

## Meallmore Lodge Care Home Service

Daviot  
Inverness  
IV2 5XQ

Telephone: 01463 773118

Type of inspection: Unannounced  
Inspection completed on: 19 June 2017

**Service provided by:**  
Daviot Care Limited

**Service provider number:**  
SP2010010915

**Care service number:**  
CS2010249586

## About the service

Meallmore is registered to provide a care home service for a maximum of 94 adults or adults with mental health problems.

The service was registered on 1 April 2011.

The provider is Daviot Care Limited.

The care home is situated in well maintained landscaped grounds approximately seven miles south of Inverness. The building comprises a converted Victorian building with an adjoining two storey extension, three bedroom cottage and a separate single storey purpose-built unit. There are 90 single bedrooms but three of these could accommodate double occupancy, for example a married couple or siblings. All bedrooms have en-suite toilet facilities and 69 of the rooms also have showers. There are a number of shared lounges, dining rooms, bathrooms and toilet facilities throughout the home. The care home is divided into four separate units which aim to meet different types of care needs of people using the service.

There are 20 bedrooms in the Lodge, 24 in Heather, 20 in Moy, 23 in Drumboe plus three in the Cottage.

Meallmore Lodge's aims are to maximise the quality of life of clients by providing choice, safeguarding individual rights, giving fulfilment, independence and respecting dignity along with high quality care.

## What people told us

Before the inspection we sent the care home 45 questionnaires for people using the service and 45 for relatives and carers so that they could take part in the inspection. We received seven completed questionnaires from people experiencing care and spoke with sixteen people during the inspection. We also spent time observing how residents were cared for so that we could find out more about the experience of people who had difficulty talking to us.

We received five completed questionnaires from relatives and spoke with six relatives and friends during the inspection. The majority of people told us, overall they were happy with the quality of care their relative received.

One person out of five, who expressed their view, believed there were not enough trained and skilled staff on duty at any point in time to care for their relative and they were confident that staff had the knowledge and skills to care for their relative. One person told us, 'Can't fault the place, very happy with everything [staff name] keeps us up to date and informs us of everything.' Another person commented 'The way the Lodge (unit) is run is very good, staff are exceptional, communication was sometimes lacking. One person said 'As care homes go, this is one of the best.' People also gave positive comments about the food, that they could visit anytime and that they were kept well informed. One person told us they felt the personal care had improved and another felt the manager was a good listener.

People experiencing care were overall happy with the quality of care they received. One person told us they were always treated with dignity and respect and could get up and go to bed when they wanted. Several people told us there was not enough to do, not enough activities or that the activities weren't suitable for them. One person who told us they loved going outside said they were 'Always asking to go outside but no-one has the time.' Another person told us 'Great care but not enough staff to allow me to have one-to-one time'. One person

told us they liked to go out but there wasn't enough staff to take her. Another person told us they enjoyed the music.

Two of seven people who returned questionnaires agreed there were frequent social events, entertainment and activities organised that they could join with in if they wanted to. One person described the care as 'generally pretty good' and the environment as 'pretty good'.

One person told us the food was great and there was always an alternative, they also told us the chef had recently won 1st prize. Another person told us the chef had won an award and the food was very good. Two people spoke about the gardens being beautiful and about the gardener keeping it so tidy.

## Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their own quality assurance paperwork and discussed the improvements they had planned for the service. These demonstrated their priorities for development and how they were monitoring the quality of the provision within the service.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

People generally looked well cared for and some staff knew the people using the service well which offered reassurance to them. Staff interactions with people using the service were good and enhanced people's care experience. These opportunities were however limited as staff were very busy and did not seem to have time to spend with them. At times during the day there were insufficient staff to meet the needs of people using this service. Staff were frequently moved around from one unit to another during shifts to cover staff shortages. On these occasions people received less support than they needed or received support from staff they did not know and who were not familiar with how to support them. Consequently this had a negative impact on the quality of care people experienced. Staffing levels and deployment of staff overnight were insufficient to meet the needs of the residents in the Heather, Moy and Lodge units of the care home. In the evening some residents were in sitting rooms without supervision, other residents were either in bed or in their rooms waiting to be assisted to bed. There was a high number of unwitnessed falls. **(See requirement 1)**

