

Elmgrove Care Home Care Home Service

7 Ballifeary Road
Inverness
IV3 5PJ

Telephone: 01463 243325

Type of inspection: Unannounced
Inspection completed on: 22 May 2017

Service provided by:
Marchmont Homes Limited

Service provider number:
SP2007009346

Care service number:
CS2007161819

About the service

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

Elmgrove care home is registered to provide a care service for up to 27 older people.

The service was registered on 1 April 2011.

Elmgrove Care Home is a large house which has been extended. The care home is situated in a residential area on the outskirts of Inverness city centre.

All of the bedrooms provided single occupancy. In addition there was a range of communal rooms and spaces including two lounges, a conservatory, dining room and seating areas within the entrance.

The aim of the home was to be committed to providing the highest standards of care and to ensure that service users were cared for with respect for their individuality.

There were 26 people using the service at the time of the inspection.

What people told us

People who used the care service were invited to take part in the inspection by filling in a questionnaire or talking to the inspectors or the inspection volunteer. The majority of comments we received were very positive.

We spoke with seven people who were using the service and four relatives and carers. Four people using the service and three relatives returned completed care standard questionnaires to us. Everyone who returned questionnaires except one relative told us overall, they were happy with the quality of care they received at Elmgrove.

People using the service told us:

'The care is always perfect'

'Everything is clean, neat and tidy'

'I am happy with the care and support I receive'

'I feel I receive the best care'

'I am happy with my own room, I have everything I need'

'Feel well looked after, food is very good. There is a choice of food and I get enough to eat.'

One person spoke about liking the care home and felt very well looked after. They told us they enjoy the food and said it 'is excellent and eats too much.'

'I enjoy being here. They are a mixed bag but they are friendly. I get a bath or shower when I want. My room is nice. I have had trips on the canal and they bring in entertainment.'

One person told us the 'Meals were not so good when I first came here but they have improved a lot. Enjoyed my

lunch. Generally the staff are very good but . . . you buzz for them - some do not bother to answer. Most are helpful and friendly.'

'Things go missing in the laundry - nothing gets done about it'

'It's fine here. I have gone out with my family but I don't go out much these days. Comfortable in room and have my own photographs and things. The girls look after me well. I have no complaints. The meals are adequate, not what I was used to but you get used to them and they are not too bad.'

'Quite happy here. There is not a lot to do. We get a singer come in to entertain and a bingo game sometimes. We don't get out . . . My room is comfortable. Meals are usually very good, two choices of main course, no choice for pudding but if there is something you don't like they will get you something else.'

Several people told us they hoped to get out in the nicer weather.

Relatives and friends of people using the service told us:

'I am very confident Mum is happy and settled in her new home and the care she has received on occasions has been beyond expectations in the thoughtfulness and some of the staff. It is feeling like home to her and the care staff are now like family to us. This is very important to us - we do not want her in an institution of formality - they are warm and friendly and hugely caring. There have been issues due to the individual nature of mum's requirements that I feel have been taken on board are being addressed as time goes on. I am overall extremely happy with mums care at Elmgrove.'

'The care is good, she [my relative] is given the support she needs'

'The room is fine and kept clean. She enjoys her food. Not enough stimulus, don't see staff sitting with them [the residents] much'

'Staff are friendly and caring'

'Good manager, kept informed of things by phone'

'Happy with the care in general. Lots of changes of staff which is disconcerting.'

One person raised that there was limited parking as both entrance and exit and front of home have overhanging bushes/trees that needed cutting back, the door bell doesn't get answered for ages, inadequate staffing levels, far too many staff changes, no activities, residents left in wheelchairs, awaiting transfer to chairs in lounges, not told when residents see doctors/chiropractor/hairdresser and not offered 'alternative' foods on Sunday evenings and cooks days off. They also said that 'staff do do their best'

'Easter dinner was lovely'

'She [my friend] is very happy here, she always looks well and happy when I visit. She always says she enjoys her food and think they get well fed here. I think it is a very nice environment for them. I have not seen her room. I have visited when she was sitting out in the garden'

'Staff are friendly and pleasant. Offer tea or coffee when I come in.'

'My [relative] likes it here, there could be a bit more to do. Staff seem very nice.'

Cards the home had received from relatives were very complimentary about the staff and the standard of care their relative had received or were still receiving.

