

Springfield Bank Nursing Home Care Home Service

36/38 Cockpen Crescent
Bonnyrigg
EH19 3PN

Telephone: 0131 660 5060

Type of inspection: Unannounced
Inspection completed on: 8 June 2017

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Care service number:
CS2011300760

About the service

Springfield Bank Nursing Home is a care home which provides care and accommodation for up to 70 older people. There were 63 residents in the service during the inspection. The provider is HC-One Limited.

The home has been registered with this provider since 31 October 2011.

The home is situated on the outskirts of Bonnyrigg in Midlothian.

Accommodation is within two units named Dalhousie and Pentland. Each has sitting rooms and a dining room. All of the care home is on a ground floor around a fully enclosed courtyard garden. Some of sitting rooms have patio doors to the garden.

All bedrooms have en-suite toilet and hand basin facilities. Bathing facilities and additional toilets are available throughout the home.

An extract from the philosophy of care states that the aim of the provider is to be "the provider of the kindest homes in the UK with the kindest and most professional staff, where each and every one matters and each and every one can make a difference. We will strive to provide all our residents with the highest standards of individualised care. We will do this within a warm, friendly, homely and supportive environment where quality of life is paramount and where residents' rights, habits, values and cultural background are safeguarded and respected."

What people told us

For this inspection, we received the views from 21 of the 63 people using the service. We sent 40 questionnaires to people who use the service and received 7 back. Six residents said overall they were happy with the quality of care they received in the home. One resident said they strongly disagreed with this statement.

Some anonymous comments made in the questionnaires included:

" Agency staff are not inducted and are unfamiliar with the homes policies. I have encountered on occasions extreme disrespect".

There were mixed views about the service and some residents raised that some important aspects of the service such as consultation and feeling safe were not in place. Two resident disagreed that they feel safe and secure in the home, or that the home is clean, hygienic and free from smells, and three disagreed that there are enough trained and skilled staff on duty at any point in time to care for residents and also disagreed that their privacy was respected by staff and other residents. Two residents disagreed that they were asked for their opinions about how the home can improve.

There were also mixed views from residents we met during the inspection. Comments made to us included: "It's ok to be here, girls do the best that they can. Feel the place is cleaner (recently) and the staff are more organised. Sometimes I don't like the food but I can ask for something else.",

"I've not been here long. I've no complaints.",

"Like it here, they keep telling us this is where we stay. No-one troubles you or rubs you up the wrong way. It is quite smooth at the minute. Nobody speaks rough to you, it's a busy place but nice.",

" Alright here, staff are alright. Staff are fine, don't get in your road, food is palatable.",

" Care alright, staff are alright, sometimes food ok, sometimes (not). Could be worse. I am able to speak up if I am unhappy.",

17 relatives returned completed care standard questionnaires. We spoke with 8 more relatives during our inspection. They told us:

" The home could be better".

" I don't think my relative gets enough to drink. Staff approach without speaking and he jumps, staff say that is aggression. I sent my relative here to have a good quality of life. The quality of the food is not good. The home can be smelly but think that has improved. I see other people crying and I can't leave them to cry."

" The inconsistency of staff can mean things do not get carried out, i.e re appointments, this does not get finished. Lack of staff, resulted in my friend sitting in their room with an unmade bed until 5pm.",

" The home is going through a lot of changes at the moment. The manager and deputy manager have both left as have a number of care staff. A temporary manager is in place, just now and is doing a great job of running the home and putting new and improved plans into place.",

"Now that the management has changed the home is laid out more attractively and the staff look happier. The temporary manager is very nice and sought me out to ask my opinions."

From speaking with residents and relatives we heard that some said they could see the beginnings of changes being made to the atmosphere, environment and how staff interacted with them. This had taken place within the last 6 or 7 weeks. However they felt that there was still need for involvement and communication to improve.

Self assessment

We are not asking services to provide self assessments this year while we review how we inspect services in the future. We used information supplied in the last self-assessment submitted to us in February 2016 to help inform this inspection.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

Overall we saw that residents general appearance had improved. We also found the atmosphere of the home was more welcoming for visitors and created less stress for residents. This was an encouraging sign. Although this had positive benefits for residents and their families these changes had just been made, further changes were needed to improve the care and make sure the changes can be sustained over time.