The service needs to improve their practice for managing, recording and reporting accidents and incidents. **(See requirement 2)**

People told us there was not enough to do or the activities available were not suitable for them. Progress to increase the opportunities for people to engage in meaningful activity was currently being constrained due to

the current transport and staffing arrangements combined with and the homes location. **(See recommendation 1)**

Staff had improved some of the information in care plans and were aiming for more person centred plans. Some care plans we sampled lacked detail about the level of support people needed. Nurses and senior care staff were involved in developing care plans, however care assistants did not generally use the care plans to find out about the support people needed or how peoples day to day care needs were to be met. This meant there was an over reliance on verbal information which could neither be monitored or evaluated. **(See recommendation 2 and recommendation 3)**

Some staff practice relating to the management of people's skin integrity was poor. This increased the risk of people experiencing pain and discomfort, developing pressure ulcers and poor wound healing. **(See requirement 3)**

Overall, the people experiencing care were happy with the quality of care they received. People told us the food was very good and enjoyed heir meals.

The services medication storage, administration and recording practices were generally satisfactory. Staff need to improve their administration and recording practices for topical preparations and for medication that is given on a 'as required' basis. **(See recommendation 4 and recommendation 5)**

The service had strengths which had a positive impact on the experiences of people. However, some areas of improvement in the service were constraining the performance. The service needs to address areas for improvement while building on existing strengths.

The management took immediate action and put interim plans in place to address the concerns about staffing levels and poor practice that we discussed with them during the inspection visit.

## Requirements

### Number of requirements: 3

1. The provider must ensure staffing levels, staff skills and abilities are at all times appropriate to meet the health and welfare of people who use the service.

In order to achieve this provider must:

a) Review staff deployment for service users in relation to the lay out of the building over a 24 hour basis, ensuring that supervision of service users is provided in sitting rooms and that service users can retire to bed when they wish.

b) Undertake a full analysis of service user's dependency level of needs to determine the level of staffing required and identify where possible that if a service users' needs fluctuate this is taken into consideration.

c) Ensure service user dependency levels are regularly updated and regular audits completed to monitor compliance of staffing levels and staff deployment in the home.

This is in order to comply with: SSI 2011/210 regulation 15(a)(b) - to make proper provision of sufficient staff.

Timescale: On receipt of report

2. The provider must make proper provision for the management, recording and reporting of accidents and incidents. In order to do this the provider must:

- a) Review the current arrangements for reporting accidents and incidents in this service.
- b) Ensure all relevant accidents and incidents are reported without delay to the relevant authorities and that accurate records are maintained.
- c) Carry out risk assessments and take appropriate preventative action with regard to individual needs relating to accidents and incidents.
- d) Ensure there is a consistent approach to monitoring and analysing accidents and incidents, ensuring appropriate action is taken.
- e) Where appropriate, a review of care is arranged with relevant parties and interim arrangements are put in place where necessary to ensure the health and well-being of people using the service and staff.

This is in order to comply with: SSI 2011/210 regulation 4(1) (a) - requirement for the health and welfare of service users.

Timescale to be met: 31 August 2017

3. The provider must review their management of skin integrity of service users. This is to ensure that the skin care needs of service users are assessed on an ongoing basis and suitable care is provided. In order to do this you must:

- a) Provide training for all staff on skin care integrity and monitor this in practice.
- b) Be able to demonstrate that skin care assessment, planning, risk assessments and interventions are in place to care and support those service users at risk of developing skin care conditions. This should also take account of other conditions such as diabetes where skin integrity can be at risk and healing compromised.
- c) Where wound care plans are in place, these should adhere to dressing changes as per instructed.
- d) Where concerns are raised regarding skin care conditions, appropriate medical advice is sought without delay.
- e) Undertake audits of skin integrity care plans and wound care plans to monitor compliance.

This is in order to comply with: SSI 2011/210 regulation 4(1) (a) - requirement for the health and welfare of service users. And regulation 5 - requirement about personal plans; And regulation 15(b) (i) - requirement about training.

