

Queensberry Care Home Care Home Service

Lauries Wynd
Sanquhar
DG4 6DR

Telephone: 01659 58234

Type of inspection: Unannounced
Inspection completed on: 15 August 2017

Service provided by:
Harveys Healthcare Limited

Service provider number:
SP2008010067

Care service number:
CS2008185641

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 has been registered since 2009.

Queensberry Care Home is registered to provide a care service to a maximum of 44 adults and older people with the following care needs: frail elderly people, people with dementia type illness and people with physical health needs. There were 35 residents residing within the home during the inspection.

This service has been registered since 2009. The provider is Harveys Healthcare Limited.

The care home is a traditional sandstone 19th century house set in landscaped gardens in the centre of Sanguhar and is within easy distance of shops, community facilities and public transport.

The home is divided into two units, providing care to residents with a dementia type illness and frail elderly residents. Mennock Unit is set on two levels, with lift access to the upper floor and has been extended to provide accessible accommodation on both floors. There are 28 bedrooms which have en suite facilities. The Elderly Mental Illness Unit (Euchan suite) will provide a care service to a maximum of 11 service users.

In addition, one day care place may be provided. The home is also registered to provide a care service to a maximum of four older people, in respite/short break places.

The aims and objectives of the service are 'to promote and maintain a high quality life for older people, in a homely and welcoming environment'.

What people told us

An inspection volunteer was involved in this inspection. This is someone who uses, or has used services or an unpaid carer, who volunteer to take part in inspections. They talk to people who use the service, relatives and friends and make observations based on their own personal experience. This information is used by the inspector to report on the service and award grades.

For this inspection, we received views from 13 of the people using the service and 8 relatives and carers. One care standards questionnaire was received from a relative/carers. Overall, people told us that they were happy with the quality of the service provided.

Residents and relatives spoke positively about the staff. They were described as "great, lovely and very helpful". A small number of individuals felt that staff were very busy resulting in a delay in answering the call system and having to wait for support. One person felt the food could be better. Some concerns were expressed relating to the presentation of the internal environment and the lack of maintenance of the garden. One relative expressed concern about the quality and safety of the bedroom flooring. This was shared with the provider.

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. The provider had an improvement plan. The provider planned to revise this to take account of the findings of the inspection.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

Overall residents and relatives were complimentary about the quality of care and support provided. We observed positive and caring interactions between residents and staff and occasions where staff did not fully engage with residents or respond to their distress. We have made an appropriate recommendation within the staffing section of this report.

We found staff had a good understanding of the needs of individuals in their care. There was input from a range of health professionals to support people's health and wellbeing. The service felt well supported by the district nursing service. There was a satisfactory system in place to manage medication. We sampled personal plans. Overall, they gave adequate detail of people's care and support needs, however, there were aspects of care plans that did not reflect changes in need. This remains an area for ongoing development. Assessments and personal plans were evaluated monthly. We identified an occasion where a nutritional assessment had been completed incorrectly. The manager agreed to amend quality assurance processes to address this issue. We have made further reference to quality assurance in the management section of this report.

Following a recent upheld complaint about the quality of the food, the manager had made contact with a chef to assist with reviewing the menu and making necessary improvements in this area. We were disappointed to find no fresh fruit. This was obtained at our request. The provider was clear about the need to improve the overall menu content and choice of meals and snacks. We have repeated a requirement.
(See requirement 1)

The service used a dependency assessment to calculate staffing requirements. We found that this had not been updated to reflect some individuals current needs. We noted that staff were visible throughout the service and we did not have any cause for concern about staffing numbers. However, this requires to be completed accurately to ensure that appropriate staffing arrangements are in place.
(See recommendation 1)

During the inspection we observed staff interacting positively with residents. The provider had been unable to fill the vacant activity coordinator post which limited activities. Staff had been allocated time slots to supervise the lounge area and conduct activities.

