

South Lodge Care Home Service

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Ayr
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Service provided by:
South Ayrshire Council

Service provider number:
SP2003003269

Care service number:
CS2003001315

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 This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

South Lodge is a purpose-built residential care home located close to the seafront and approximately half a mile from the centre of the town of Ayr. The service is provided to older people and can accommodate up to 39 residents.

The home is a three-storey building with three residential units, one on each floor. The rooms are all single although there are no en-suite facilities. The property has ramped access and a passenger lift. The surrounding gardens and grounds are level.

The service is managed by South Ayrshire Health and Social Care Partnership. The overall aim of South Lodge is: 'To promote and provide a suitable homely environment for older people, to enable them to live as independently as possible'.

What people told us

Most comments we received on feedback for the service indicated people were satisfied with the service provided. Some people stated they were happy, particularly with the staff.

Several positive comments were made on how the new manager had made a positive impact on the short time she had been in the service, which residents and relatives felt had lessened some of their anxieties. Relatives also commented they noticed staff were 'not so on edge' with the new manager being present.

Some direct comments included:

'The carers all do their best to cater for all the needs of my relative. I think there are problems with the management team. appropriate training in care plans - filling them in, their purpose in helping all staff and in understanding outcomes for residents. I feel that all staff, if not all, feel let down by management. I don't think they feel they get support. The manager has repeatedly promised changes - quite specific changes - and then failed to do anything. One example was a promise to have a board clearly displayed to show residents and visitors the names and photographs of all staff. At this moment in time, there has been a reshuffle and we have a new manager for a six month period. I am extremely happy about this arrangement and have spoken at length to the new manager. I feel that she understands what needs to be done to improve things for residents, staff and relatives.'

'Staff are sensitive, kind and empathetic to our relative's needs and that of our family, offering support where needed. We feel that the care home has moved forward in its communication with relatives re issues concerning the wellbeing of our relative. We have also noted a general improvement in the environment and have noted that residents have a good dining experience in a calm, unhurried atmosphere where staff can be seen offering choice and assistance.'

'Happiest as expected.'

'Not much more they can do. I get looked after 100%.'

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection, we used SOFI 2 to observe staff interactions with three individual residents. We observed some positive interactions when staff were in the vicinity of residents, otherwise there remained quite a task orientated approach to how staff worked with and supported residents.

Self assessment

We did not request a self-assessment prior to this inspection. We reviewed the service development plan which was designed to make improvements to outcomes for service users, and enhance monitoring of systems to support this.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

Evidence that some attempts to update care plans had been introduced. However, there was no consistent approach to care planning. Despite the knowledge staff have of each resident, this was inconsistently used whether to update assessment tools or assist in the creation of an agreed outcome focused care plan. Full implementation of the keyworker role, would greatly improve and enhance the quality of care and support provided to residents.

(see requirement 1 and recommendations 1 and 2)

There remained ongoing issues relating to medication practice within the home. Inaction to address poor medication practice retained the risk to residents and did not seek to support learning and accountability for staff to ensure practices for residents to receive their medication safely were implemented.

(see requirement 2)

Appropriate communications and sharing of information relating to resident information was not always clearly relayed to all staff on duty. Keyworkers were lacking in ability to undertake the role to enhance the lives of residents. This had the potential to compromise the health and wellbeing as well as the privacy, dignity and safety of residents.

(see recommendation 3)

Gaps in staff knowledge and understanding of best practice guidance from the Mental Welfare Commission had the potential to compromise the welfare, rights and privacy of residents. Staff should be aware of how this relates to their roles in protecting residents.

(see recommendation 4)

Although this practice was reduced, we observed times where residents were left in areas where they were left unattended without clear access to staff for support. This created some anxiety and frustration for residents when they felt unable to have their needs met at the relevant time.

Observation of some moving and handling practice had identified where practices had potential to increase risk of harm to residents. Although this had previously been highlighted to management, appropriate training had not been provided for staff to promote safer practice.

Whilst residents' health needs were supported by community health professionals, inclusion of residents in the local community was limited. Whilst outings in the minibus continued to be facilitated, there was no opportunity for residents to leave the bus until they returned back to the home. Some residents stated it was 'fine as they could get out of the home' whilst others were unhappy as sometimes it felt pointless.

