care inspectorate

Roseland House
Care Home Service

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Dumfries
DG2 7AH

Telephone: 01387 252616

Type of inspection: Unannounced
Inspection completed on: 30 March 2017

Service provided by:
William Kirkland and Margaret Kirkland, a Partnership

Service provider number:
SP2003002544

Care service number:
CS2003010846

HAPPY TO TRANSLATE

About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service has been registered since 2002.

Roseland House is a residential care home for older people. The registered provider is William Kirkland and Margaret Kirkland, a Partnership.
The home is registered to provide care and support for up to 24 older people. The accommodation is a large, extended Victorian villa situated in a quiet residential area of Dumfries, within easy reach of the town centre. Accommodation is over two floors, serviced by a staircase and passenger lift.
There are 23 bedrooms in all, of which 11 have en suite facilities. Residents have access to two lounge areas and a dining room on the ground floor. Residents have access to a safe garden area.

During the inspection there were 23 residents living in the home.

The aim of the service is to offer a professional care service to older people over the age of 65. The manager and staff aim to respond to a wide diversity of care needs, including elderly frail, physical disability and dementia. Care needs are individually assessed prior to admission, and the service provides temporary and respite care.
The home recognises the need for a home where individuality is emphasised, with staff who have time to give attention to small details, and where people have the choice of enjoying the company of like-minded fellow service users.

How we inspected the service

In this service we carried out a follow up inspection. We carry out these inspections looking at previous recommendations and requirements only.

We wrote this report following an unannounced inspection. This was carried out by two inspectors, an inspection volunteer and inspection volunteer coordinator over five days.

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

- Discussions with 12 residents and 2 relatives, service providers, service manager and depute manager
- Discussions with 10 care staff, 3 senior care staff, laundry staff, kitchen assistant, volunteer, cook.

- Observations of staff attending to residents needs
- Observations of a staff handover
- Observations of staff administering medication
- Observations of staff serving food during mealtimes.

We looked at:

- Registration certificate
- Insurance certificate
- Staff schedule
- Staff rotas

- Dependency levels.

Eight care plans including:

- Risk assessments
- personal details
- service user agreements
- DNACPR
- Medication.

Handover notes and daily care notes/summaries.

Three recruitment records and staff files including:

- Protection Of Vulnerable Groups (PVG) checks
- Scottish Social Services Council (SSSC) registration checks
- Supervision and appraisals.

Environmental risk assessments including:

- Window restrictors, and pets policy.

- Medication Administration Records (MAR) and Topical Medication administration records (TMAR)
- Medication audits.

- Staff meeting minutes
- Residents meeting minutes
- Residents activities meeting minutes.

- Maintenance and repairs book and routine checks.

Taking the views of people using the service into account

During the inspection we spoke to 12 residents living in the home who were mostly happy with the care and support they received. Residents were complimentary of the staff who were found to be helpful and kind and would listen, even though they told us they were aware they were 'hard pressed' and unable to offer a lot of time chatting.

Residents enjoyed the good food and were happy to receive visitors at times which suited them who were able to take them out if they wished. There was an overall feeling among residents that issues arising would be addressed.

Taking carers' views into account

During the inspection we spoke to two relatives who were very happy with the care and support their relatives received within the home. Relatives told us that they could not fault the staff and were confident in their abilities to meet their relatives' needs. Relatives were also complimentary of staff who they were aware were often busy, and were happy that any issues and concerns would be satisfactorily addressed.

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

Previous requirements

Requirement 1

The service provider must ensure that each service user has an accurate, up-to-date personal plan, which sets out how the service user's health, welfare and safety needs are to be met. The personal plan must reflect current individual health and care needs and be reviewed (i) when requested to do so by the service user or their representative or (ii) when there is a significant change in a service user's health, welfare or safety needs and (iii) at least once in every six month period whilst the service user is in receipt of the service.
The service provider must ensure they prioritise completion of information as discussed within this report.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans.

Timescale: within six months of receipt of this report.

This requirement was made on 20 June 2016.

Action taken on previous requirement

Care plans were being updated by senior care staff and included some good basic information regarding residents' personal details and risk assessments. We could see that there was some involvement from residents and their relatives in this process.

There was, however, very little evidence of any support and direction being offered to care staff.

Staff reviewing personal plans continued to complete information based on previous knowledge and experience only.