The provider accepted that a more appropriate resolution was required in order to offer improved socialisation, meaningful activity and the opportunity to participate in activities outwith the care home. Development of the key worker system may support improvement in this area.
(See recommendation 2)

Requirements

Number of requirements: 1

1. The provider must demonstrate that the nutritional needs of the people who use the service are met in line with best practice. In order to do this you must:

(i) Review and implement changes to the menu to ensure it meets dietary needs for residents and use best practice standards to help them plan. See "Care Homes for Older People: Best practice Guidance on Food and Nutrition" on the Care Inspectorate web site under publications. Ensure there is full documentation on all food provided.

(ii) Ensure that the persons responsible for planning the menu undertake training or access best practice documents and have a demonstrable understanding of menu planning to meet the needs of older people.

(iii) Ensure that each residents food preferences are established at admission, and on an ongoing basis, in sufficient detail to allow staff to help residents eat healthily, identify the best food to offer residents when they are unwell, choose foods residents like if they need to boost the number of calories and plan menus.

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: regulation4(1)(a)- requirement for the health and welfare of service users. And regulation 5 (1) - requirement for personal plans and regulation 15(b)(l)- requirement about training.

National Care Standards, care homes for older people - Standards 5.4, 6, 13 & 14.

Timescale for implementation: on receipt of this report action is required to address the requirement and be completed by 15 September 2017.

Recommendations

Number of recommendations: 2

1. To ensure appropriate staffing levels the provider must ensure that accurate four weekly assessments of physical, social, psychological and recreational needs are completed and show how this informs direct care hours.

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

2. To promote well being and support individuals to achieve their potential the service should develop meaningful activities. Staff training in this area may facilitate improvement and a more person-led approach.

National Care Standards, care homes for older people - Standard 6: Support arrangements.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

The environment was pleasant in parts, but not in all areas. For example, some bedrooms were homely and had nice outlooks, but others were poorly maintained and odours were present throughout. This meant not everyone had a nice place to live.

Improvements were in progress and changes had been made to the main dining room and foyer. Bedrooms were due to be refurbished. However, more urgent improvement was needed to ensure the environment was safe and clean.

We saw staff practices and deficits to the environment which meant infection control was poorly managed. (See requirement 1)

There were safety concerns with regards to the fitting and type of flooring used in some bedrooms and corridor areas. We have extended a previous requirement relating to hazards that may cause falls. (See requirement 2)

The bath hoist in the small unit had not been repaired as required following a recent complaint investigation. This requirement is repeated. (See requirement 3)

We saw that some weekly health and safety checks were taking place covering a wide range of equipment. However, there was some equipment that hadn't been checked and we were concerned about the poor monitoring of bed rails. There was also confusion about the use of crash mats meaning the service could not ensure the safety of all service users. Health and safety checks must be reviewed to ensure equipment is appropriately checked and staff must be clear about how to use equipment safely. (See requirement 4)

The multi-factorial risk assessment in place helped to identify falls prevention measures to be put in place for an individual. However, this was not being used to best effect and we could not see a clear falls prevention plan setting out these measures and reviewing them regularly. A falls diary and body map could be helpful in tracking falls history and any skin injuries. Follow up actions taken to monitor a resident post fall could also be recorded more clearly.

(See recommendation 1)

The general décor, furnishings and outdoor spaces needed improvement.

(See recommendation 2 and a related repeated recommendation 3)

Bathing and showering facilities should be improved by making them more accessible and homely.

(See recommendation 4)

Further consideration could be given to ensure the environment is suitable for people with dementia. For example by improving lighting, colour contrasts and providing large memorable pictures to help with orientation. We have repeated a related recommendation.

(See recommendation 5)

Requirements

Number of requirements: 5

1. The service provider must improve infection prevention and control in keeping with best practice to ensure safety, cleanliness and reduction of odours. The following actions must be taken:

- Housekeeping staff must follow clear instructions on cleaning methods, mop selection and spillage management
- Care staff must clean up spills as they occur and have the materials close to hand to enable them to do this safely
- The boiler rooms currently combined with dirty utility rooms must be reviewed in order that pad disposal and cleaning/disinfection of commode pots/urinals takes place in a room which has an intact wash/wipeable floor with ventilation and intact hand wash facilities
- Staff must clean and store commode pots, urinals and urine jugs appropriately
- A mattress audit must be completed. Mattresses without wash/wipeable covers must be removed from use immediately.

