homes for Older People Standard 15 – Keeping Well Medication, the Care Inspectorate's Guidance about medication, personal plans, review, monitoring and record keeping in residential care services.

**This recommendation was made on 26 February 2016.**

### Action taken on previous recommendation

This recommendation is met.

Body map charts were completed with information on the topical creams and ointments prescribed for, and used by individual residents. This included information such as the name of the cream, application site, how often it should be used.

This information was also kept alongside the medication administration records for clarity and consistency of use. The application of creams and ointments was clearly recorded in the Medication Administration Records. Overall, there was sufficient evidence to show that the service had made the necessary improvements to meet this recommendation.

## Recommendation 3

The provider should make sure that all residents receive appropriate help and support with oral care, to maintain good standards of oral hygiene, and promote comfort and dignity. Information about the help and support that each resident needs should be set out in detail in a care plan for oral care, or as part of a care plan for personal care.

This is in accordance with the National Care Standards Care Homes for Older People Standard 6 – Support Arrangements, NHS Scotland's "Working with Dependent Older People to Achieve Good Oral Health" 2005, NHS

Scotland's "Guidelines for Care Homes: Protocol for applying the Adults with Incapacity (Scotland) Act 2000 when residents refuse oral care".

**This recommendation was made on 26 February 2016.**

## Action taken on previous recommendation

Oral care assessments were completed for residents that outlined any special needs they had and the assistance they needed from staff to maintain a good standard of oral hygiene.

The service had input from the 'Caring for Smiles' service. This is a national health promotion programme aimed at providing training and support to residents and staff in order to promote good oral hygiene.

We found that residents toothbrushes and denture cups were kept clean and residents appeared to have been supported with their oral hygiene needs.

Overall, we found there was sufficient improvement for this recommendation to be met.

## Recommendation 4

The provider should make sure that residents can enjoy the environment of their home, both inside and outside. In order to achieve this, we recommend that the provider review the use and storage of the bins outside the home, to make sure that they are tidy, not overfilled, and do not affect the view from residents bedrooms.

This is in accordance with the National Care Standards Care Homes for Older People Standard 4 - Your Environment.

**This recommendation was made on 26 February 2016.**

## Action taken on previous recommendation

At this inspection, the bin areas was clean and tidy. A rota was in place to ensure that the external bin area was regularly checked and kept clear and clean.

This recommendation is met.

## Recommendation 5

We recommend that the provider review the way dimmer switches were used in the home, so that levels of light were at their optimum during the day and evening, when residents were coming and going from their rooms.

This is in accordance with the National Care Standards Care Homes for Older People Standard 4 - Your Environment, and takes into account "Light and lighting design for people with dementia" Dementia Services Development Centre Stirling 2010.

**This recommendation was made on 26 February 2016.**

## Action taken on previous recommendation

During our inspection we saw that dimmer lights were used to help residents have a choice of lighting level in their bedrooms. During our time in the home, we did not observe any lights that appeared to be set inappropriately, for example to low in the evening. Colour contrast tape had been applied to the light switches in some rooms to make these easier for the residents to see.

The manager advised that they had looked at how dimmer switches were used and that some had been removed in the past at residents or relatives requests. However, these could not then be replaced, which removes a degree of choice for future residents.



We discussed with the manager the importance of ensuring that lighting is set so that it is at optimum levels for residents individual needs.  
The recommendation is met.

### Recommendation 6

The provider should make sure that nursing staff have a good level of skill and understanding of all aspects of pressure ulcer prevention and skin care, including effective assessment of risk, planning of care and recording of care. In order to do this, the provider should:

- a) Evidence that they have carried out an assessment of staff skills and knowledge.
- b) Evidence steps taken to address any deficiencies identified by that assessment.
- c) Evidence, through monitoring and quality assurance, that the steps they have taken have improved practice in this area.

This is in accordance with the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, Standard 6 - Support Arrangements, and Standard 14 - Keeping Well Healthcare. It takes into account the NMC "The Code: Professional standards of practice and behaviour for nurses and midwives" 2015, and Healthcare Improvement Scotland's "Prevention and Management of Pressure Ulcers" 2009.

**This recommendation was made on 26 February 2016.**

#### Action taken on previous recommendation

Nursing staff had completed competency checks following training on wound care. The training also included skin risk assessment, nutrition and hydration, skin inspection and aspects of pressure ulcer prevention. If staff did not reach a specified competency level, further training and development was provided.

Audits were completed regularly by senior staff to monitor residents identified as being at risk of developing skin damage and potential contributory factors.

Special mattresses were set according to residents' assessed needs and re-positioning records were completed regularly where needed.

The service had developed good links with the Tissue Viability Nurse service who provided further specialist support relating to skin care, wound care and pressure ulcer prevention for residents.

The recommendation is met.

### Recommendation 7

The provider should ensure that all quality assurance measures are fully implemented, and used in a way that is effective in identifying where improvements are needed, and ensuring that those improvements are achieved.

Where quality monitoring and assurance is delegated to unit staff, the manager should monitor the quality of the work to make sure that it is in keeping with the standards expected by the provider, the residents and their families.

This is in accordance with the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements.

**This recommendation was made on 26 February 2016.**

## Action taken on previous recommendation

A comprehensive quality assurance system was in place that showed regular audit checks were completed on various aspects of the service. Audits were completed by staff employed in different roles in the service and a sample checked by senior management helped ensure that these were completed to the standards expected by the provider.

Nursing staff within each unit of the home, completed audits of other units which contributed to objective assessment of the area being monitored.

A monthly audit of the whole home was completed by senior management. This gathered information on various aspects of the service, such as care and support and the environment together on one overview.

Overall, there was sufficient evidence to meet this recommendation.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

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

## Inspection and grading history

Date	Type	Gradings	
26 Nov 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
30 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
11 Dec 2014	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate

Date	Type	Gradings	
		Management and leadership	2 - Weak
25 Mar 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
19 Dec 2013	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
24 Jan 2013	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good
3 Jul 2012	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Jan 2012	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	Not assessed
6 Oct 2011	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	Not assessed
13 Dec 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
30 Jun 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	Not assessed
15 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good Not assessed
19 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
15 Jan 2009	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed Not assessed
21 Nov 2008	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good

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