We found little evidence of best practice guidance being followed in certain areas such as catheter care, skin breakdown and medication.

Information within care plans remained limited and out-of-date.

We found that much of the information regarding residents changing needs was discussed verbally with little detailed information recording review and evaluation.

The current system being used to record daily notes was not productive in supporting staff within this process.

As a result of this, we found inconsistent approaches being used by staff supporting residents to attend to various needs on a daily basis which was significantly impacting on satisfactory outcomes for individuals.

The service provider and service manager agreed to prioritise the review of the care planning process and have all care plans fully completed following best practice and legislation within six months of this report.

We signposted the service provider to the following guidance:

www.scswis.com/the hub

Indwelling Urinary Catheter maintenance- A guide for care staff
Care Inspectorate, NHS Education for Scotland.

The handling of medications in social care, Royal Pharmaceutical Society of Great Britain.

Guidance about medication, personal plans, review, monitoring and record keeping in residential care.

NHS Fife (2008) Promoting healthy skin in older people: the basics of skin care
www.nhsfife.scot.nhs.uk/skincare/

Not met

Requirement 2

The service provider must ensure that all medication including topical medication is recorded, stored and administered in accordance with up-to-date best practice guidelines.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210, Regulation 4 (1)(a).

Timescale: within one week of the receipt of this report.

We signposted the service manager to best practice guidance:

Guidance about medication personal plans, review, monitoring and record keeping in residential care services, Care Inspectorate, Publication code: HCR-0712-070.

This requirement was made on 20 June 2016.

Action taken on previous requirement

We found that some best practice was being followed regarding the storage of medication such as medicines provided were in original containers and also blister packs from supplying pharmacist.
The medication trolley was chained to the dining room wall whilst not in use.
Controlled drugs were appropriately stored and locked away and appeared to be in order.
Clinic temperatures and refrigerator temperatures were recorded in a small book twice daily. We suggested that a copy of normal temperature ranges was available, including detailed actions to be taken if temperatures found to be outwith specified ranges.

We found photographic identification was recorded within Medication Administration Records (MAR) which we suggested was dated in case of future changes within appearance.

We found inconsistencies in recording of residents 'as and when' needed (PRN) medication. Specific times for administering medication were not always clearly recorded, and there was no staff signature list in place.

Inconsistencies in administering and recording topical medications continued with little evidence that best practice guidance was being followed such as recording of information and signatures on body maps.

Some topical creams were passed their 'use by' dates and continued to be administered, with little evidence of any corrective action taken when signatures were missing.

Care plans contained inconsistent information regarding medications prescribed for individuals with very few recording when medications were started, due review, and stopped.

Although the service had introduced a medication audit, it had failed to pick up all the issues we had found or clearly indicate any corrective actions which had been taken.

The service provider agreed to complete this requirement within two months of this report

We signposted the service provider to the following guidance on the Care Inspectorate Hub:
www.scswis.com/the hub

Guidance about medication, personal plans, review, monitoring and record keeping in residential care.

The handling of medications in social care, Royal Pharmaceutical Society of Great Britain.

We have re written this requirement to offer further clarity to the service provider.

This requirement has been not been met and we have also included the following additional areas around medication management that the provider needs to address.

The service provider must ensure that all medication including topical medication is recorded, stored and administered in accordance with up-to-date best practice guidelines. In order to achieve this you must:

- Ensure that all medication is administered as per the instructions of the person authorised to prescribe or discontinue a medicine
- Demonstrate that staff follow policy and best practice about medication administration records and documentation;
- Put in place an up-to-date staff signature list for all staff that administer medication
- Ensure that when "as required" medication is given that the correct time is recorded on the medication administration record
- Ensure that only medicines that are prescribed are administered
- Have sufficient detail on body maps that indicate where topical applications should be applied
- Ensure that there is an accurate audit of medication administration and record keeping that details what action has been taken when any audit issues are identified.
- Ensure that temperature checks of the fridge and room where medication is stored has a clear procedure in place that instructs staff what action to take should the temperature of the fridge or room be outside the normal range.

The service provider and service manager agreed to complete this requirement within two months of this report

We signposted the service manager to best practice guidance:

Guidance about medication personal plans, review, monitoring and record keeping in residential care services, Care Inspectorate, Publication Code: HCR-0712-070.