Timescale to be met: 31 August 2017

## Recommendations

**Number of recommendations: 5**

1. The provider should explore and develop ways to support people to access and take part in activity they find meaningful to them as individuals and to maintain links with the wider community.

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

National Care Standards Care Homes for Older People. Standard 17: Daily life

2. The provider should ensure that there is an up to date personal plan in place for each person using the service. This plan should detail the person's assessed health, welfare and safety needs and set out how staff will deliver the support to meet these needs.

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

3. Staff should review the personal plan with the person using the service and their representative at a minimum of once every six months and more frequently when indicated or requested. This is to ensure that the information in the care plan is current, agreed and reflects the persons choices, preferences and care needs.

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

4. Staff should ensure that when people are prescribed emollients and creams as part of their planned care, that they administer them as prescribed and record on the correct documentation that they have been administered by them.

National Care Standards Care Homes for Older People. Standard 14: Keeping Well - Health care.

5. Where staff administer medication prescribed on a when required basis, the reason for administering the medication and effectiveness should be assessed and recorded.

National Care Standards Care Homes for Older People. Standard 15: Keeping well - Medication

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

There was a high standard of accommodation. The decoration and furnishings throughout the home were generally good and there was a programme of refurbishment to maintain this. The gardens and grounds were well maintained, providing pleasant areas to walk and sit. The Heather and Moy units had enclosed gardens which provided safe areas for people to access directly from these units.

People's bedrooms were personalised with their own personal items, belongings, pictures and photographs which promoted a sense of wellbeing, belonging and identity.

Suitable maintenance arrangements were in place for repairs, checks and servicing of equipment used in the home to ensure it was safe to use. The provider needs to make sure portable appliance testing is kept up to date.

Areas in the Moy and Heather units were poorly lit. Improving the lighting in these areas would help people experiencing care find their way around more easily and could contribute to reducing the number of falls people have. Signage and contrasting colours had been used in some areas of the home. In the Lodge unit the addition of hand rails, signage and use of contrasting colours would improve way finding and support people to get

around more easily. Although the home had a high standard of accommodation, the provider and management need to take a more considered and informed approach to enhance the environment for people using the service with dementia or cognitive or visual impairment. **(See recommendation 1)**

The care home is in a rural setting and fairly isolated. The management should explore and develop ways to support people to keep connected with the community and their friends and families.

Where the service users movement sensor devices alert them that a person is moving around, suitable arrangements should be in place to ensure these are working properly and positioned correctly.

The management should continue to review and update risk assessments and ensure that appropriate action is taken to reduce any risks identified.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The provider and management should reassess the environment and develop an action plan to enhance the environment for people using the service with dementia or cognitive or visual impairment.

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

Is Your Care Home dementia friendly? Enhancing Healing Environments (EHE) Environmental Assessment Tool  
<http://hub.careinspectorate.com/media/302736/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf>  
[www.kingsfund.org.uk/dementia](http://www.kingsfund.org.uk/dementia)

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

There were good arrangements in place to recruit staff safely and staff were registered with the appropriate professional body. Staff received induction to introduce them to the day-to-day arrangements in the home, their role and to reach specific competency levels. Existing staff were supportive to new starts and gave them guidance and worked with them. Management were taking forward the supervision and appraisal of staff however this was in the early stages and should continue to be progressed.

The organisation had good training arrangements in place which were varied and covered both statutory training and staff development opportunities. The management should continue to support and develop staff knowledge and understanding. Reflective accounts of training sessions should be used by staff as a way to monitor the effectiveness of the training provided. The management should continue to monitor and progress this initiative.

Staff were kind and caring in their approach and were working hard to provide personal care and meet the needs of people using the service.

Staff should continue to be supported to develop and use person centred care plans with people using the service. Staff need to improve the standard of their record keeping, ensuring they can monitor and evaluate the care they provide to ensure people's needs are being met and appropriate care is being provided.