Two requirements were made during previous inspections, which are evaluated later in the report, relating to care planning and medication. These requirements are again repeated. Several recommendations made during the previous inspections relevant to this quality theme are evaluated later in this report. Three of these recommendations are also repeated.

Requirements

Number of requirements: 2

1. The provider must improve the assessment of resident needs and care planning processes to reflect the current needs of residents, in accordance with best practice guidance, with evidence on how service user needs are being consistently met with the plan being followed on a daily basis. This includes:

- a) completion of the appropriate best practice assessment tools and personal risk assessments, including, but not limited to MUST (a nutritional screening tool), falls risk assessment and pressure area care;
- b) implementation and updating of care planning documentation for all residents including advice provided by health professionals;
- c) continuation on development of the content in personal plans, to ensure plans fully address and provide staff with guidance on how needs of residents are to be met, in accordance with individual preferences. This includes any legal documentation such as Adults with Incapacity certificates, Do Not Resuscitate, Power of Attorney information; and
- d) ensuring use of a robust care plan audit tool to ensure care plans are monitored regularly.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users and Regulation 5 - Personal Plans.

Timescale for implementation: By 31 December 2017.

2. The provider must:

- a) set up an effective, safe storage system for medication in accordance with best practice and current legislation. This includes the daily monitoring of temperatures within the environment in which they are stored to promote maximum efficacy of the medication and handling of medication keys;

(b) ensure there is no ambiguity around the instruction on the prescription, medication record, dispensing label and care plan information. Handwritten amendments must be appropriately recorded on the MAR chart;

(c) ensure that staff have received appropriate training to support them to safely administer medications and understand accurate information, which allows them to monitor residents' medication and the condition it has been prescribed for. This might include when a medicine is started, who prescribed it, what it is for, where it has to be applied (ointment, eye drops, etc.), how long it has to be used for, when it should be reviewed, any tests or monitoring needed or if an accompanying behavioural chart, pain chart etc., is needed. Use of carers notes should reflect when medication has not been administered or when medication has been administered outwith routine administration times. This should be supported by the use of an 'as required administration protocol';

(d) ensure medication is administered as instructed by the prescriber. In order to achieve this, they must ensure that medication is available at the care service at the time it is due for administration. Where a regular medicine is not given as prescribed a reason for this must be clearly annotated on the MAR chart;

(e) ensure there are accurate and current records of medicines [including stock balances] for the use of service users. This includes medicines which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service; and

(f) ensure medication policy reflect best practice, appropriate legislation and is implemented within the service.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people and Scottish Statutory Instrument 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents and National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements and Standard 15: Keeping well - medication.

Timescale for implementation: By 30 November 2017.

Recommendations

Number of recommendations: 4

1. Planning and delivery of support should consider the needs, beliefs and interests of residents to assist them to achieve their potential.

National Care Standards, care homes for older people - Standard 6: Support arrangements, Standard 8: Making choices and Standard 14: Keeping well - healthcare.

2. A consistent staff team should be available who are appropriately trained to complete appropriate documentation, including assessment tools to meet the needs of residents.

National Care Standards, care homes for older people - Standard 6: Support arrangements and Standard 14: Keeping well - healthcare.

3. The role of the keyworker should be clarified to support staff as they strive to achieve the best outcomes for individual residents.

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

4. Updates to training for staff on best practice guidance and legislative requirements should be made available to improve outcomes for residents. This includes the Mental Welfare Commission guidance.

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

Grade: 2 - weak

Quality of environment

Findings from the inspection

Some improvements had been made to the aesthetics of the environment with some attention having been paid to repair of fixtures and fittings, to promote safety for residents. However, some areas for improvement were discussed with the management team on how processes and systems were being facilitated, monitored and recorded, which had an impact on the service provided to residents. This included staff undertaking duties which did not form part of direct care. This relates to staff attention directed to undertaking maintenance checks and minimising their availability to respond to residents. As routine maintenance and repairs were provided through the local authority, with no maintenance person employed specifically for South Lodge, this could lead to delays in actions being taken to address any identified issues. External contractors provided maintenance of areas including slings and hoists.

(see requirement 1 of this statement)

Positive actions had been taken to upgrade the secure garden area with soft flooring laid and secure gates erected. Installation of keypad entry to the home promoted some security for residents. However, monitoring of people entering should be more robust and the code should be regularly changed with the number being confined to staff working within the service. Internal use of keypads minimised risks to residents accessing stairwells, therefore minimising risk of falls in this area.