Not met

Requirement 3

The service provider must ensure that suitable qualified staff are available at all times to attend to the support and care needs of individual service users. The service manager should routinely carry out a review of the deployment of staff within each shift prioritising nightshift staff. They should use service user dependency levels to determine staff deployment on a daily and weekly basis.
They should consult with service users and their relatives as part of this process.
The service manager should ensure that service users have access to the care call system at all times. They should consider, in particular, how service users who are unable to mobilise can access these in communal areas.

This is in order to comply with SSI 2011/210 Regulation 15. A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the numbers and needs of service users- (a) 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 user;

Timescale: within two weeks from the draft inspection report.

This requirement was made on 20 June 2016.

Action taken on previous requirement

Residents were able to summons staff as they had easy access to the call system in their bedrooms and through the use of individual pendants.

Individual residents had been assessed with regards to their ability to use these alarms. A small number of these were incomplete, we suggested that these assessments were carried out for all residents with regular review and evaluation.

We observed that staff were constantly busy throughout the inspection. At times it was chaotic as staff continued to struggle to attend to various needs of numerous individuals at any one time.

Staff told us they were feeling 'stressed' 'frustrated' and 'pushed' due to lack of staff availability and staffing levels.

Residents told us they were aware they needed to wait until staff were available to help them and that they accepted they needed to 'wait their turn'.

As a result of this, residents were being asked and expected to wait for prolonged periods of time before their needs could be attended to.

We were aware that some staff had recently left and the service manager was trying to recruit new staff which was proving difficult.

Staffing levels had dropped below the minimum staffing schedule on at least two occasions, leaving residents at considerable risk, which the service provider and service manager were aware of.

Although dependency levels continued to be assessed as discussed at the last inspection, it was unclear how this impacted on staff hours allocated to support individuals within the rotas.

Two senior members of the care team had not renewed their SSSC registration and were therefore unable to work within the service. Although the service provider had managed to work within this, we remained concerned how the impact a further decrease in staffing numbers would have on outcomes for residents.

We asked the service provider to carry out a complete review of staff dependency levels and deployment of staff to determine any deficits and consider how these could be addressed.

The service provider agreed to carry this out within five weeks of the feedback date, where the results will be reviewed by the Care Inspectorate.

Not met

Requirement 4

The service provider must ensure that the environment is safe and service users are protected, in order to do this the service manager should ensure that:

- Adequate water temperatures are maintained throughout the home
- Communal bathroom and toilet areas must be free from clutter and provide a safe pleasant environment for residents to attend to their personal hygiene needs
- The laundry floor is clean and tidy and unworn.

This is in order to comply with: SSI 2011/210 Regulation 10 (2) (b) (d) - Fitness of Premises.

Timescale: within one month of the publication date of this report.

This requirement was made on 20 June 2016.

Action taken on previous requirement

Water temperatures within all communal and individual rooms were checked on a monthly basis. We could see that temperatures recorded were within legal limits. However, we noted some variation of water temperatures in the home during the inspection, which suggested they need more frequent review.

Some concerns remained with water pressures within a small number of resident's bedrooms which was under review from an external plumber.
We remained aware of variable water pressures within some communal bathrooms and individual bedrooms outwith those mentioned above.
These had not been routinely recorded and reviewed within maintenance checks. We suggested these were reviewed, risk assessed and any appropriate action taken to ensure safety of residents when accessing all sink areas.
Some communal bathrooms and toilet areas were less 'cluttered' than before, however, it remained evident there were ongoing storage issues. For example, we saw items such as; commodes, shower chairs and laundry baskets continuing to be stored within some communal bathrooms and toilets
This made it difficult for any residents to access independently and safely.

The laundry floor had been repainted, but had started to wear away again. Laundry remained appropriately stored within this area.
The laundry room remained very hot with poor ventilation when the door was closed.

Laundry staff were using the same sink to soak laundry and wash their hands.

Best practice would suggest a separate hand washing sink for good infection control. We will look at this further

during the next inspection.
We agree that this requirement has not been fully met and will be further reviewed at the next inspection.

Not met

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

Previous recommendations

Recommendation 1

The service manager should consider how all residents, including those with communication difficulties and relatives who do not attend the home regularly can be encouraged to express their views on any aspect of the home, including their individual care plans, residents and relatives meeting agendas and minutes.