This is in order to comply with SSI 2011/ 210 Regulation 4(1)(a)(b)(d) Welfare of Users.

Timescale for implementation: on receipt of this report action is required to address the requirement and be completed by 15 October 2017.

2. The service provider must ensure that all service users are protected from hazards that may cause falls. Priority replacement must take place of flooring which is uneven or has holes in it as these present a trip hazard and cannot be cleaned effectively.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

Timescale for implementation: on receipt of this report action is required to address the requirement and be completed by 30 November 2017.

3. The service provider must ensure flooring in all areas of the care home is safe, appropriate to area(s) it is to be used in and easy to clean. The following actions must be taken:

- A review of all floored areas must take place to identify all deficits
- This must include en-suite flooring which has become urine stained and under flooring which has become damaged
- An action plan must be compiled of all non-urgent replacement needed for flooring which is worn but not holed. This must set out the areas and timescale for replacement.

This is in order to comply with SSI 2011/ 210 Regulation 4(1)(a)(b)(d) Welfare of Users and Regulation 10(2)(b) Fitness of Premises.

Timescale for implementation: on receipt of this report action is required to address the requirement and be completed by 30 November 2017.

4. The provider must ensure that equipment used for the purpose of providing support for residents is repaired and maintained to an acceptable standard. In order to achieve this the provider must:

- (i) Have the bath chair within Euchar Unit repaired.

This is in order to comply with SSI 2011/ 210 Regulation 4(1)(a)(b)(c)(d) Welfare of Users and Regulation 10(2)(c) Fitness of Premises.

Timescale for implementation: 15 September 2017.

5. The service provider must improve the health and safety checks to ensure safe and effective use of the following: Extractor fans, window restrictors, profile beds, bedrails and wheelchairs.

This is in order to comply with SSI 2011/ 210 Regulation 4(1)(a)(b)(c)(d) Welfare of Users and Regulation 10(2)(c) Fitness of Premises.

Timescale for implementation: on receipt of this report action is required to address the requirement and be completed by 30 November 2017.

Recommendations

Number of recommendations: 5

1. The service provider should ensure a falls prevention plan is in place following multi-factorial risk assessment and any equipment identified for use is agreed, used appropriately and reviewed at regular intervals. For example, at every six monthly review meeting.

National Care Standards, care homes for older people - Standard 4.2: Your environment.

2. The service provider should improve the general décor, furnishings and outdoor spaces.

National Care Standards, care homes for older people - Standard 4.1: & 4.8: Your environment.

3. The provider should ensure appropriate upkeep of the grounds to enable service users to safely and freely have access.

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

4. The service provider should improve bathroom and shower facilities by making them more accessible and homely.

National Care Standards, care homes for older people, Standard 4.1: Your environment.

5. Information and documentation for residents should be provided in a service user-friendly format. Consideration should be given to the use of appropriate signage to support residents to move freely around their environment.

National Care Standards, care homes for older people - Standard 1: Informing and deciding, Standard 11: Expressing your views and Standard 4: Your environment.

Grade: 2 - weak

Quality of staffing

Findings from the inspection

We sampled three staff files and found application forms, references and protection of vulnerable groups (PVG) checks had been carried out. The application form could be further improved by asking for registration details of staff belonging to professional registers such as Nursing and Midwifery Council (NMC) and Scottish Social Services Council (SSSC). To ensure that all staff are recruited safely the SSSC register must be cross referenced at all times. We repeated a requirement relating to recruitment.
(See requirement 1)

Comprehensive induction workbooks were in use and we saw some of these were completed well but others needed more review to ensure timely completion within the six months probationary period.

Supervision sessions had taken place to allow staff one to one time with a line manager. This helped to identify areas for development and ensure working practices were monitored. This is an area for ongoing development to promote best practice.

There were training records in place showing staff had regular updates on mandatory and desirable subjects. These used both on-line and face to face training methods. Staff were progressing with dementia training with support from an external trainer. It was planned for staff to be given additional roles such as "dementia champion" or "infection control champion".

Staff consulted told us some improvements had been made at the service and staff motivation was higher than previously.