(see recommendation 1 of this statement)

As we observed the staff assisting residents with manoeuvres, we found staff were not using appropriate moving and handling techniques to support residents. Review of staff training identified staff practices had not been updated through appropriate training, potentially compromising safety for residents and staff. Whilst some elements of staff deployment had improved, there remained times where residents were left unsupported as staff felt they had to undertake tasks, not provide a person centred approach to care causing some frustration and anxiety amongst residents.

(see requirement 1 of this statement)

As part of the ongoing development of the environment, residents and relatives became involved in completing the best practice guidance The Kings Fund Environmental Tool to assist in identifying areas for improvement within the service. Feedback had not yet been evaluated, nor had the management completed their use of the tool to identify areas of improvement.

(see recommendation 2 of this statement)

Risk assessments were again being reviewed and updated to ensure appropriate individual and generic assessments were appropriate to minimise risk of harm to residents and staff. Monitoring of dependency levels of residents had been retrospectively completed and did not support forward planning on staffing levels to ensure the needs of residents were to be met.

As the needs of residents were not clearly identified through the care planning process, this was not effectively completed to proactively devise an appropriate staffing rota. This had also impacted on implementation on the role of keyworker and facilitation of six monthly reviews for residents where decisions were made on care and support of residents. A high use of sessional staff continued to provide a lack of consistency of staff supporting resident needs. As this had potential to compromise care to residents through an inconsistent approach, the new management team had initiated a review of the staffing rota, to address staffing issues to be able to provide a more consistent staff team.

(see requirement 2 of this statement)

Inconsistent use of Personal Protective Equipment and lack of identification by staff on appropriate infection control procedures provided observation of cross infection possibilities for residents.

(see recommendation 3 of this statement)

Evaluation of requirements and recommendations relating to this theme are reported later in the report.

Requirements

Number of requirements: 2

1. The provider must ensure that all staff have a clear understanding of their roles and responsibilities to use appropriate knowledge and skills to undertake the role for which they are employed.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) – a requirement to make proper provision for the health and welfare of people; Scottish Statutory Instrument 2002/114 Regulation 9 (2)(b) a person who does not have the qualifications, skills and experience necessary for the work that the person is to perform and Regulation 15 (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

Timeframe: By 31 October 2017.

2. The provider must identify appropriate numbers of staff to provide appropriate care and supports to service users through use of assessment of levels of dependency. To enable this, the provider must:

- keep individual records for all service users of four weekly assessments of physical, social, psychological and recreational needs and choices and show how this will inform the direct care hours for the individual;
- keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account the aggregated information of the physical, social; psychological and recreational needs and choices in relation to the delivery of care for all individuals over any 24-hour period, also taking into consideration the physical layout of the building;
- The provider must review current staffing levels in the service over the 24-hour period to ensure that there are sufficient staffing in such numbers as to meet the care needs of service users; and - ensure that the overall assessment of staffing levels with appropriate deployment is made available to any visitor to the service and everyone using it.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 15 (a) Staffing. SSI 2011/210 Regulation 4 (1) (a) Welfare of Service users.

Timescale: By 31 October 2017.

Recommendations

Number of recommendations: 3

1. Promotion of safety through monitoring of door entry system would enhance wellbeing of residents.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements and Standard 4: Your environment.

2. The service should use the Kings Fund Environmental Tool to assist in improving the environment, including residents with sensory impairments.

National Care Standards, care homes for older people - Standard 4: Your environment.

3. Infection control training for staff should be updated to ensure appropriate procedures are implemented. Staff should be aware of and implement company policies and procedures for infection control and health and safety.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements and Standard 4: Your environment.

Grade: 2 - weak

Quality of staffing

Findings from the inspection

A previous requirement on staff recruitment to ensure appropriate procedures are followed, including induction is repeated.

(see requirement 1 of this statement)

Some positive interactions between residents and staff were observed where residents were treated with respect and in a manner they responded warmly to. Some other interactions were purely perfunctory which was observed to leave residents without this warm engagement and looking bewildered.