National Care Standards, care homes for older people - standard 8: making choices and standard 11: expressing your views.

This recommendation was made on 20 June 2016.

Action taken on previous recommendation
Residents and relatives questionnaires asking basic questions about the home were in the process of being sent out.

Residents meetings and activities meetings continued to take place. This resulted in some more arranged 'in-house' activities.
An example of improved outcomes included, more individualised presents bought for Christmas and for birthdays.
An agenda was added to the meeting minutes offering residents the opportunity to add any issues they wanted to discuss.

People with communication difficulties need more support to contribute to the agenda.

We would also suggest that discussions taking place and agreements being made are fully recorded and reviewed at the start of the next activities meeting to ensure all issues raised are satisfactorily addressed.

Pictures of staff members had been added to the bottom of the main stairs.

The Roseland House Welcome Brochure and Statement of Purpose had recently been revised by the service manager.

The notice boards outside the sitting room contained some 'old' information which was there during the previous inspection.
Although, laminated picture cards had been made to show activities taking place these had not been changed on the board for some considerable time so the information remained irrelevant and out-of-date.

We could see that some residents and relatives had been involved in updating information with care plans, although signatures were not obtained as requested.

This recommendation will be restated for completion at the next inspection.

This recommendation is: not met.

Recommendation 2

The service manager should ensure that all residents and relatives have a clear understanding of the homes complaints policy and that they can make a complaint to the Care Inspectorate.
Complaint investigations should be carried out and clearly recorded detailing the service manager's findings and actions taken.
Routine review and evaluation of all complaints to the service should be taking place and recorded.

National Care Standards, care homes for older people - standard 8: making choices and standard 11: expressing your views.

This recommendation was made on 20 June 2016.

Action taken on previous recommendation

The way that complaints and concerns had been investigated, concluded, reviewed and evaluated was not properly recorded.
However, residents and relatives were overall confident that any concerns raised would be addressed by the service manager.

This recommendation will be restated for completion at the next inspection.

This recommendation is: not met.

Recommendation 3

The service manager should encourage staff to translate resident's individual preferences into practice on a daily basis by helping them make the most of every moment and enhance their quality of life, in simple, but very meaningful ways. He should consider how the keyworker and activities coordinators role can be developed to ensure that roles to ensure that one-to-one support is not taking place only during the delivery of physical care, but also includes social and emotional wellbeing.

National Care Standards, care homes for older people - standard 6: support arrangements and standard 17: daily life.

We signposted the service manager to the following guidance:

http://www.careinspectorate.com/index.php?option=com_content&view=article&id=8195&Itemid=766

This recommendation was made on 20 June 2016.

Action taken on previous recommendation

The service manager had accessed copies of the 'make every moment count' publication as we had suggested. Most staff were aware they were expected to take a copy and read it. We suggested this is discussed with staff during team meetings and as part of individual supervision.

The activities coordinator had received a copy of the publication and was working closely with a local healthcare team looking at person-centred activities for individuals within the home. Some records were being made regarding activities residents had taken part in with the coordinator which she planned to review. We look forward to seeing how this progresses into providing good outcomes for residents during the next inspection.

Due to concerns regarding staffing levels, there was little time for care staff to spend with residents outwith meeting direct care needs. We hoped to see reviewed as part of the service providers review of staffing and deployment.

This recommendation is: not met.

Recommendation 4

The service manager should ensure that accident and incident recording sheets include details of any investigations carried out. Highlighting in particular what was happening before, during and after the incident. Clearly identified timescales should be considered for review within a structured timeframe afterwards, to conclude any actions taken as a result.

National Care Standards, care homes for older people - standard 4: your environment.

This recommendation was made on 20 June 2016.

Action taken on previous recommendation

As discussed at the previous inspection, accident forms contained good headings for staff to follow to complete all necessary information. We continued to see variations in the information recorded within these forms including, whom reported by, any investigations, and actions taken as a result of the incident. Some of the forms had not been signed by the service manager within timescales expected. Although falls and various accidents were being recorded monthly, there was little evidence of how review and evaluation of these occurences had changed outcomes for individuals.

This recommendation is: not met.

Recommendation 5

The provider should further develop their pets' policy to include all pets that come into contact with service users. It should include a detailed risk assessment with involvement and agreement with service users, and the roles and responsibilities of the individual who accompanies the pet.