At previous inspection we found the care plan information did not match residents current needs. New care plans documents had been introduced. While we had hoped that staff would review and reassess residents to make sure the care plan needs and residents needs matched this was not the case. We found that the same information from the old documents had been transferred into the new document. This meant that some residents had needs but no care plan. Some care plans did not contain the detailed information that staff needed to help them care for residents and some important information was contradictory in parts of the plan. For example one resident had a do not attempt cardio-pulmonary resuscitation (DNACPR) form but in another part of the plan said the resident did not wish to discuss resuscitation and would be resuscitated should this be needed. See requirement 1.

When we looked at how topical medicines records, which record treatments applied by staff such as ointments and creams, we found that there had been improvements. Staff had reviewed their use with the GP. Records showed that staff were better at recording when they were applying topical medicines and that this was in line with the prescribed treatment frequency. We have met a requirement made at previous inspection.

Some changes had been made to where residents ate their meals. This had resulted in a less congested and noisy dining experience. The manager said it also meant that residents received more assistance if they needed it and felt less confined and upset by a large crowded dining space. The regional manager told us she felt the changes had meant residents experienced less unplanned weight loss.

We also looked at how the provider meets dietary and nutritional needs of people living in Springfield Bank. Overall we found that staff had made efforts to try to improve this but there were still gaps in the systems and processes which affected outcomes for residents. For example high calorie snacks for residents who needed them were more readily available but residents access to these could vary if staff did not return the snack box to the kitchen for replenishment. We also found that the likes and dislikes of residents had not been taken into account when planning the menu of the home. One relative commented that their relative was always brought a milkshake as an alternative although they did not like milk.

Better understanding of individualised food fortification and textured diets was needed to ensure that the interventions being made were correct, monitored and effective in achieving the aims. For example was food fortification helping to increase weight, or was modifying food helping to prevent choking and aspiration. We found information was out of date in the kitchen and modified diets needed to be individualised. Residents having their intake of drinks recorded were not having the charts totalled. This means there was no evaluation to see if the care given was helping to prevent dehydration. We heard from families that they were supplementing residents diet by bringing in food that they liked because the menu did not suit them. Families told us that this was maintaining their relatives weight although they were not gaining weight. For some residents with a decreased appetite there were no clear strategies in place to help them See requirement 2.

We looked at how some residents displayed stress and distress and their care plans. We found that the care plans needed to be more detailed and consider triggers, de-escalation and needed to look at how the service could use activities at key times for some residents to alleviate the stress and distress they experienced. See requirement 3.

We reviewed the care plan of a resident who had received end of life care. The care plan did not show that care assessments had been undertaken when new symptoms arose. A pain assessment chart in the file was blank, indicating that an assessment had not been carried out. This was especially significant because of the residents difficulties in communicating their needs. We found that staff needed to feel more confident to use pain assessment scales when these were indicated. See requirement 4 & 5.

At this inspection we looked at how the home managed financial transactions for residents pocket- money. We found that transactions in and out were recorded and receipted. However we found that for one resident an assessment on admission did not include their finances. The provider needs to ensure that all aspects of residents care are assessed and included in their care.

Although a register of power of attorney and guardianship orders was kept, when we looked at records we found that in some cases legal authorities were still not well understood. This meant that the wrong person could be consulted about care. We discussed with the manager that staff needed more guidance and direction to help them understand who should be consulted.

Residents told us that they did not receive a bath as often as they would like. Some relatives also raised this with us. We saw from care reviews that some residents and relatives asked for more baths and showers. We also saw that relatives had asked for nails to be cared for or shaving to be carried out more frequently. We looked at 7 bathing records and found a bath or shower was recorded once a week or less. This has been raised with the service over several inspections. See recommendation 1.

While some staff training had taken place, in dementia care and palliative care for example, staff needed support to implement the training into their everyday practice. There were lots of new staff in the home and aspects of workforce planning which need to be considered to make these improvements. We have highlighted some of these in Quality of Staffing.

Requirements

Number of requirements: 6

1. The provider must ensure that service users who are assessed as having high care needs (such as short or critical care need intervals or high dependency levels) receive sufficient care and support to meet their health and personal care needs. This must include but is not restricted to:

- (i) sufficient and prompt assessment and treatment of any specific injury or health condition
- (ii) clear and sufficient care recording of care needs and how these are to be met (care plans)
- (iii) sufficient nursing review of any specific injury or health condition
- (iv) ensuring that care is delivered and is appropriate and of sufficient quality to meet service users' needs
- (v) regular nursing oversight of care commensurate to service users' health and support needs

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) - Welfare of service users. In making this requirement National Care Standards Care homes for Older People, Standard 14 - Keeping Well - Healthcare and Standard 13 - Eating Well.