Review of rotas and discussion with residents, relatives and staff continued to demonstrate a high use of sessional staff to meet the minimum numbers of care staff as stipulated on the staffing schedule. This did not consider use of the dependency assessment to provide appropriate care and support for residents on a regular basis, minimising their ability to achieve their potential.

Residents and relatives stated they had difficulty in identifying staff in relation to their role as staff did not wear uniforms. Some residents stated this was confusing, whilst others stated it was fine and others suggesting staff should wear a uniform.

Monitoring of appropriate registration with Scottish Social Services Council (SSSC) had been inconsistent, as the current system was centralised through the human resources department and not solely undertaken by the

manager. This also had potential to monitor fitness of staff to fulfil their role in supporting residents. Some staff did not demonstrate awareness of their responsibilities of being registered with SSSC.

(see requirement 1 of this quality theme)

Gaps had recently been identified in staff training, with many annual refresher training courses not being completed within the renewal time. A new training plan had been devised with all staff to undertake all training to ensure consistency in knowledge of up to date guidelines. A lack of oversight in how supervisions had been undertaken did not promote identification of training needs or in staff practice. A new manager had recently been appointed and was working to get to know the staff team and identify areas of strength and development opportunities.

(see recommendations 1, 2 and 3)

Staff reported morale to be improving following the appointment of a new manager. Staff described they had often felt demotivated working within the service. This was qualified by feeling they were repeatedly being left to undertake work that should have been undertaken by other permanent staff. These feelings had compromised approaches to team working which should be more effective to consistently provide a resident centred approach to care.

(see recommendation 4)

Evaluation of previous requirements and recommendations made under this theme are detailed later in this report.

Requirements

Number of requirements: 1

1. The provider must ensure that at all times appropriate staff are employed to work within the service, who have appropriate knowledge and skills to provide relevant and consistent care and support to residents in a safe and robust manner.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 15(a) – a requirement for a provider to ensure that at all times suitable qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare and safety of service users and National Care Standards, care homes for older people – Standard 5: Management and staffing.

Timescale: 31 December 2017.

Recommendations

Number of recommendations: 4

1. The service manager should ensure that all staff receive regular and consistent formal one-to-one supervision sessions to gain oversight and knowledge of staff strengths, and knowledge to monitor how this is demonstrated through practice to ensure resident needs are met. Details of discussions held and actions to be taken should be recorded and signed by both parties. Learning and development plans should be written for each individual staff member as a part of the supervision and appraisal process, which should link in with service user need and best practice and provide staff the opportunity to reflect on their practice.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements.

2. The manager should promote ongoing training for each staff member relevant to their job role.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements.

3. To support positive outcomes for residents, the manager should monitor the effectiveness of team working between all disciplines of staff.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements.

4. The provider should use the Promoting Excellence Framework, Scottish Government 2011 to review staff training and development to ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia. This should include training at skilled and enhanced level for all staff working directly with residents.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements and Promoting Excellence Framework, Scottish Government 2011.

Grade: 2 – weak

Quality of management and leadership

Findings from the inspection

Meetings held within the service enabled residents and relatives to provide feedback on various aspects of the care and support, environment, staffing and management and leadership.

Appropriate sharing of information with other regulatory bodies had improved, which demonstrated a more open approach to protecting residents.

A new interim manager had been appointed to provide leadership to ensure staff involvement in open communication and to assure quality within the service to support the best outcomes for residents. Feedback had been positive on the impact and creation of a new development plan which will address outstanding issues, and had provided a framework on how the service will develop. As this has been a recent appointment, this requirement is repeated for monitoring.
(see requirement 1)

The previous action plan had to assist in development of the service had not been effectively evaluated. This had resulted in further progress to improve the quality of life for residents being impeded.
(see recommendation 1)

Minimal review of processes including admission procedures and acceptance of service users for respite support had been undertaken. This would provide value to recognising the impact on residents and abilities of staff to provide appropriate supports.
(see recommendation 2)

We found that the new interim management team were committed and receptive to discussions on issues raised during the course of the inspection, making immediate changes where it was appropriate to do so to improve life for residents and staff.

Previous requirements and recommendations 3,4 and 5 are discussed later in the report.

Requirements

Number of requirements: 2

1. The provider must review quality assurance systems and processes to ensure the quality of this service is improved.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 3 - Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

Timescale for implementation: by 31 December 2017.