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at the methods the service was using to monitor the quality of the service they were providing. We discussed the services priorities for development and how they proposed prepare a service improvement plan and monitor the progress of this.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	2 - Weak
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

The quality of the care and support the service was providing was adequate. We recognised the service had strengths and these had a positive impact on the experiences of people. However, some areas for improvement in the service were constraining performance. The service should address areas for improvement while building on their strengths.

Staff supported people in a kind and caring way and the people using the service and their relatives were complimentary about the staff and the quality of care.

The service had made progress introducing new care plans. Staff were developing care plans with people using the service in a more person centred way. They had collected some good information which helped staff to have a better sense of the person and to know their preferences and individual needs. Some assessments had not been completed and there was poor linkage between people's care notes and their care plans. This meant the information about how to support people was incomplete, care and support could not be given in a consistent way and could not be easily reviewed. Information about the follow-up action staff took following incidents or when people had become unwell was not always recorded. Staff seemed to know people who used the care well and should use their valuable knowledge more to directly influence the content of care plans.

The service had good working relations with other health care professionals involved in people's care. Staff made referrals in a timely manner and contacted these services for advice and support.

The service need to improve the way they record and share information within the staff team about the care people receive and any changes in people's care.

Further work must be taken to ensure that the care plans contain the right information to meet people's needs and that they are regularly evaluated and kept up to date. This will ensure that the information contained in the care plans is a current reflection of people's care needs. **(See requirement 1)**

Although there were arrangements in place for the manager and staff to report and record accidents and incidents, records were incomplete and the follow-up action or action taken to reduce reoccurrence was not clear. The management and staff need to follow good practice when reporting and recording and managing accidents and incidents. **(See recommendation 1)**

People told us they enjoyed the food and there was a varied menu. One person told us there had been an improvement in the meals. Mealtimes were quite sociable occasions and staff supported people who needed assistance in a nice manner. Information about the menu choices for each meal should be readily available for people to see and choose from.

Some entertainment and activities were provided. The service should continue to support people with maintaining their interests and develop activities and things to do that are meaningful to them. Information about what is happening on a day-to-day basis, and when and where this is taking place, should be available in a suitable format. This would enable people to choose what to take part in.

Requirements

Number of requirements: 1

1. You must ensure that each service user has a plan of care and that there is a system in place to ensure that each plan of care is reviewed at least once in every six month period. Particular attention should be given to those residents living with dementia. Each plan of care must include, but need not be limited to including, the following information:

- a) Guidance for staff to enable them to effectively support people using the service
- b) A clear rationale behind decision-making processes particularly where these may impose restrictions on a resident
- c) Details of any medication required by the resident with specific guidance for any medication prescribed on an 'as required' basis
- d) An appropriate health care assessment in relation to their continence needs
- e) Advice and guidance from any professional involved in the care of the service user
- f) Details of the service user's next of kin or any person authorised to act on behalf of the service user (including details of Power of Attorney and Adults with Incapacity Certificates and Treatment Plans, where required).
- g) Specialist equipment required by the service user

This is in order to comply with:

Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: 31 July 2017

Recommendations

Number of recommendations: 1

1. Management must ensure that accurate records of accidents and incident are maintained, reviewed and appropriate follow-up action is taken to minimise risk to people living or working in the service.

National Care standards Care Homes for Older people, Standard 4: Your environment

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

National Care standards Care Homes for Older people, Standard 9: Feeling safe and secure

Grade: 3 - adequate

Quality of environment

Findings from the inspection

The quality of the environment was weak. Although there were some strengths, there were important weaknesses which caused concern. The service needs to take structured and planned action to make the improvements required to improve the quality of the environment.

The care home premises had some bright spacious rooms and some homely features. There was a friendly atmosphere in the home and visitors were made welcome. The standard of the accommodation and size of bedrooms varied throughout the home. People were encouraged to bring in personal items and photographs to personalise their rooms and make them more homely. The secure door entry system and visitors register meant staff could monitor who entered the premises and who was in the building. Staff should ensure they answer the door bell promptly when visitors use it.

At the time of the inspection the gardens were overgrown and in need of attention. The grounds at one side of the home were uneven, hazardous to walk round and overgrown with vegetation around the fire exits and paths leading from them. Generally, the grounds of the premises need a programme of regular and effective maintenance to make them safe, pleasant and easier for people who used the care service to access and use them. Although some work had been carried out to improve some of the environment since the last inspection, progress to address the requirements was limited. The provider must take a proactive approach to improve the quality of the environment, safety and quality of experience for people living at Elmgrove.