Timescale: By 31 August 2017

2. The provider must ensure that the menu meets the dietary and nutritional needs of those living in the service. In order to achieve this the provider must:

- (i) develop the menu offered within the service to include a range of high calorie snacks available during the day, evening and night, and alternative menu choices for service users who do not like the scheduled menu choice

- (ii) advertise the snack and alternative meal menu in a way that is accessible for service users and staff
- (iii) develop guidance and information for staff on adding energy and nutrients to foods for those at risk of under nutrition, ensuring that all staff are clear about their roles and responsibilities in dietary provision
- (iv) ensure that service users who are at risk of under nutrition have a person centred care plan that clearly describes the strategies and care in place to encourage them to eat well, and that care plans are implemented and regularly evaluated
- (v) ensure that any monitoring and recording of service users' dietary intake (food charts or diaries) are fully completed and evaluated within the care planning system.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) - Welfare of service users.

In making this requirement National Care Standards Care homes for Older People, Standard 14 - Keeping Well - Healthcare and Standard 13 - Eating Well.

Timescale: By 31 August 2017.

3. Where residents are prescribed medication to alleviate episodes of distress and/or agitation staff should have information and guidance about the effective way to use the medication. Guidance should be person-centred and include:

- a description of signs and symptoms that may indicate need for medications
- the range of interventions to be considered or used before the use of medicine
- guidance on how and where to record the effect of the medication
- how often the medication and its effects should be reviewed. This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) - Welfare of service users. This also takes into account National Care Standards, Care Homes for Older People, Standard 14 - Keeping Well - Healthcare.

Timescale: By 31 August 2017.

4. The provider must ensure that residents who are receiving Palliative Care within the care home, have an effective End of Life care plan in place, that provides detailed information for staff on how to support residents effectively. In order to achieve this the provider must:

- Undertake an assessment of the resident's needs who is receiving End of Life care
- Ensure psychological, social and spiritual needs are detailed
- Detailed agreement with the resident receiving End of Life care including family members
- Details of pain assessment and management
- Coordination of the plan
- Ensure that staff have the appropriate Palliative care training to assist them to implement End of Life care planning

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

Timescale: To be completed by 31 August 2017.

5. The provider must be able to demonstrate that where a resident is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this and any resulting treatment is recorded. The systems must include provision for the training of staff to ensure that where residents are unable to communicate the fact that they are in pain, staff nevertheless have the skills and knowledge to be able to respond appropriately.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI 2011/210 regulations 4(1)(a), 9(2)(b) and 15(b)(i).

Timescale: To commence on receipt of this report and be completed by 31 August 2017.

6. All staff must receive training and support to help them implement the training in caring for people living with dementia. In order to do so

- staff skills must be reviewed in order to identify a level and depth of training needed
- a training plan must be agreed
- the training plan must be implemented
- a suitable system of monitoring must be put in place to ensure staff implement training to improve their practice.

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

Taking into account : National Care Standards, Care Homes for Older People, Standard 5 - Management and Staffing Arrangements and Scotland's National Dementia Strategy 2010.

Timescale : On receipt of this report the provider must send an action plan with timescales for completion of this work. The work must commence no later than 4 weeks from receipt of this report and be completed by 7 July 2017.

Recommendations

Number of recommendations: 1

1. The manager should make sure that residents personal plan (care plan) and review records are suitably detailed to show how often a resident would like to have a shower or bath. This should include consideration of a residents family and or representatives views. Thereafter, accurate records should be kept to demonstrate that this is being achieved. Also in situations where it is later found that the hygiene need is not being met, the reason for this must be clearly recorded and remedied if at all possible.

National Care Standards Care Homes for Older People Standard 6 Support arrangements and Standard 8.1 Making choices.

Grade: 2 - weak

Quality of environment

Findings from the inspection

Generally the home looked clean. There were mixed views about whether the home had unpleasant smells.

There were mixed views from the provider, staff, residents, relatives and professional visitors whether the home suffered from being malodorous. We found one bedroom with significant malodour due to a sewage drainage problem. This was investigated and resolved during the inspection. We also found a residents bedroom where

the malodour source was a bed mattress and this had not been detected during checks of mattresses. We concluded that mattress checking procedures which we had asked that the home introduce had been ineffective in meeting this residents need for a pleasant, odour free environment.

Residents had memory boxes attached to the wall outside their bedrooms. Some boxes were filled with items which were meaningful to each resident. If residents chose to use these, it can help them find their bedroom or can give staff ideas for topics of conversation. Some relatives commented to us that more signage was needed to help residents find their way around the home independently.