National Care Standards, care homes for older people - standard 4: your environment.

This recommendation was made on 20 June 2016.

Action taken on previous recommendation

The homes' pets policy contained good detailed information regarding pets visiting the home, including risk assessments to be completed by individual residents and visitors who have pets visiting the home. The information regarding the service providers visiting dog was no longer needed as they were no longer visiting the home.

We would encourage the service manager to review this policy routinely with individuals who have pets visiting the home as part of the care planning process.

This recommendation is: met.

Recommendation 6

In order to ensure that the home is run in a way that protects resident's from any avoidable risk or harm, the service manager should ensure that risk assessments regarding use of window restrictors are routinely reviewed and evaluated, attending to any outstanding concerns as a matter of priority.

National Care Standards, care homes for older people - standard 4: your environment.

We signposted the service manager to the following guidance:

'Falls from windows or balconies in health and social care' www.hse.gov.uk/pubns/hsis5.htm

This recommendation was made on 20 June 2016.

Action taken on previous recommendation

We found that the previous generic risk assessment remained in place and had not been reviewed and updated. The frequency of monitoring and control measures remained in place with no specific timescale for review.

This recommendation is: not met.

Recommendation 7

The provider should ensure that all confidential information is stored securely and only shared with the express consent of the individual concerned or when required by law.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements and standard 10: exercising your rights.

This recommendation was made on 20 June 2016.

Action taken on previous recommendation

One of the areas previously used to record and store care plan information had been cleared with confidential information satisfactorily secured whilst remaining accessible to staff.

However, at times we continued to find the main office door sitting wide open with filing cabinets containing personal information unlocked and open.

We observed staff throughout the inspection discussing residents needs with each other in front of other residents, and continuing with telephone discussions whilst walking through various communal areas.

This compromised individual's privacy.

This recommendation is: not met.

Recommendation 8

The service manager should review the process of involving residents and relatives in choosing keyworkers. The service manager should take into consideration how residents with communication difficulties could be involved in these.

National Care Standards, care homes for older people - standard 5: management and staffing, standard 8: making choices and standard 11: expressing your views.

This recommendation was made on 20 June 2016.

Action taken on previous recommendation

Key workers had been reviewed and amended with some residents and relatives being involved in the process, although the current allocations needed reviewed again to reflect changes in staffing and residents living in the home.

Key worker sheets had been devised for residents and relatives to discuss and sign as part of the care planning process.

We look forward to seeing how residents involvement in this process progresses during the next inspection.

This recommendation is: not met.

Recommendation 9

The service manager should review the process of involving residents and relatives in staff recruitment and how residents could be involved in staff training. The service manager should take into consideration how residents with communication difficulties could be involved in this process.

National Care Standards, care homes for older people - standard 5: management and staffing, standard 8: making choices and standard 11: expressing your views.

This recommendation was made on 20 June 2016.

Action taken on previous recommendation

We were aware that some residents had been asked to take part in some previous interviews, although there had been little input from residents and relatives at recent interviews of newer staff to the home.
We look forward to seeing how residents involvement in this process progresses during the next inspection.

This recommendation is: not met.

Recommendation 10

The service manager should ensure that all staff receives dementia training appropriate to their role in accordance with the 'Promoting Excellence Framework' Scottish Government 2011.

National Care Standards, care at home - standard 3: your personal plan, standard 4: management and staffing and standard 10: supporting communication.

We signposted the service manager to the following guidance:

www.ssks.org.uk

Social Services Knowledge Scotland/Dementia Promoting Excellence.

This recommendation was made on 20 June 2016.

Action taken on previous recommendation

The service manager and activities coordinator have continued to access various promoting excellence materials through the local healthcare team who have held various meetings for care home staff to attend. This information and training had yet to be cascaded to the staff team.

Computer based training continued to offer newer staff the opportunity to learn some basic information about living with dementia.

We will continue to review this recommendation during the next inspection.

This recommendation is: not met.

Recommendation 11

The service manager should ensure that safer recruitment best practice is followed during all selection and recruitment. They should pay particular attention to ensure that all appropriate references are contacted and received, prior to an offer of a post is made, best practice is followed during the promotion of internal staff and application forms are sufficiently completed and checked as part of this process.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements, standard 6: support arrangements, standard 9: feeling safe and secure and standard 10: exercising your rights.