There were several areas where there was poor infection control arrangements and poor health and safety arrangements. These were discussed with the manager during the inspection and at the inspection feedback meeting. The provider must proactively assess the risks presented inside the premises and the grounds and take appropriate action to ensure the premises provide a safe, pleasant and comfortable environment for the people who use the service. **(See requirement 1)**

The management and staff should be vigilant in reporting environmental risk or hazards and taking appropriate action to minimise risk to people living at the service. Accurate records should be maintained. The provider needs to ensure that appropriate arrangements are in place to record, report and promptly replace light bulbs, rectify faults and make repairs. **(See recommendation 1)**

Requirements

Number of requirements: 1

1. The provider must ensure the premises provide a safe, pleasant and comfortable environment for the people who use the service. In order to do this the provider must:

- a) Ensure a robust risk assessment is carried out of the premises
- b) Plan and take action to address areas of risk identified in the risk assessment within a reasonable planned timescales. This should include action to address the following areas highlighted at the inspection:
 - i) poor infection control arrangements relating to practice, usage of commodes and unsatisfactory arrangements for cleaning and storing commodes, inadequate sluice facilities
 - ii) poor infection control arrangements relating to the laundry facilities
 - iii) lack of alert or restriction to people using the service accessing the back stairwell which leads to the area beside the kitchen
 - iv) torn and uneven flooring in an upstairs bedroom
 - v) poor lighting
 - vi) lack of handrails in corridors
 - v) poor maintenance and repair of the indoor and outside of the premises and grounds

This is in order to comply with:

Regulations 4(1)(a) and 10 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: An action plan to address areas of risk identified within reasonable and planned timescales must be submitted by 30 June 2017.

Recommendations

Number of recommendations: 1

1. Day-to-day maintenance and repairs should be carried out promptly to ensure the environment is safe and pleasant for people living and working in the service.

Appropriate arrangements should be put in place for:

- a) staff and people using the service to report items or issues requiring repair or maintenance
- b) repairs and maintenance to be carried out within reasonable timescales
- c) keeping accurate maintenance records of dated, issues reported, action planned/taken and when completed

National Care standards Care Homes for Older people, Standard 4: Your environment

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

National Care standards Care Homes for Older people, Standard 9: Feeling safe and secure

Grade: 2 - weak

Quality of staffing

Findings from the inspection

The quality of the staffing in the service was adequate. We recognised the service had strengths and these had a positive impact on the experiences of people. However, some areas for improvement in the service were constraining performance. The service should address areas for improvement while building on their strengths.

We looked at the recruitment records for staff who had been employed since the last inspection. These were satisfactory and demonstrated that safe and robust recruitment procedures had been followed to protect people who used the care service.

People who used the service told us the staff were kind and caring and worked hard. We saw that staff were kind and caring towards people who used the care service.

There were arrangements in place for new staff to receive a programme of induction. The induction for all new staff and staff changing roles should be further developed to ensure staff received suitable and appropriate training to carry out their roles.

Staff supervision arrangements need to be fully introduced and established. This is in order to ensure each staff member is skilled and competent in the work that they do and carry out safe and effective practice. **(See recommendation 1)**

Individual training records were being introduced for completion and training plans were being introduced. The staffing arrangements were more stable and some training had been carried out with staff through an external provider. Further training was planned and dates had been arranged. The service was in the early stages of working towards improvements.

The provider must ensure that all staff employed to work within the home were trained to carry out their duties for which they were employed. They should ensure that accurate training records are maintained. **(See requirement 1)**

Requirements

Number of requirements: 1

1. The provider must ensure that all staff employed to work within the home are trained to carry out their duties for which they are employed. They should ensure that accurate training records are maintained. In order to achieve this, the provider must:
 - a) Review the training needs of all staff and record your findings.
 - b) Ensure that there is a mandatory training programme that addresses the review of training needs. This should

include but need not be limited to including training in the following areas:

- i) dementia care
- ii) continence care
- iii) infection control
- iv) food and nutrition (including food hygiene)
- c) Ensure that records are maintained detailing which training events have been attended and by whom.
- d) Develop a system to ensure that the learning from the training is implemented in practice.
- e) Following the training, seek feedback from people using the service and their carers about how well staff are caring for them.