Relatives told us staff were nice and kind and they got on well with most of them. This indicated there was confidence in staff and good relationships had built up.

We observed staff interactions were kindly, but some staff appeared to be ill equipped for the jobs they were trying to do. For example, we observed some poor housekeeping practices, staff doing activities appeared under confident and did not have a wide range of activities to provide. We observed a lack of attention provided to an individual with distress.

These observations led us to conclude that while adequate staff training had been provided there was a lack of monitoring of staff practices and outcomes had yet to improve.
(See recommendation 1)

Requirements

Number of requirements: 1

1. The provider must ensure that at all times staff are recruited and inducted in a safe and robust manner to protect people using this service.

To do this, the service provider must ensure cross checks with professional registers are evidenced at the point of recruitment.

This is in order to comply with SSI 2011/ 210 Regulation 9(2)(c) Fitness of Employees.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) SSI 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: on receipt of this report action is required to address the requirement and be completed by 30 November 2017.

Recommendations

Number of recommendations: 1

1. The service provider should ensure staff practices are monitored and meet best practice whenever possible. With particular attention to: infection control, cleaning, activity provision and response to resident distress.

National Care Standards, care homes for older people - Standard 5.4: Management and staffing.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

There was a clear management structure in place. This included an external consultant who supported the manager.

The provider had quality assurance tools to monitor standards within the service. This included monthly reports, a range of audits and a resident's day system. These were not being used to good effect. They did not detect deficiencies in the service or inform positive change. We have made a requirement to improve quality assurance processes.

(See requirement 1)

There was a system to manage service user's finances. The manager intended to review this in accordance with best practice guidance. We were assured that priority would be given to this matter. We will follow this up at the next inspection.

The service must notify the Care Inspectorate of certain events or changes. We noted that there were occasions where appropriate notifications were not made. The manager advised that this was an oversight.

(See recommendation 1)

We concluded that improvements in leadership and accountability were required. This is reflected in the grade awarded for management and leadership. We identified key areas where a management response is required to ensure the care home was a safe, clean, pleasant and stimulating place to live. Improved monitoring of staff practice was needed to ensure work methods were in accordance with best practice and promote positive outcomes for people who use the service.

The provider acknowledged the deficits within the care home environment and gave a commitment to revising the refurbishment schedule, placing priority on safety and dignity of service users. The provider planned to review the service development plan to take account of the findings of this inspection.

(See recommendation 2)

Requirements

Number of requirements: 1

1. To promote dignity, safety and comfort of people the provider and manager must implement competent quality assurance systems. To achieve this the provider and manager must improve environmental audits and monitoring of staff to ensure that best practice guidance is applied. The provider should involve service users, carers, staff and stakeholders in reviewing the quality assurance system to ensure that improvements are identified and addressed.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 4 - Welfare of users

Timescale: to commence upon receipt of this report and be completed by 30 November 2017.

Recommendations

Number of recommendations: 2

1. The provider must ensure that the Care Inspectorate is informed of all notifiable events in accordance with the Care Inspectorate guidance document: Records that all registered care services (except childminding) must keep and guidance on notification reporting 2015.

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 to take account of issues raised during this inspection.

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

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 when the plan is 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, falls risk assessment and pressure area care.
- b) Implementation and updating of care planning documentation for all residents.
- c) Continuation on development of the content in personal plans to ensure plans fully address and provide staff with guidance on how healthcare needs of residents are to be met, in accordance with resident preferences.
- d) Ensuring use of a robust care plan audit tool.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) SSI 2011/210 Regulation 4(1)(a) - a requirement to make the proper provision for the health, welfare and safety of service users.

Timescale for implementation: within three months on publication of this report.

This requirement was made on 9 March 2017.

Action taken on previous requirement

Appropriate risk assessments were in use to assess peoples risk of malnutrition, developing a pressure sore and falls risk. Additional assessments for moving and assisting needs and more general risk factors were also completed.

Overall, personal plans gave an adequate detail about peoples care needs.

Audits of personal plans were completed.

We found some areas where personal plans could be more detailed and have reflected this as an area for ongoing development. A separate recommendation has been made about managing falls. Overall, we concluded that progress was sufficient to met the terms of this requirement.