The maintenance man kept good records of safety checks of equipment. These included hygiene checks of water, and gas safety checks. There were records of important safety checks of equipment used to help assist residents such as hoists and stand-aids. Hoist storage remained problematic. Changes to the home to improve storage had not taken place as planned.

As at previous inspection we continued to see that wheelchairs were dirty. We also saw clean gloves and aprons being stored in a dirty area. We looked at possible solutions with the manager, who has agreed to address these issues.

The home had eight bathroom/shower rooms, we found that they had stopped using three of these. The provider asked to change the rooms to stores. This meant there were not enough bathing facilities. We have asked the provider to reinstate at least two of the bath/shower rooms for residents use which they have agreed to do.

In 2016 the Care Inspectorate were told of refurbishment plans to upgrade the home for residents. This has not yet taken place. At this inspection the regional manager discussed with us that refurbishment was still planned and agreed to send a plan of proposals to the Care Inspectorate once consultation with the residents and relatives had taken place. See requirement 1.

Requirements

Number of requirements: 1

1. The provider must send a plan of the proposed refurbishment of the home (including provision of adequate suitable bathing and showering facilities), with timescales, to the Care Inspectorate. This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a). National Care Standards Care Homes for Older People, Standard 4 Your environment.

Timescale: By 31 August 2017.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We looked at staff recruitment. We found that generally files showed an organised system and process for checking prospective staff are suitable for the workplace. From the 5 files of recently recruited staff we noted the following areas for improvement were needed.

- We found that staff interviews were not conducted in line with the providers policy to have two people conduct the interview.
- We also found that there were no criminal records checks carried out in the country of origin when prospective staff had recently lived or worked abroad.
- A new electronic reference system meant that it was not possible for us to know who had provided reference information and if the requests for employer references had been sent to and received from an employer address.

We highlighted these issues to the regional manager, as the providers representative to take forward and resolve and they have agreed to do so. We will follow this up at the next inspection.

At the time of the inspection there was a temporary manager in post, and a new deputy manager had been appointed but had not yet started. New staff nurses had also recently taken up post. Staff turnover was 30% for carers. This meant that there were lots of new staff in the home who needed support through 6 months of the company's induction. The home still relied on agency nurses and carers. Care plans should be clear and help to guide and direct staff. We found it was difficult for staff to deliver the care that residents needed because they did not know them and the recorded information took a long time to read and could be unreliable.

From looking at how staff worked and speaking with them, we concluded that more information for agency nurses was needed to help them know residents needs quickly. Each residents care plan took over one hour to read and this was not practical for nurses. The information within the care plans was not reliable for giving the up to date and consistent care that residents needed.

The service used a tool to help calculate staffing by resident needs. However we found that the hours calculated for hours per day did not capture the time that staff needed to spend with some residents. We also found that the tools did not consider the changes to the role of the nurses within the units and the reliance of agency nurses.

We have also taken into account resident and relative comments about staffing.

We saw that staff showed dedication and willingness to improve the home. Some staff came into the home to help on their days off. While this is commendable it is not sustainable over time. The provider needs to make sure that staffing is enough to ensure they meet residents needs. See requirement 1.

Previous inspection and an upheld complaint investigation identified the need for staff to receive training, and support to help them implement the training, in caring for people living with dementia. We noted that some training had been carried out but more work was needed to support staff to implement this training in everyday practice. The timescales for the requirement previously made had not yet been reached and the requirement remains. See requirement made in Quality of Care and Support.

Requirements

Number of requirements: 1

1. The provider must, having regard to the size and nature of the service, the statement of aims and objectives and the number and needs of the service users ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users. This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 15 Staffing.

Timescale: By 31 August 2017.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

Since the last inspection the provider had made changes to the management of the home. An interim manager had been appointed while a new manager and new deputy manager was being appointed.

At the time of the inspection the interim manager had been in post for 6 weeks. The manager had built-up relationships with staff. Staff we spoke with were positive about the managers approach and said she listened to their concerns and felt she was fair.

We also received 13 staff questionnaires. Most staff said that they did not or did not know if they received regular individual supervision with their manager. Some care staff told us that they did not contribute to support planning as it was not part of their role. We thought this showed a good example of how the system to give and record care did not operate effectively and care staff did not contribute to or consult with the care plans. Some staff said that they were not supported in their new role or received mentorship or supervision. Staff said staff meetings were not held.