Regular staff meetings should be established to provide opportunities to discuss practice issues, share information and support development and improvement plans. Management should make arrangements to ensure appropriate records and action plans arising from these are kept and shared with relevant people.

The organisation promoted champion roles and had training systems in place to support staff within these roles. This had not progressed since the last inspection as there had been several changes to the staff and staff teams. The management planned to re-establish and build on the champions roles within the service when the staffing within the home stabilised and the new staff teams are established. **(See recommendation 1)**

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The provider should ensure suitable plans and arrangements are in place for staff to undertake the necessary training and develop their champion roles within the service.

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 provider had good systems in place to monitor the quality of their services. The management were in the process of re-establishing the systems at service level. The provider should ensure audits are undertaken of the quality of information in care plans and the actual care delivered to ensure people experiencing care are receiving the agreed care and support they need. Any gaps in care or concerns should be actioned without delay. The management was in the process of updating the performance improvement plan and was working on some planned improvements. This should ensure that there is an improvement in the quality of the service and the outcomes for people using the service. The management should ensure that action plans are completed and appropriate action is taken in response to areas for improvement identified through audits and inspections, suggestions, concerns or complaints raised about the service. **(See recommendation 1)**

The management were responsive and took action to address the areas of concern we highlighted during the inspection about the staffing, lack of support for people on the first floor of the Lodge unit during the day and



poor practice relating to pressure area management. They drew up interim action plans and implemented them to minimise the risk to people using the service.

The provider should consider developing a more proactive approach to the improvement and development of this service. This should ensure that any improvements made are sustained and the quality of the care that people experience continues to get better.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The management should implement and establish quality assurance systems at this service that effectively assess the quality of the service they provide. The provider and management should take appropriate action to improve the quality of care and experience for people using this care service.

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

This requirement was made as a result of an upheld complaint investigation.

The provider must review their management of skin integrity of service users. This is to ensure that the skin care needs of service users are assessed on an ongoing basis. In order to do this you must:

- Provide training for all staff on skin care integrity.
- Be able to demonstrate that skin care assessment, planning, risk assessments and interventions are in place to care and support those service users at risk of developing skin care conditions. This should also take account of other conditions such as diabetes where skin integrity can be at risk and healing compromised.
- Where wound care plans are in place, these should adhere to dressing changes as per instructed.
- Where concerns are raised regarding skin care conditions, appropriate medical advice is sought without delay.
- Undertake audits of skin integrity care plans and wound care plans to monitor compliance.

This is in order to comply with: SSI 2011/210 regulation 4(1) (a) - requirement for the health and welfare of service users. And regulation 5 - requirement about personal plans; And regulation 15(b) (i) - requirement about

training.

Timescale to be met: one month on receipt of this report.

**This requirement was made on 13 December 2016.**

## Action taken on previous requirement

At the inspection in January 2017 we found that nursing and senior care staff were aware of who to contact and how to make referrals when they had concerns about people's skin integrity. The care plans and record keeping relating to pressure ulcer prevention and management in some cases was poor and did not reflect the care that was actually being provided. This would make it difficult to evaluate care and could lead to a lack of consistency to the care provided. The standard and quality of assessments, care planning and interventions to support those service users at risk of developing skin care conditions was difficult to assess due to the service's standard of records relating to this. Where concerns were raised regarding skin care conditions, appropriate medical advice was sought without delay. Staff should receive training to ensure they have good knowledge and understanding of pressure ulcer prevention and management and good communication and record keeping. This requirement remains in place and will be followed up 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 should ensure that appropriate and up to date documents are held where legal arrangements are in place relating to decision-making and powers of others to act on behalf of people using the service relating to their welfare or finances. Relevant information should be included in personal plans.

National Care Standards Care Homes for Older People. Standard 5: Management and staffing arrangements; and Standard 8: Making Choices

**This recommendation was made on 7 July 2016.**

### Action taken on previous recommendation

At the inspection of the service in January 2017 we looked at the progress the service had made. The service was addressing this recommendation and proposed to streamline records and the way staff recorded information. We advised that the information in care plans should be updated regularly to ensure it is current and accurate. The management and staff had continued to take steps to address this recommendation and ensure relevant information is recorded in the person's care plan.