Met - within timescales

Requirement 2

The service provider must ensure that all service users are protected from hazards that may cause falls.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within one month on receipt of this report.

This requirement was made on 9 March 2017.

Action taken on previous requirement

Training on falls management had not yet been fully completed for all staff.

The multi-factorial risk assessment in place helped to identify falls prevention measures to be put in place for an individual. However, this was not being used to best effect and we could not see a clear falls prevention plan setting out these measures and reviewing them regularly. A falls diary and body map could be helpful in tracking falls history and skin injuries. Follow up actions taken to monitor a resident post fall could also be recorded more clearly.

Use of best practice tools including 'Make every moment count' or 'Physical activity in care homes' should be more actively implemented within the home. These tools are designed to support and to assist in protection of residents in relation to falls.

We have made a separate requirement relating to ensuring flooring in all areas of the home is safe.

Not met

Requirement 3

The provider must ensure that at all times staff are recruited and inducted in a safe and robust manner to protect people using this service.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) SSI 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: within three months on publication of this report.

This requirement was made on 9 March 2017.

Action taken on previous requirement

We sampled three staff files and found application forms, references and protection of vulnerable groups (PVG) checks had been carried out. The application form could be further improved by asking for registration details of staff belonging to professional registers such as Nursing and Midwifery Council (NMC) and Scottish Social Services Council (SSSC).

We saw a tick indicated a cross check had been carried out with the professional register but this should be evidenced by a print out to show the date of the check. For one care staff member we saw no evidence of a cross check with SSSC register carried out at the point of recruitment. This must be carried out to ensure safe recruitment.

Comprehensive induction workbooks were in use and we saw some of these were completed well but others needed more review to ensure timely completion within the six months probationary period.

Not met

Requirement 4

The provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of 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. In this regard, the provider must comply with their staffing schedule in line with condition 4 of their certificate of registration.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) SSI 2011/210 regulation 15(a) - a requirement for a provider to 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 and the Public Services Reform (Scotland) Act 2010.

Timescale for meeting this requirement: within 24 hours on receipt of this report.

This requirement was made on 29 December 2016.

Action taken on previous requirement

Agreement was reached with Care Inspectorate to reduce the number of registered nurses from 2 to 1 each morning. This was in accordance with the total number of residents residing within the home and the number who had been assessed as requiring nursing care. This had reduced the reliance on agency nurses. This appeared to be working well and inspectors found no evidence that this impacted negatively on the service.

The provider planned to submit a variation to the Care Inspectorate to formally amend the conditions of registration and staffing schedule.

On balance this recommendation is: met.

Met - within timescales

Requirement 5

The provider must ensure that the main kitchen is cleaned to an acceptable and safe standard. In order to achieve this the following is required:

- (i) Fridges, cookers, worktops, bins and all surrounding areas require to be deep cleaned.
- (ii) Daily checks require to be undertaken in order to maintain a high standard of cleanliness.
- (iii) Management to have an overview of cleanliness to ensure high standards.

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: regulation 10 (1) -Fitness of Premises.

Timescale: On receipt of this letter, action is required to address the requirement and completed by 7 August 2017.

This requirement was made on 27 July 2017.

Action taken on previous requirement

During the inspection we found the kitchen area to be satisfactory. Daily cleaning records had been completed with the exception of the current week. We heard that the photocopier was broken and staff had no blank documents.

Met - within timescales

Requirement 6

The provider must ensure that equipment used for the purpose of providing support for residents is repaired and maintained to an acceptable standard. In order to achieve this the provider must:

- (i) Have the bath chair within Euchar Unit repaired.

This is in order to comply with SSI 2011/ 210 Regulation 4(1)(a)(b)(c)(d) Welfare of Users and Regulation 10(2)(c) Fitness of Premises.

Timescale: on receipt of this report, action is required to address the requirement and completed by 1 September 2017.

This requirement was made on 26 July 2017.

Action taken on previous requirement

The provider had obtained replacement equipment. Additional equipment was being sourced to complete the repair within the identified timeframe.