The new manager had made changes to the dining room set up. We saw this had changed how staff worked and helped them to move away from a task-orientated approach.

Feedback from relatives suggested that there was work to be done to involve relatives in developing the service and asking for ideas and feedback. Eight relatives said that overall they were happy with the quality of care their relative received at the home. Comments which they made in the questionnaires suggested that they were unhappy with some aspects of the care.

Five relatives disagreed that they were overall happy with the quality of care their relative received at the home and one relative did not know. some aspects of care which families felt needed to be improved were:

- meals were unsuitable and did not suit what older people wanted. "Food is a lottery depending on carer"

- a promised refurbishment programme which has not happened.
- lack of way finding signage to help residents find their rooms.
- their relative has been denied night-time assistance to access toilet or requests are ignored.
- call bells being unanswered for a considerable period
- residents need more monitoring from staff
- the home is not free from smells
- lack of staff
- loud unsuitable music in sitting room
- no sign of staff interaction on a regular basis

many respondents felt that staff did not have the knowledge and skills to care for their relative. One relative said: "If asked to change a resident, staff do not respond and seem to want to help them at specific times, not when required."

Some relatives commented that the temporary manager seemed to be making improvements. We saw that some improvements were being made and more improvements were planned. The provider needs to make sure that sufficient improvements are made to the quality of care and support, environment, staffing and management and leadership. Comments from residents and relatives reflected our findings.

" My relative has Alzheimer's. I don't think staff have much training if any for Alzheimer's. He has to go to bed when it suits staff the same applies to getting up."

" I always feel the care home could do with more staff as they are doing a tough job under the circumstances".

" Home is always quite clean. Always strong odours. Food is non-negotiable, take what you get. Time factor in meal process too quick. Serious dementia is not understood. Mashed food and drugs for aggression. Up until now staff very unhelpful, look away when you might require assistance. There was a period of hostility from staff although some have gone and it seems better. No sign of staff/resident interaction on a regular basis. If asked to change a soiled resident, staff do not respond and seem to want only to change at specific times, not when required."

" Home appears to be short-staffed at times. My relative needs regular checking and assistance with toileting needs. I'm not sure that this happens, as at times there is evidence of this not happening". The (May) most recent relatives meeting to discuss the service was poorly conducted and we are still awaiting the minutes of that meeting".

When we discussed some of these comments with the manager and regional support manager, who represented the provider, their opinion was that the comments made to us did not reflect the current situation in the home. However this was not the view of all of the residents and relatives we spoke with. We have evaluated the management and leadership as adequate to reflect the most recent improvements made by the temporary manager.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The provider must ensure that service users who are assessed as having high care needs (such as short or critical care need intervals or high dependency levels) receive sufficient care and support to meet their health and personal care needs. This must include but is not restricted to:

- (i) sufficient and prompt assessment and treatment of any specific injury or health condition
- (ii) clear and sufficient care recording of care needs and how these are to be met (care plans)
- (iii) sufficient nursing review of any specific injury or health condition
- (iv) ensuring that care is delivered and is appropriate and of sufficient quality to meet service users' needs
- (v) regular nursing oversight of care commensurate to service users' health and support needs

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) - Welfare of service users. In making this requirement National Care Standards Care homes for Older People, Standard 14 - Keeping Well - Healthcare and Standard 13 - Eating Well.

This requirement was made on 24 August 2015.

Action taken on previous requirement

There was insufficient improvement in care to meet this requirement. See Quality of Care & Support.

Not met

Requirement 2

The provider must ensure that accurate records for administrations of topical medicines are maintained and that topical medicines are given according to the instructions on the prescription.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) - Welfare of service users.

This requirement was made on 29 January 2015.

Action taken on previous requirement

There was sufficient improvement in the administration and recording of topical medications for this requirement to be met. See Quality of Care and Support.

Met - outwith timescales

Requirement 3

The provider must ensure that the menu meets the dietary and nutritional needs of those living in the service. In order to achieve this the provider must:

- (i) develop the menu offered within the service to include a range of high calorie snacks available during the day, evening and night, and alternative menu choices for service users who do not like the scheduled menu choice
- (ii) advertise the snack and alternative meal menu in a way that is accessible for service users and staff
- (iii) develop guidance and information for staff on adding energy and nutrients to foods for those at risk of under nutrition, ensuring that all staff are clear about their roles and responsibilities in dietary provision
- (iv) ensure that service users who are at risk of under nutrition have a person centred care plan that clearly describes the strategies and care in place to encourage them to eat well, and that care plans are implemented and regularly evaluated
- (v) ensure that any monitoring and recording of service users' dietary intake (food charts or diaries) are fully completed and evaluated within the care planning system.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4 (1) - Welfare of service users.