2. The provider must ensure that the quality of management and leadership for the service is improved. Managers and seniors must have a clear overview of the different elements of the service and ensure that staff are aware of their roles and responsibilities, that systems and routines are person-centred, efficient and effective and there is strong leadership values promoted throughout the staff group.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4 (1) (a) welfare of service users.

Timescales for implementation: 31 December 2017.

Recommendations

Number of recommendations: 5

1. To streamline information contained within files would ensure appropriate information was more easily accessible to ensure service users are protected.

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

2. The manager and provider should review and enhance the development plan for the service with acknowledgement of issues raised through the quality assurance system.

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.

3. Appropriate review of procedures for acceptance of longer term residents or those on respite should be reviewed with clear criteria to meet the needs of all service users.

National Care Standards, care homes for older people - Standard 1: Informing and deciding, Standard 5: Management and staffing arrangements and Standard 6: Support arrangements.

4. The provider should make improvements to the review system by:

- developing a clear system of tracking and scheduling; and

- ensure that minutes of reviews are available timeously and that assessments and care plans are updated to reflect the most recent review.

National Care Standards, care homes for older people - Standard 11: Expressing your views.

5. The provider should ensure that quality surveys are evaluated and action plans produced to show how issues raised or suggestions made will be addressed and how this information is communicated to all stakeholders concerned.

National Care Standards, care homes for older people - Standard 11: Expressing your views.

Grade: 2 - weak

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

Previous requirements

Requirement 1

The provider must improve the assessment of resident needs and care planning processes to reflect the current needs of residents, in accordance with best practice guidance, with evidence on how service user needs are being consistently met with the plan being followed on a daily basis. This includes:

- a) completion of the appropriate best practice assessment tools and personal risk assessments, including but not limited to MUST (a nutritional screening tool), falls risk assessment and pressure area care;
- b) implementation and updating of care planning documentation for all residents, including advice provided by health professionals;
- c) continuation on development of the content in personal plans, to ensure plans fully address and provide staff with guidance on how needs of residents are to be met, in accordance with individual preferences. This includes any legal documentation such as Adults with Incapacity certificates, Do Not Resuscitate, Power of Attorney information; and
- d) ensuring use of a robust care plan audit tool to ensure care plans are monitored regularly.

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) a requirement to make the proper provision for the health, welfare and safety of service users.

This requirement was made on 22 September 2016.

Action taken on previous requirement

Review of the care planning processes had created confusion amongst the staff team and did not provide clear direction on how to support residents. Where changes had been identified through assessment tools or advice from health professionals, this was not always reflected within an updated care plan.

Confusion on use of some best practice assessment tools, including those to monitor weights, skin condition and skin integrity, oral health and falls management were not being reviewed regularly. However, this confusion in understanding on the necessity to complete these assessment tools to enable devising person centred care plans was sporadic and being addressed.

Some information, which detailed the likes and dislikes of residents, had supported staff to relate more effectively, in a more person centred manner to residents.

This requirement is not met and is repeated.

Not met**Requirement 2**

The provider must:

- a) set up an effective, safe storage system for medication in accordance with best practice and current legislation. This includes the daily monitoring of temperatures within the environment in which they are stored to promote maximum efficacy of the medication and handling of medication keys;
- (b) ensure there is no ambiguity around the instruction on the prescription, medication record, dispensing label and care plan information. Handwritten amendments must be appropriately recorded on the MAR chart;
- (c) ensure that staff have received appropriate training to support them to safely administer medications and understand accurate information, which allows them to monitor residents' medication and the condition it has been prescribed for. This might include when a medicine is started, who prescribed it, what it is for, where it has to be applied (ointment, eye drops, etc.), how long it has to be used for, when it should be reviewed, any tests or monitoring needed or if an accompanying behavioural chart, pain chart etc., is needed. Use of carers notes should reflect when medication has not been administered or when medication has been administered outwith routine administration times. This should be supported by the use of an 'as required administration protocol';
- (d) ensure medication is administered as instructed by the prescriber. In order to achieve this, they must ensure that medication is available at the care service at the time it is due for administration. Where a regular medicine is not given as prescribed, a reason for this must be clearly annotated on the MAR chart;
- (e) ensure there are accurate and current records of medicines [including stock balances] for the use of service users. This includes medicines which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service; and
- (f) ensure medication policy reflect best practice, appropriate legislation and is implemented within the service.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people and Scottish Statutory Instrument 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents and

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements and Standard 15: Keeping well – medication.