Not met

Requirement 7

The provider must ensure that the premises are kept in a good state of repair on order to respect the dignity of people using the service and to maintain safety. In order to achieve this the provider must:

(i) Clear all discarded equipment, waste timber and litter and items of rubbish from circulation areas, routes of access and egress adjacent to the care home and car park.

This is to comply with: SSI 2011/210 Regulation 10(2)(b).

This requirement was made on 27 June 2017.

Action taken on previous requirement

The provider had met the terms of this requirement by clearing rubbish from circulation areas and access routes around the care home and car park. However, we have repeated a previous recommendation relating to upkeep of the grounds and made a new requirements and recommendations about the care home environment.

Met - within timescales

Requirement 8

The provider must demonstrate that the nutritional needs of the people who use the service are met in line with best practice. In order to do this you must:

(i) Review and implement changes to the menu to ensure it meets dietary needs for residents and use best practice standards to help them plan. See Care Homes for Older People: Best practice Guidance on Food and Nutrition" on Care Inspectorate website under publications. Ensure there is full documentation on all food provided.

(ii) Ensure that the persons responsible for planning the menu undertake training or access best practice documents and have a demonstrable understanding of menu planning to meet the needs of older people.

(iii) Ensure that each residents food preferences are established at admission, and on an ongoing basis, in sufficient detail to allow staff to help residents eat healthily, identify the best food to offer residents when they are unwell, choose foods residents like if they need to boost the number of calories and plan menus.

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:regulation4(1)(a)- requirement for the health and welfare of service users and regulation 5 (1) - requirement for personal plans. And regulation 15(b)(i)- requirement about training.

National Care Standards, care homes for older people - Standards 5.4, 6, 13 & 14.

Timescale for implementation: on receipt of this report action is required to address the requirement and be completed by 1 September 2017.

This requirement was made on 27 July 2017.

Action taken on previous requirement

The manager had contacted a chef to offer advice on menu planning. However, this remains outstanding.

Not met

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

Previous recommendations

Recommendation 1

The provider should promote and develop the role of keyworker within the service.

National Care Standards, care homes for older people – Standard 7: Moving in and Standard 11: Expressing your views.

This recommendation was made on 7 May 2015.

Action taken on previous recommendation

Staff had been identified as keyworkers. Keyworkers had been encouraged to attend six monthly reviews and participate in monthly reviews of personal plans.

We observed some positive engagement and good relationships between residents and staff and families with staff.

As an area for development this role could be further developed around facilitating meaningful activities. (We have made a separate recommendation about this aspect of care).

On balance this recommendation is: met.

Recommendation 2

The provider should review current systems to ensure appropriate consent is obtained to involve people and make sure people making decisions have appropriate authority.

National Care Standards, care homes for older people – Standard 9: Feeling safe and secure and Standard 10: Exercising your rights.

This recommendation was made on 9 March 2017.

Action taken on previous recommendation

Personal plans we sampled demonstrated legal documents relating to Adults with Incapacity certificates and Power of Attorney certificates. As recommended the Mental Welfare Commission checklist had been implemented to provide ease of reference.

This recommendation is: met.

Recommendation 3

Information and documentation for residents should be provided in a service user-friendly format.

National Care Standards, care homes for older people – Standard 1: Informing and deciding and Standard 11: Expressing your views.

This recommendation was made on 7 May 2015.

Action taken on previous recommendation

Around Mennock Unit there remained a lack of signage to support freedom of movement. The provider plans to improve this as part of the ongoing refurbishment of the care home. The manager had made contact with a supplier to progress this.

The provider had plans to review the menu. Use of a pictorial menu would aid residents to make choices at mealtimes.

More consideration should be given to improving how information is provided to residents to promote their understanding.

To allow further development, this recommendation is: repeated.

Recommendation 4

The manager should ensure that accident/incident records are consistently followed up and detail information about follow up actions to minimise risk of reoccurrence.

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

This recommendation was made on 9 March 2017.

Action taken on previous recommendation

Processes were in place to monitor the accidents/incidents.

This recommendation is: met.

We have made a separate recommendation about falls prevention and recording observations following a fall.