In making this requirement National Care Standards Care homes for Older People, Standard 14 - Keeping Well - Healthcare and Standard 13 - Eating Well.

This requirement was made on 29 January 2015.

Action taken on previous requirement

There was insufficient improvement in care to meet this requirement. See Quality of Care & Support.

Not met

Requirement 4

Where residents are prescribed medication to alleviate episodes of distress and/or agitation staff should have information and guidance about the effective way to use the medication. Guidance should be person-centred and include:

- a description of signs and symptoms that may indicate need for medications
- the range of interventions to be considered or used before the use of medicine
- guidance on how and where to record the effect of the medication
- how often the medication and its effects should be reviewed. This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4 (1) - Welfare of service users. This also takes into account National Care Standards, Care Homes for Older People, Standard 14 - Keeping Well - Healthcare.

This requirement was made on 6 July 2016.

Action taken on previous requirement

There was insufficient improvement in care to meet this requirement. See Quality of Care & Support.

Not met

Requirement 5

The provider must ensure that residents who are receiving Palliative Care within the care home, have an effective End of Life care plan in place, that provides detailed information for staff on how to support residents effectively. In order to achieve this the provider must:

- Undertake an assessment of the resident's needs who is receiving End of Life care
- Ensure psychological, social and spiritual needs are detailed
- Detailed agreement with the resident receiving End of Life care including family members
- Details of pain assessment and management
- Coordination of the plan
- Ensure that staff have the appropriate Palliative care training to assist them to implement End of Life care planning

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

This requirement was made on 21 October 2015.

Action taken on previous requirement

There was insufficient improvement in care to meet this requirement. See Quality of Care & Support.

Not met

Requirement 6

The provider must be able to demonstrate that where a resident is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this and any resulting treatment is recorded. The systems must include provision for the training of staff to ensure that where residents are unable to communicate the fact that they are in pain, staff nevertheless have the skills and knowledge to be able to respond appropriately.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI 2011/210 regulations 4(1)(a), 9(2)(b) and 15(b)(i).

This requirement was made on 21 October 2015.

Action taken on previous requirement

There was insufficient improvement in care to meet this requirement. See Quality of Care & Support.

Not met

Requirement 7

All staff must receive training and support to help them implement the training in caring for people living with dementia. In order to do so

- staff skills must be reviewed in order to identify a level and depth of training needed
- a training plan must be agreed
- the training plan must be implemented
- a suitable system of monitoring must be put in place to ensure staff implement training to improve their practice.

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

Taking into account : National Care Standards, Care Homes for Older People, Standard 5 - Management and Staffing Arrangements and Scotland's National Dementia Strategy 2010.

This requirement was made on 6 July 2016.

Action taken on previous requirement

Some staff training had taken place, however staff needed to be supported to put this training into practice. There was insufficient improvement in care to meet this requirement. At the time of the inspection the timescales for meeting this requirement had not been reached. The timescale of 7 July 2017 to meet this requirement remains. See Quality of Care & Support.

Not met

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

Previous recommendations

Recommendation 1

The manager should make sure that residents personal plan (care plan) and review records are suitably detailed to show how often a resident would like to have a shower or bath. This should include consideration of a residents family and or representatives views. Thereafter, accurate records should be kept to demonstrate that this is being achieved. Also in situations where it is later found that the hygiene need is not being met, the reason for this must be clearly recorded and remedied if at all possible.

National Care Standards Care Homes for Older People Standard 6 Support arrangements and Standard 8.1 Making choices.

This recommendation was made on 18 August 2016.

Action taken on previous recommendation

There was insufficient improvement in care. There were insufficient bathing facilities in the home. The provider plans to take action to increase available bathing and showering facilities. We have made this recommendation again. See Quality of Care & Support.

Recommendation 2

The service should carry out staff development activity on first aid, assessment and care of scald injury. National Care Standards, Care Homes for Older People Standard 5-Management and Staffing Arrangements.

This recommendation was made on 24 August 2015.

Action taken on previous recommendation

We were satisfied that sufficient progress had been made to ensure first-aid was available in the home.

Complaints

Please see Care Inspectorate website (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	
7 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
6 Jul 2016	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
2 Jul 2015	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
29 Jan 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
12 May 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

Date	Type	Gradings	
13 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
30 Apr 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
29 Nov 2012	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
1 May 2012	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good

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

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