This is in order to comply with:

Regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: 31 July 2017

Recommendations

Number of recommendations: 1

1. The provider should ensure that there is a supervision and appraisal programme in place for all members of staff. Staff should be given the opportunity to meet with their manager on a regular basis. Supervision meetings should take account of the staff member's training and development needs within the role that they are employed to do and inform the training plan. A record should be maintained of each and every supervision meeting.

This will support them to identify where staff may need further training or assistance. This is in order to ensure each staff member is skilled and competent in the work that they do and carry out safe and effective practice.

National Care Standards, Care Homes for Older People: Standard 5 - Management and Staffing Arrangements.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The quality of the management and leadership in the service was adequate. We recognised the service had strengths and these had a positive impact on the experiences of people. However, some areas for improvement in the service were constraining performance. The service should address areas for improvement while building on their strengths.

The manager had continued to learn more about using 'My home life' and how it could be used to enhance the quality of the service for staff and people who use the care service. The manager told us it had already been beneficial in improving communication. The manager continued to be enthusiastic about the approach and spoke positively about the benefits and changes it could bring.

The senior staffing arrangements had improved since the last inspection and the management planned to introduce a more structured approach to the quality assurance of the service.

The management was continuing to introduce different ways to monitor the quality of practice and to make improvements where these were identified. We could see there had been some progress to the number of audits being carried out on different aspects of the home. The action planned following audits and the follow-up on work completed was difficult to monitor as no structured system was in place and written record keeping was poor. The service should keep action plans and progress records along with completed audits that they carry out. Where action is not completed or the desired outcome is not achieved the action plan should be revised. The provider and manager should continue to develop the way they monitor the service and improve the record keeping relating to this. Action plans should have timescales to work towards and progress should be regularly reviewed. The provider and management should develop a written improvement plan for the home which takes account of improvements suggested by people using the care service, staff and recommendations and requirements identified through internal and external audits. The provider should have suitable arrangements in place to monitor and improve the quality of the service. **(See recommendation 1)**

The service had a suitable notification history of events that we were required to be informed of. However, the service did not submit an Annual Return to us as requested. The provider must ensure that required information is provided as, and when requested.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should develop a quality assurance system to monitor the services performance, identify what is working well and what could be done better and to inform improvement plans and improve the quality of the experience for people using the service. The provider and manager should prioritise required improvements and ensure the health wellbeing of people using the care service is protected and enhanced

National care standards Care Homes for older people, Standard 5: Management and staffing arrangements.

Grade: 3 - adequate

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

Previous requirements

Requirement 1

You must ensure that each service user has a plan of care and that there is a system in place to ensure that each plan of care is reviewed at least once in every six month period. Particular attention should be given to those residents living with dementia. Each plan of care must include, but need not be limited to including, the following information:

- a) Guidance for staff to enable them to support residents effectively
- b) A clear rationale behind decision-making processes particularly where these may impose restrictions on a resident
- c) Details of any medication required by the resident with specific guidance for any medication prescribed on an 'as required' basis
- d) Advice and guidance from any professional involved in the care of the service user
- e) Details of the service user's next of kin or any person authorised to act on behalf of the service user (including details of Power of Attorney and Adults with Incapacity Certificates and Treatment Plans, where required).

This is in order to comply with:

Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: 28 February 2017

This requirement was made on 14 February 2017.

Action taken on previous requirement

The service had implemented new documentation and care files for each person using the service. The management and staff were working on improving the care plans and had made some progress. See Care and support section of this report.

Not met

Requirement 2

You must ensure that each service user has a plan of care in relation to their continence care needs. This care plan should be reviewed at least once in every six month period, or sooner if required. Each plan of care must include, but need not be limited to including, the following information:

- a) An appropriate health care assessment in relation to their continence needs
- b) Specialist equipment required by the service user
- c) Advice from any professional involved in the care of the service user.

This is in order to comply with:

Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: 28 February 2017

This requirement was made on 14 February 2017.

Action taken on previous requirement

The service had implemented new documentation and care files for each person using the service. The management and staff were working on improving the care plans and had made some progress. See Care and support section of this report.