This recommendation was made on 20 June 2016.

Action taken on previous recommendation

The service continued to use a recruitment matrix to score applicants answers in relation to set questions at interview. This was then assessed by the interviewer in relation to the applied position.
Professional Vulnerable Groups (PVG) checks and references were being requested for all new applicants. They pre dated the employee start dates.
There was no safe system for checking professional registration with the SSSC. The service manager was not aware of the authorised counter signatory system or how to open an account supporting managers to check all SSSC applications. As a result of this, we noted that one of the members of the management team and a senior care worker were working in roles, despite the fact they had been removed from the SSSC register for non payment of fees some time ago.

Another employee had a copy of SSSC registration certificate in their personnel file which was not proof of a current registration.

The service manager was retaining copies of original disclosures where it is good practice to destroy these, but retain the name, date of issue and PVG/disclosure number.

We identified issues with disclosure entries that would have merited further discussion with the applicants concerned and consideration given to a risk assessment.
We did not see this during the inspection, but was later provided.

This recommendation is: not met. We have included the following additional areas around safer recruitment and professional register checks that the service provider needs to address with immediate effect.

The service provider must have safe staff recruitment and selection procedures to safeguard people who use the service. The service provider must also have a safe procedure for checking that staff are appropriately registered with the SSSC and/or other professional bodies.

In order to do this you must:

- Ensure that information obtained in references is compared with the application form for accuracy;
- Demonstrate a robust system to follow-up references or PVG applications which are not satisfactory;
- Ensure that the results of checks which show previous convictions are explored with the applicant, and keep a record of any discussion;
- Provide training for staff involved in recruitment and selection to ensure practice is in line with policy;
- Ensure that staff know the policy and procedure;
- Ensure that systems are audited regularly to improve practice;
- Ensure that a proper procedure is in place to accurately check information about staff's registration with the SSSC (and other relevant professional bodies);
- Take appropriate action with all staff that are not properly registered with the SSSC, (or other professional bodies). This includes staff where their registration has lapsed and who are still working in the service;
- Workers new into a role recognised for registration with the SSSC must be registered within six months of their start date;

Employers have a legal responsibility to make sure that all of their staff are appropriately registered;
Employers would be committing an offence if they continue to employ an unregistered worker for more than six months after their start date in a role recognised for registration.

We signposted the service provider to the following best practice guidance:

Safer Recruitment Through Better Recruitment Scottish Social Services Council, Care Inspectorate.
First published in November 2016. This guidance replaces the Scottish Governments National guidance Safer Recruitment Through Better Recruitment(2007)

Recommendation 12

In order to comply with the homes staff development policy the service manager should ensure that:

- All staff have regular supervision offering one-to-one time with a senior member of staff to discuss and reflect on their work practice which is clearly recorded, reviewed and evaluated
- Job descriptions, including roles and responsibilities are routinely discussed, agreed and recorded with all staff
- Personal development plans are regularly devised, reviewed and evaluated with all staff
- Induction checklists are followed and completed to include input from residents and relatives as part of this process.

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

This recommendation was made on 20 June 2016.

Action taken on previous recommendation

The service manager had developed some good supervision and appraisal protocols for staff to follow, however, supervision and appraisal had not yet routinely taken place for all staff. Newer staff to the care home had not fully completed their induction or within timescales indicated and some had not yet had their first supervision.

Individual staff records contained little relevant information regarding various health and practice issues which should have been fully discussed, recorded, addressed and reviewed.

This recommendation is: not 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

Date	Type	Gradings	
4 Apr 2017	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed 2 - Weak
20 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate Not assessed
27 Jul 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 4 - Good
17 Mar 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good
10 Oct 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate

Date	Type	Gradings	
19 Mar 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good
18 Nov 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good
20 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good
9 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed Not assessed
11 Jan 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed Not assessed
3 Aug 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
10 Feb 2010	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 2 - Weak Not assessed
10 Dec 2009	Re-grade	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory Not assessed 2 - Weak Not assessed

Date	Type	Gradings	
22 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
9 Nov 2009	Re-grade	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory Not assessed Not assessed Not assessed
20 Jan 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
2 Jun 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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