### Recommendation 2

The provider should ensure that there is an up to date personal plan in place for each person using the service. This plan should detail the person's assessed health, welfare and safety needs and set out how staff will deliver

the support to meet these needs.

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

**This recommendation was made on 7 July 2016.**

#### Action taken on previous recommendation

At the inspection of the service in January 2017 we looked at the progress the service had made. We found the service had made some progress to address this recommendation and nurses and senior care staff had received training. Each person using the service had a personal care plan and staff were working to improve the information contained in these. The new electronic system which had been introduced was more flexible and was being adapted more to accommodate the needs of the people in the home. Management believed this would result in better care plans. Staff were finding the new system easier to use and were continuing to develop the care plans. This is an area which needs to be progressed. The service should take appropriate steps to ensure people experiencing care and their relatives are involved with their care and developing their care plan. Staff should develop person centred care plans which reflect the care and support the person needs and clearly sets out how this will be achieved. See quality of care and support

### Recommendation 3

Staff should review the personal plan with the person using the service and their representative at a minimum of once every six months and more frequently when indicated or requested.

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

**This recommendation was made on 7 July 2016.**

#### Action taken on previous recommendation

At the inspection of the service in January 2017 we looked at the progress the service had made. The overview of when care reviews were due and held was not up to date. Where reviews were recorded, the quality of information was inconsistent and in some cases could not be found. It was difficult to establish that regular care reviews took place for each person, who had been involved and what had been discussed and agreed. At this inspection we found the service had made insufficient progress to address this recommendation. The service should take appropriate steps to ensure people are involved in the regular review of their care and care and have the opportunity to discuss this formally.

### Recommendation 4

The service should provide activities that take account of each person's ability, needs and preferences to ensure that there is activity provision suitable for all who use the service. Individual life story, preferences, needs and abilities should be taken account of to inform person centred activities, support, and improve the provision of activity that is meaningful for all people using the service.

National Care Standards Care Homes for Older People. Standard 6: Support arrangements; and Standard 12: Lifestyle - Social Cultural and Religious belief or Faith

**This recommendation was made on 7 July 2016.**

#### Action taken on previous recommendation

At the inspection in January 2017, we found that information had been gathered about people's life histories and interests, although we found the activity provision had not developed further. At this inspection we found that activities were taking place however these had not been developed further. We found there were several factors which were constraining the activity provision which we discussed with the management. The service should

continue to look at ways people can be supported to take part in activity that is meaningful to them and maintain links with the community. See quality of care and support.

## Recommendation 5

Staff should ensure that all medication is administered and recorded in a safe and robust manner. Where if required medication is administered the effectiveness of medication should be assessed and recorded.

National Care Standards Care Homes for Older People. Standard 15: Keeping well - Medication

**This recommendation was made on 7 July 2016.**

### Action taken on previous recommendation

At the inspection of the service in January 2017 we looked at the progress the service had made. In addition to the Medication Administration Record sheet (MARs) the service had a protocol and recording sheet for 'if required' medications. These were for staff to record the reason for administering the medication and the effectiveness. These records were poorly completed. There was a lack of information in care plans relating to how staff could help and support people to alleviate their anxiety or agitation and in what circumstances to administer the 'if required' medication. There was some improvement in the topical administration records, however there were still gaps and staff practice needs to improve further. We found at this inspection that the service's protocol and recording sheet for 'if required' medications was not being followed. These were for staff to record the reason for administering the medication and the effectiveness. We also found that staff were not following good practice relating to the application of topical preparations and topical medication records.

## Recommendation 6

The provider should ensure that oral health assessments are carried out as part of the general assessment when people start using the service and that appropriate oral health care plans are in place.