This requirement was made on 22 September 2016.

Action taken on previous requirement

As was identified during the last inspection, many findings were very similar and so the evaluation is repeated.

Medication administration errors continued to be noted alongside missing signatures and inconsistencies in stock balance recording.

Medication was being stored within PODs – (storage units containing medication) within residents own bedrooms. Medication stored within bedrooms were being monitored for temperature to ensure efficacy of medication.

Discussions with GPs and liaison with the local pharmacy provider had been facilitated in an attempt to eradicate or at least minimise ambiguity surrounding the prescriptions. This remained an issue as staff inconsistently clarified instructions for administration.

The medication policy should be reviewed to include medication within a 24-hour care facility to support staff and protect residents. The focus in the current policy related to medication in community settings.

This requirement is not met.

Not met

Requirement 3

The provider must ensure appropriate safety within the environment to minimise the risk of harm to residents with use of appropriate supporting risk assessments and regular review. This includes access and egress of areas to minimise the risk of falls within the internal and external environments.

This is to comply with Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) a requirement to make the proper provision for the health, welfare and safety of service users.

This requirement was made on 22 September 2016.

Action taken on previous requirement

There was continued development of risk assessments for both internal and external environments. This included risk assessments for outings and should also include destinations for these outings to minimise risks and encourage independence for residents. The new management had initiated a review of existing documentation to ensure suitability. Use of SMART technology such as door sensors or pendants were used to promote effective monitoring of residents.

The keypad system had been installed for the front door. However, we saw how staff opened the door from inside an office, leaving uncertainty on who was actually entering the home. We also observed relatives letting themselves out of the door. This keypad number should not be made available to any person who does not work within the service and be changed on a frequent basis to promote safety.

Gates that had been installed were also fitted with keypad locks to provide a more secure garden area and were being monitored to ensure they closed and locked properly.

At the front door, there was an open car park where residents who were outside could walk into potential danger which was risk assessed to protect residents.

This requirement is met but will be monitored through recommendation in Theme 2.

Met - outwith timescales

Requirement 4

The provider must ensure that, at all times, staff are employed to work within the service who have appropriate knowledge and skills to provide appropriate and consistent care and support to residents in a safe and robust manner.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 15(a) – a requirement for a provider to ensure that at all times suitable qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare and safety of service users and National Care Standards, care homes for older people – Standard 5: Management and staffing.

Timescale for implementation: by 31 December 2017.

This requirement was made on 22 September 2016.

Action taken on previous requirement

As has been previously evaluated, there continued to be high use of sessional staff. There was no knowledge of the training of sessional staff to ensure they were appropriately equipped with appropriate knowledge to meet the needs of residents. This staff group did not receive supervision within the service to discuss their practice. Agreement to increase permanent staff within the home had been agreed by senior managers.

This requirement is not met.

Not met

Requirement 5

The provider must review quality assurance systems and processes to ensure the quality of this service is improved.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 3 – Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

Timescale: Within three months on publication of this report.

This requirement was made on 22 September 2016.

Action taken on previous requirement

As has been previously reported, there was reduced evidence of monthly evaluations and lack of information on outcomes. No issues were being taken for further monitoring of effectiveness on practice or changes. An attempt had been made at using a 'Plan-do-review' cycle approach but had not produced any evaluative information to

make ongoing improvements. This information would support how actions should be monitored for effectiveness and identify further actions to be taken.

Information within requirements 1, 2 and 3 are relevant to how the quality assurance systems are being used.

This requirement is not met.

Not met

Requirement 6

The provider must review current staffing levels in the service over the 24-hour period to ensure that there are sufficient staffing in such numbers as to meet the care needs of service users.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 15 (a) Staffing.

Timescales for implementation: Within 24 hours from receipt of this report.

This requirement was made on 6 August 2015.

This requirement was made on 6 August 2015.

Action taken on previous requirement

There was evidence of minimal staffing numbers being met to provide the service to residents.

However, this requirement is amalgamated with requirement 7.

This requirement is met.