Not met

Requirement 3

The provider must ensure the premises provide a safe, pleasant and comfortable environment for the people who use the service. In order to do this the provider must:

- a) Ensure a robust risk assessment is carried out of the premises
- b) Plan and take action to address areas of risk identified in the risk assessment within a reasonable planned timescales. This should include action to address the following areas highlighted at the inspection:
 - i) lack of alert or restriction to people using the service accessing the back stairwell which leads to the area beside the kitchen
 - ii) the lack of floor covering in the upstairs corridor
 - iii) torn and uneven flooring in an upstairs bedroom
 - iv) poor lighting
 - v) lack of handrails in corridors
 - vi) lack of en-suite facilities, usage of commodes and unsatisfactory arrangements for cleaning and storing commodes
 - vii) poor maintenance and repair
 - viii) equipment or items restricting the access in corridors and fire escapes.

This is in order to comply with:

Regulations 4(1)(a) and 10 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: 28 February 2017

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (Scottish Statutory Instrument 2011/210). Regulation 4(1)(a) and Regulation 10.

This requirement was made on 14 February 2017.

Action taken on previous requirement

A risk assessment had been carried out, however was not sufficiently robust and had not identified risks for example relating to infection control and slips and trip hazards. However some action had been taken, new flooring had been fitted in the upstairs corridor and a new carpet had been fitted in the back stair well. Although an action plan had been put in place to address some areas these had not been carried out within the planned timescales and the risks remained.

The requirement remains in place.

Not met

Requirement 4

The provider should review and further develop a formal induction programme which details the mandatory training that staff are required to complete, an introduction to the home's policies and procedures, the requirement to register with a professional body, and the expectation to practice in accordance with the Scottish Social Services Council Codes of Conduct.

This is in order to comply with:

Regulation 9 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for completion: 28 February 2017

In making this requirement we have also taken into consideration the National Care Standards Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

This requirement was made on 14 February 2017.

Action taken on previous requirement

The service had taken some action to address this and new staff were receiving inductions. The service should continue to develop the induction and training of staff to ensure staff receive suitable and appropriate training to carry out their roles. Although this requirement has not been fully met, the requirement has not been repeated. The service should continue to develop this area further and progress will be followed up at the next inspection visit.

Not met

Requirement 5

The provider must ensure that all staff employed to work within the home are trained to carry out their duties for which they are employed. They should ensure that accurate training records are maintained. In order to achieve this, the provider must:

- a) Review the training needs of all staff and record your findings.
- b) Ensure that there is a mandatory training programme that addresses the review of training needs. This should include but need not be limited to including training in the following areas:
 - i) dementia care
 - ii) continence care
 - iii) infection control
 - iv) food and nutrition (including food hygiene)
- c) Ensure that records are maintained detailing which training events have been attended and by whom.
- d) Develop a system to ensure that the learning from the training is implemented in practice.
- e) Following the training, seek feedback from people using the service and their carers about how well staff are caring for them.

This is in order to comply with:

Regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: 28 February 2017

This requirement was made on 14 February 2017.

Action taken on previous requirement

The service had made some progress to address this requirement. Individual training records were being introduced for completion and training plans were being introduced. The staffing arrangements were more stable and some training had been carried out with staff through an external provider. Further training was planned and dates had been arranged. The service was in the early stages of working towards meeting this requirement. We will review the progress to meet this requirement 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 provider and manager should ensure that people who use the service have access to meaningful activities as part of their day-to-day support. The service should take account of each person's ability, needs and preferences to ensure people can be supported to access activity that is suitable and meaningful to them.

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

National Care Standards Care Homes for Older People Standard 12: Lifestyle – Social Cultural and Religious Belief or Faith

This recommendation was made on 14 February 2017.

Action taken on previous recommendation

The service had collected some good information about what people liked to do and their previous interests. The management and staff should use the information to develop activities, support people with maintaining their interests and develop activities that are meaningful to them. The service was providing some activities and entertainment in advance and some activities were arranged on the day they took place and facilitated by staff.

Recommendation 2

Day-to-day maintenance and repairs should be carried out promptly to ensure the environment is safe and pleasant for people living and working in the service.