National Care Standards Care Homes for Older People. Standard 14: Lifestyle - Keeping well - Healthcare Caring for Smiles - Guide for Care Homes, Better oral care for dependent older people. NHS Health Scotland 2013 <http://hub.careinspectorate.com/media/176816/nhs-caring-for-smiles.pdf>

**This recommendation was made on 7 July 2016.**

### Action taken on previous recommendation

At the inspection of the service in January 2017 we looked at the progress the service had made. Staff had received the Caring for Smiles training and the oral assessment documentation had been introduced. Staff had carried out oral assessments with people in the Heather, Lodge and Moy units. However these had not been reviewed since. It is recommended that the assessments are reviewed on a monthly basis. We could see examples where people had been referred to the dentist following assessment. The management and staff were to continue to carry out oral health assessments and monitor peoples oral care to ensure peoples oral health care needs are met. This should continue to be addressed with the development of more person centred care plans and regularly evaluations of peoples care.

## Recommendation 7

The provider should ensure that continence assessments are carried out and where needed, continence care plans are developed with people which support continence promotion.

National Care Standards Care Homes for Older People. Standard 14: Lifestyle - Keeping well - Healthcare <http://hub.careinspectorate.com/media/230696/updated-continence-pocket-guide.pdf>

**This recommendation was made on 7 July 2016.**

#### Action taken on previous recommendation

At the inspection of the service in January 2017 we looked at the progress the service had made. Continence assessments and been carried out and care plans were in place. Staff need to make sure, where relevant, that specific information about individual regimes and the type of product in use is recorded and kept up to date in the person's care plan. A lead person for continence had been identified in each unit to link with the NHS continence advisor. A continence champion role specification was in place and training available although the champion role within this service had not been established yet. There were plans to develop this role now a member of staff had been identified for this.

We found at this inspection there had been little progress made since January. This should continue to be addressed with the development of more person centred care plans and regularly evaluations of peoples care. Champion roles needed to be progressed within this service.

### Recommendation 8

The provider and management should assess the environment and develop an action plan to enhance the environment for people using the service with dementia or cognitive or visual impairment.

National Care Standards Care Homes for Older People. Standard 4: Your Environment

Is Your Care Home dementia friendly? Enhancing Healing Environments (EHE) Environmental Assessment Tool  
<http://hub.careinspectorate.com/media/302736/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf>  
[www.kingsfund.org.uk/dementia](http://www.kingsfund.org.uk/dementia)

**This recommendation was made on 7 July 2016.**

#### Action taken on previous recommendation

At the inspection of the service in January 2017 we looked at the progress the service had made. The service had carried out an initial audit. There were several areas of the home where the environment could be enhanced to make it easier for people to move about and find their way around; for example, by installing hand rails and by using contrasting colours and good signage. Action to address this recommendation was still being progressed. We found at this inspection there had been little progress made since January. The provider and management should assess the environment and develop an action plan to enhance the environment for people using the service with dementia or cognitive or visual impairment.

### Recommendation 9

The provider should review the current arrangements for reporting accidents to ensure that:

- a) All relevant accidents, incidents and adult protection concerns are reported without delay to the relevant authorities and that accurate records are maintained.
- b) On-going risk assessments are carried out and appropriate preventative action is taken with regard to individual needs relating to accidents and incidents.
- c) Management have a consistent approach to monitoring and analysing accidents and incidents, ensuring appropriate action is taken.
- d) Where appropriate, a review of care is arranged with relevant parties and interim arrangements are put in place where necessary to ensure the health and well-being of people using the service and staff.

National Care Standards Care Homes for Older People. Standard 4: Your Environment; Standard 5: Management and Staffing Arrangements; and Standard 9: Feeling Safe and secure

**This recommendation was made on 7 July 2017.**

## Action taken on previous recommendation

At the inspection of the service in January 2017 we looked at the progress the service had made. The service had been notifying the relevant authorities where accidents, incidents and adult protection concerns arose. In general these were reported promptly. It was difficult in some cases to establish the action the service had taken or what preventative measures had been put in place following an accident or incident. In some cases staff were able to provide a verbal account of action taken following an accident or incident however written documentation was incomplete or there was no record to support what had taken place. The way the service recorded accidents and incidents had to improve. At this inspection we found there had not been an improvement. We found there were a high number of unwitnessed falls. It was again difficult in some cases to establish the action the service had taken or what preventative measures had been put in place following an accident or incident. Staff were able to provide a verbal account of action taken following an accident or incident in some instances, however written documentation was incomplete or there was no record to support what had taken place. We had not received notifications of some accidents that we should have. See requirements under the quality of care and support theme of this report.