Met - outwith timescales

Requirement 7

The provider must:

- keep individual records for all service users of four weekly assessments of physical, social, psychological and recreational needs and choices and show how this will inform the direct care hours for the individual;

- keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account the aggregated information of the physical, social;

psychological and recreational needs and choices in relation to the delivery of care for all individuals over any 24-hour period, also taking into consideration the physical layout of the building; and

- The provider must review current staffing levels in the service over the 24-hour period to ensure that there are sufficient staffing in such numbers as to meet the care needs of service users; and - ensure that the overall assessment of staffing levels with appropriate deployment is made available to any visitor to the service and everyone using it.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 15 (a) Staffing. SSI 2011/210 Regulation 4 (1) (a) Welfare of Service users.

Timescale: Within one month on receipt of this report.

This requirement was made on 6 August 2015.

This requirement was made on 6 August 2015.

Action taken on previous requirement

As has been previously evaluated, the dependency assessment was being completed. However, with a lack of assessed need of individual residents being detailed within personal plans, the identified staffing levels may not be sufficient. However, the information was being gathered retrospectively to ensure numbers met the minimum staffing schedule. There had been no reduction in staffing numbers despite the reduction in resident numbers, where appropriate staff deployment around the home would ensure resident needs were being met.

This requirement is not met.

Not met

Requirement 8

The provider must ensure that the quality of management and leadership for the service is improved. Managers and seniors must have a clear overview of the different elements of the service and ensure that staff are aware of their roles and responsibilities, that systems and routines are person-centred, efficient and effective and there is strong leadership values promoted throughout the staff group.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4 (1) (a) welfare of service users.

Timescales for implementation: Within one month on publication of this report.

This requirement was made on 6 August 2015.

Action taken on previous requirement

A new interim manager had very recently been appointed and was supported by the role of depute manager. However, there remained a lack of leadership being demonstrated by the staff team to demonstrate accountability for their own practice and promote best outcomes for residents. Consideration should be given into the use of the Step into Leadership training offered through the regulatory body the Scottish Social Services Council. This would enhance and develop the confidence of staff to undertake their duties using a more systematic approach, whilst adhering their codes of conduct to support outcomes for residents.

This requirement is not met.

Not met

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

Previous recommendations

Recommendation 1

Planning and delivery of support should consider the needs, beliefs and interests of residents to assist them to achieve their potential.

National Care Standards, care homes for older people – Standard 6: Support arrangements, Standard 8: Making choices and Standard 14: Keeping well – healthcare.

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

Staff had spent more time with residents to identify and understand what is important for them to achieve their potential. This information was being collated but had not yet been incorporated into care plans.

This recommendation is repeated.

Recommendation 2

A consistent staff team should be available who are appropriately trained to complete appropriate documentation, including assessment tools to meet the needs of residents.

National Care Standards, care homes for older people – Standard 6: Support arrangements and Standard 14: Keeping well – healthcare.

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

As previously reported, a core team was available for residents. This was supplemented by the use of sessional staff. Although there were regular sessional staff, the management were unclear on the ability and knowledge of sessional staff to complete appropriate assessment as is necessary within the job role.

This recommendation is repeated.

Recommendation 3

Updates to training for staff on best practice guidance and legislative requirements should be made available to improve outcomes for residents. This includes Mental Welfare Commission guidance.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements.

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

There were large gaps in the knowledge of staff relating to the role and purpose of the Mental Welfare Commission and the associated best practice guidance.

This recommendation is repeated.

Recommendation 4

The service should use the Kings Fund Environmental Tool to assist in improving the environment, including residents with sensory impairments.

National Care Standards, care homes for older people - Standard 4: Your environment.

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

Information had been obtained from relatives who had facilitated their use of the Kings Fund Tool. Unfortunately the management or staff team had not completed the assessment to obtain information for inclusion into the development plan.

This recommendation is repeated.

Recommendation 5

The manager should undertake a knowledge and skills audit and devise a development plan to deliver training to address gaps.

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

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

The new interim manager had devised a plan for all staff to undertake mandatory training as previous training had not been updated. Discussion on training needs was scheduled to be held during individual supervision sessions.

This recommendation is met.

Recommendation 6

The service manager should ensure that all staff receive regular and consistent formal one-to-one supervision sessions to gain oversight and knowledge of staff strengths, and knowledge to monitor how this is demonstrated through practice to ensure resident needs are met. Details of discussions held and actions to be taken should be recorded and signed by both parties. Learning and development plans should be written for each individual staff member as a part of the supervision and appraisal process, which should link in with service user need and best practice and provide staff the opportunity to reflect on their practice.