Appropriate arrangements should be put in place for:

- a) staff and people using the service to report items or issues requiring repair or maintenance
- b) repairs and maintenance to be carried out within reasonable timescales
- c) keeping accurate maintenance records of dated, issues reported, action planned/taken and when completed

National Care standards Care Homes for Older people, Standard 4: Your environment

National Care standards Care Homes for Older people, Standard 5: Management and staffing arrangements
National Care standards Care Homes for Older people, Standard 9: Feeling safe and secure

This recommendation was made on 14 February 2017.

Action taken on previous recommendation

A maintenance reporting book and daily checklist had been put in place however these had not been used effectively. General day-to-day maintenance and repair arrangements were not adequate. This recommendation remains in place.

Recommendation 3

Management must ensure that accurate records of accidents and incident are maintained, reviewed and appropriate follow up action is taken to minimise risk to people living or working in the service.

National Care standards Care Homes for Older people, Standard 4: Your environment
National Care standards Care Homes for Older people, Standard 5: Management and staffing arrangements
National Care standards Care Homes for Older people, Standard 9: Feeling safe and secure

This recommendation was made on 14 February 2017.

Action taken on previous recommendation

Due to the system the service had in place to report accidents and incidents we were unable to determine that accurate records of accidents and incident were being maintained, reviewed and appropriate follow up action is taken to minimise risk to people living or working in the service. This recommendation remains in place.

Recommendation 4

The manager should follow safe and robust recruitment procedures and ensure that two references are obtained for new employees. Accurate recruitment records should be maintained.

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

This recommendation was made on 14 February 2017.

Action taken on previous recommendation

The management had taken appropriate action to address this recommendation and accurate records were being maintained.

Recommendation 5

The provider should ensure that there is a supervision and appraisal programme in place for all members of staff. Staff should be given the opportunity to meet with their manager on a regular basis. Supervision meetings should take account of the staff member's training and development needs within the role that they are employed to do and inform the training plan. A record should be maintained of each and every supervision meeting.

This will support them to identify where staff may need further training or assistance. This is in order to ensure each staff member is skilled and competent in the work that they do and carry out safe and effective practice.

National Care Standards, Care Homes for Older People: Standard 5 - Management and Staffing Arrangements.

This recommendation was made on 14 February 2017.

Action taken on previous recommendation

The management had put systems in place and was in the early stages of implementing these with staff. The provider and manager proposed to review the system. The recommendation remains in place and progress will be followed up at the next inspection.

Recommendation 6

The provider should review the current management arrangements and ensure contingency arrangements are in place to deputise for the manager in her absence.

National care standards Care Homes for older people, Standard 5: Management and staffing arrangements.

This recommendation was made on 14 February 2017.

Action taken on previous recommendation

Contingency arrangements had been put in place to deputise for the manager in her absence since the last inspection and these had been followed.

Recommendation 7

The provider should develop a quality assurance system to monitor the services performance, identify what is working well and what could be done better and to inform improvement plans and improve the quality of the experience for people using the service.

National care standards Care Homes for older people, Standard 5: Management and staffing arrangements.

This recommendation was made on 14 February 2017.

Action taken on previous recommendation

This recommendation remains in place. Please refer to quality of management and leadership section of this report.

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	
11 Nov 2016	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
1 Jun 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
6 Nov 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
29 Jul 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
28 Jan 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
3 Oct 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	Not assessed
4 Jun 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
21 Mar 2014	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak

Date	Type	Gradings	
		Management and leadership	2 - Weak
11 Dec 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
5 Aug 2013	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
10 Aug 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
25 Apr 2012	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
16 Dec 2011	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	Not assessed
22 Jun 2011	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
13 Apr 2011	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	Not assessed
1 Dec 2010	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak

Date	Type	Gradings	
		Management and leadership	2 - Weak
3 Jun 2010	Announced	Care and support	3 - Adequate
		Environment	1 - Unsatisfactory
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
9 Dec 2009	Unannounced	Care and support	1 - Unsatisfactory
		Environment	1 - Unsatisfactory
		Staffing	3 - Adequate
		Management and leadership	1 - Unsatisfactory
29 Jul 2009	Announced	Care and support	1 - Unsatisfactory
		Environment	1 - Unsatisfactory
		Staffing	2 - Weak
		Management and leadership	1 - Unsatisfactory
6 Apr 2009	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	Not assessed
		Management and leadership	2 - Weak
2 Dec 2008	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
5 Aug 2008	Announced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	3 - Adequate

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

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