## Recommendation 10

The provider should ensure suitable plans and arrangements are in place for staff to undertake the necessary training and develop their champion roles within the service.

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

**This recommendation was made on 7 July 2016.**

## Action taken on previous recommendation

At the inspection of the service in January 2017 we looked at the progress the service had made. The organisation promoted champion roles and had training systems in place to support staff within these roles. This area had not progressed since the last inspection, however individual staff had been identified for the roles. The management planned to re-establish and build on the champion roles within the service now that the staffing within the home had stabilised and staff teams had been established. At this inspection we found there had been several changes to the staff and staff teams. The training and development of champions roles had not progressed.

## Recommendation 11

The provider should implement and establish quality assurance systems and processes that effectively assess the quality of the service they provide. They should make improvement plans and take action that has positive impacts on the quality of the service and the outcomes for people using the service, relatives and staff.

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

**This recommendation was made on 7 July 2016.**

## Action taken on previous recommendation

At the inspection of the service in January 2017 we looked at the progress the service had made. There were good quality assurance arrangements in place at service and organisational level. The quality assurance systems at home level were not being followed consistently and consequently was not being effective in sustaining and bringing about improvements in some areas. The service identified a number of areas for improvement through their own compliance audit.

At this inspection we found the management were in the process of re-establishing the systems at the service level. They proposed to carry out planned improvements. This should ensure that there is an improvement in the quality of the service and the outcomes for people using the service. The management should ensure that action plans are completed and appropriate action is taken in response to areas for improvement identified through audits and inspections, suggestions, concerns or complaints raised about the service.

## Recommendation 12

This recommendation was made as a result of an upheld complaint.

The provider should ensure they communicate effectively with service user's families or their representatives when accident or incidents occur.

National Care Standards for Care Homes for Older People. Standard 6: Support Arrangements

**This recommendation was made on 21 March 2017.**

### Action taken on previous recommendation

See quality of care and support theme of this report.

## Recommendation 13

This recommendation was made as a result of an upheld complaint.

The provider should ensure that when staff are completing accidents and incidents forms know how to complete them. Where sections on the form require relatives to be informed, this is acted on or a reason recorded for not doing so.

National Care Standards for Care Homes for Older People. Standard 5: Management and Staffing arrangements.

**This recommendation was made on 21 March 2017.**

### Action taken on previous recommendation

See quality of care and support theme of this report.

## Recommendation 14

This recommendation was made as a result of an upheld complaint.

The provider should ensure that where service users require support with finger and toe nail care the assessment and care plan are effective to ensure their nails are in a good and clean condition at all times. The provider should also ensure audits are undertaken of service users nail care plans to monitor compliance and action any concerns without delay

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

**This recommendation was made on 21 March 2017.**

### Action taken on previous recommendation

Staff had been reviewing and developing care plans for people on the new system. Appropriate arrangements were in place assess and monitor people's personal care needs. Staff should ensure assessments are carried out and develop person centred care plans which reflect the care and support the person needs. The information in

the care plan should clearly set out how this will be achieved. See quality of care and support

The provider should also ensure audits are undertaken of service users care plans to monitor compliance and action any concerns without delay. See quality of management and leadership.

## Recommendation 15

This recommendation was made as a result of an upheld complaint.

The provider should ensure that at all times where service users require support to maintain their hydration needs they should implement the following:

- Ensure that staff have a clear understanding about effective hydration for service users, and can demonstrate this through monitoring their practice.

- Ensure there is a hydration assessment and plan in place for service users who require support to maintain their hydration needs (and include service user's preference of fluids)

- Ensure that service users are provided with regular fluid intake.

- Ensure that there is documented evidence within care planning and risk assessment on action to be taken when service users are not achieving their daily target of fluid intake.

- Ensure that fluid balance charts are completed correctly and accurately.