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

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

Inconsistency in content and frequency of supervisions was evident, and there was little reflection on points of discussion relating to practice or outcomes learned/actions to be taken.

There was an inconsistency in the skills of supervisors which had an impact on how the process was followed. There was a lack of accountability for both the supervisor and supervisee through an apparent need for training to understand the purpose of supervision.

The new manager had planned to meet all staff members individually. Discussion and support for staff through best practice training resource Step into Leadership should be considered to empower staff to be more fully engaged with the supervision process.

This recommendation is repeated.

Recommendation 7

The manager and provider should review and enhance the development plan for the service with acknowledgement of issues raised through the quality assurance system.

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 22 September 2016.

Action taken on previous recommendation

A new development plan had been created following the appointment of a new manager with specific targets set with evaluation dates. The quality assurance system continued to be reviewed and more effectively evaluated. Review of these systems should provide more focussed direction on achieving outcomes for residents.

This recommendation is repeated.

Recommendation 8

Appropriate review of procedures for acceptance of longer term residents or those on respite should be reviewed with clear criteria to meet the needs of all service users.

National Care Standards, care homes for older people – Standard 1: Informing and deciding, Standard 5: Management and staffing arrangements and Standard 6: Support arrangements.

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

Again, there had been limited action taken on this recommendation as a result of minimal residents being assessed for admission. The previous manager had reviewed the criteria but had not yet had the opportunity to test the effectiveness.

This recommendation is repeated.

Recommendation 9

The provider should make improvements to the review system by:

- developing a clear system of tracking and scheduling; and
- ensure that minutes of reviews are available timeously and that assessments and care plans are updated to reflect the most recent review.

National Care Standards, care homes for older people – Standard 11: Expressing your views.

This recommendation was made on 6 August 2015.

Action taken on previous recommendation

Six monthly reviews had not been facilitated consistently in accordance with legislation. There continued to be a reliance on reviews conducted by the care manager then staff conducted their own six monthly review of the personal plan. Service staff completed the paperwork but again without reflection of changes into the care plan. The six monthly review of the personal plan is not the remit of the care manager but the registered manager of the service.

Minutes were not readily available to ensure agreed changes or plans were completed.

This recommendation is repeated.

Recommendation 10

The provider should ensure that quality surveys are evaluated and action plans produced to show how issues raised or suggestions made will be addressed and how this information is communicated to all stakeholders concerned.

National Care Standards, care homes for older people – Standard 11: Expressing your views.

This recommendation was made on 6 August 2015.

Action taken on previous recommendation

There had been limited evidence on progressive action taken as a result of this recommendation.

This recommendation is repeated.

Recommendation 11

Evidence should be available to show that staff receive regular planned supervision. This supervision should evidence that staff practice is being monitored and how it links to individual training and development plans.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements.

This recommendation was made on 6 August 2015.

Action taken on previous recommendation

Again, supervisions were inconsistently provided or undertaken and previous evaluations remain relevant.

The evidence sampled during this inspection indicated that the previous evaluation again remains relevant. A system to support the facilitation and monitoring of supervision highlighted discrepancies in the regularity of supervision being conducted. There was a lack of supervisions provided to assess the efficacy of supervision in the use of reflective practice and identification of training needs.

This recommendation is repeated.

Recommendation 12

The provider should use the Promoting Excellence Framework, Scottish Government 2011 to review staff training and development to ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia. This should include training at skilled and enhanced level for all staff working directly with residents.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements and Promoting Excellence Framework, Scottish Government 2011.

This recommendation was made on 6 August 2015.

Action taken on previous recommendation

There had been an inconsistency of staff undertaking and completing this training resource.

This recommendation is not met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
10 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
12 Aug 2016	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak

Date	Type	Gradings	
9 Mar 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
6 Aug 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
25 Nov 2014	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
10 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
15 Oct 2013	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Oct 2012	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
25 Jan 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
9 Aug 2011	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings	
29 Oct 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
26 Jul 2010	Announced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
9 Feb 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
21 Aug 2009	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good
26 Jan 2009	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
28 Aug 2008	Announced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good

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