Audits are undertaken of service user's hydration plans and daily fluid balance charts to monitor compliance and action any concerns without delay.

National Care Standards Care Home For Older people. Standard 6: Support Arrangements and Standard 5: Management and Staffing arrangements.

**This recommendation was made on 21 March 2017.**

### Action taken on previous recommendation

Appropriate arrangements were in place to assess and monitor people's hydration needs. Staff should ensure assessments are carried out and develop person centred care plans which reflect the care and support the person needs. The information in the care plan should clearly set out how this will be achieved. See quality of care and support.

The provider should also ensure audits are undertaken of service users care plans to monitor compliance and action any concerns without delay. See quality of management and leadership.

## Recommendation 16

This recommendation was made as a result of an upheld complaint.

The provider should ensure that where service users are identified with requiring support to meet their nutritional needs there is clear information of what that support should be and undertake regular overviews of their food intake. Ensure audits are undertaken of service users nutrition plans to monitor compliance and action any concerns without delay.

National Care Standards Care homes for Older People. Standard 13: Eating Well.



**This recommendation was made on 21 March 2017.**

#### Action taken on previous recommendation

Appropriate arrangements were in place to assess and monitor people's nutritional needs. Staff should ensure assessments are carried out and develop person centred care plans which reflect the care and support the person needs. The information in the care plan should clearly set out how this will be achieved. See quality of care and support

The provider should also ensure audits are undertaken of service users care plans to monitor compliance and action any concerns without delay. See quality of management and leadership.

### Recommendation 17

This recommendation was made as a result of an upheld complaint.

The provider should ensure that where service users require support to maintain their skin integrity, skin care planning should include all assessment information. Emollients and creams prescribed for service users should be administered as prescribed and recorded on the correct documentation. Ensure audits are undertaken of service users skin care plans to monitor compliance and action any concerns without delay.

National Care Standards Care Homes for Older People. Standard 14: Keeping Well - Health care.

**This recommendation was made on 21 March 2017.**

#### Action taken on previous recommendation

At this inspection, the administration and recording practices relating to emollients and creams prescribed for service users was poor. The records relating to skin care planning were incomplete and not kept up-to-date. See recommendations and requirements under quality of care and support.

### Recommendation 18

This recommendation was made as a result of an upheld complaint.

The provider should have systems in place to ensure there is effective cleaning of service user's equipment. Regular checks should be undertaken of equipment and replacements provided when damaged.

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

**This recommendation was made on 21 March 2017.**

#### Action taken on previous recommendation

The service had arrangements in place for the cleaning and checking of service user's equipment. The provider needs to ensure that effective systems are in place to monitor and ensure these arrangements are carried out and equipment is kept clean and in a good state of repair.

### Recommendation 19

This recommendation was made as a result of an upheld complaint.

The provider should ensure that when service users require support to manage skin care there is an appropriate plan put in place.

If service users experience stressed and distressed episodes when receiving this support, staff should also ensure there is an assessment of pain management is undertaken to support the service user.

Where professional guidance has been provided to staff regarding any interventions to assist in reducing stressed and distressed episodes for service users, this should underpin all care plans.

National Care Standards Care Homes for Older People. Standard 14: Keeping well – health care ; and Standard 6: Support arrangements

**This recommendation was made on 21 April 2017.**

## Action taken on previous recommendation

At this inspection we found poor records relating to wound care and pressure ulcer prevention. The management and staff were carrying out assessments and need to monitor peoples care to ensure their care needs are met. This should continue to be addressed with the development of more person centred care plans and regular evaluations of peoples care. See requirements under quality of care and support.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Enforcement

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

## Inspection and grading history

Date	Type	Gradings	
19 Jan 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
7 Jul 2016	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

Date	Type	Gradings	
15 Mar 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
15 Jun 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
16 Feb 2015	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
18 Jul 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Feb 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
11 Oct 2013	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
25 Jun 2013	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
26 Nov 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good

Date	Type	Gradings	
23 May 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
5 Dec 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 3 - Adequate
16 May 2011	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 4 - Good 3 - Adequate 3 - Adequate
16 Dec 2010	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate Not assessed

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