Recommendation 5

Promoting excellence training should be undertaken by all staff to promote their understanding of how to support people who live with dementia.

National Care Standards, care homes for older people – Standard 5: Management and staffing and Standard 14: Keeping well – healthcare.

This recommendation was made on 9 March 2017.

Action taken on previous recommendation

At the last inspection all staff had undertaken introductory level training.

Care staff continued to progress towards achievement of the skilled level training, to enable their understanding on how to support residents who live with dementia. This is an area for ongoing development. The manager planned to support this through the introduction of a dementia champion.

This recommendation is: met.

Recommendation 6

Training should be provided for staff to promote their understanding on the Mental Welfare Commission role in protecting residents.

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

This recommendation was made on 5 July 2016.

Action taken on previous recommendation

Personal plans we sampled demonstrated legal documents relating to Adults with Incapacity certificates and Power of Attorney certificates. As recommended the Mental Welfare Commission checklist had been implemented to provide ease of reference. This demonstrated an understanding of the Mental Welfare Commissions role.

This recommendation is: met.

Recommendation 7

A regular schedule for deep cleaning would support infection control.

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

This recommendation was made on 5 July 2016.

Action taken on previous recommendation

This recommendation was not met. We have discontinued this recommendation and made a separate requirement relating to infection control, housekeeping and cleanliness.

Recommendation 8

Environmental audits should be conducted to allow monitoring on the fitness and appropriateness of the environment.

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

This recommendation was made on 9 March 2017.

Action taken on previous recommendation

Audits were not used to good effect.

Some areas of the care home were poorly presented and maintained. Odours were present throughout. We identified safety concerns with regards to the fitting and type of flooring used in some bedroom and corridor areas.

We have discontinued this recommendation and taken account of environmental and quality assurance deficits, reflected in recommendations and requirements within the relevant sections of this report.

Recommendation 9

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 5: Management and staffing arrangements.

This recommendation was made on 9 March 2017.

Action taken on previous recommendation

An improvement plan was in place to support the development of the service. The provider and an external management consultant planned to review this to take account of the findings from this inspection. We have amended the recommendation slightly to reflect this.

This recommendation is: repeated.

Recommendation 10

Consideration should be given to the use of dementia signage to support residents to move freely around their environment.

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

This recommendation was made on 5 July 2016.

Action taken on previous recommendation

The content of a previous recommendation relating to providing information in a service user friendly format takes account of this matter, therefore, this recommendation is discontinued.

Recommendation 11

The provider should ensure appropriate upkeep of the grounds to enable service users to safely and freely have access.

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

This recommendation was made on 9 March 2017.

Action taken on previous recommendation

The garden was poorly presented and maintained. The grass was overgrown. Patio areas should be cleared of leaves and garden furniture cleaned to promote a pleasant environment and encourage use of outdoor space.

This recommendation is: repeated.

Recommendation 12

The service manager should ensure that all staff receive regular and consistent formal 1:1 sessions. Details of discussions held and actions to be taken should be recorded and signed off 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. Staff should receive an annual appraisal and be given the opportunity to reflect and gain feedback on their work performance.

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

This recommendation was made on 9 March 2017.

Action taken on previous recommendation

The manager had a schedule of individual supervisions which gave staff time with their line manager to discuss roles and responsibilities.

Staff consulted told us some improvements had been made at the service and staff motivation was higher than previously.

Relatives told us staff were nice and kind and they got on well with most of them. This indicated there was confidence in staff and good relationships had built up.

This recommendation is: met.

Recommendation 13

The service manager should ensure that all staff have been given a copy of their job descriptions and have a clear understanding of their roles and responsibilities, with knowledge of care provision in a person-centred manner. This would allow a change to the current staff culture within the service and encourage staff to have an ethos of respect for each other.

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

This recommendation was made on 9 March 2017.

Action taken on previous recommendation

At the last inspection job descriptions had been issued to all staff. The manager had a schedule of individual supervisions which gave staff time with their line manager to discuss roles and responsibilities.

Staff consulted told us some improvements had been made at the service and staff motivation was higher than previously.

This recommendation is: met.

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 | |
|-------------|-------------|---------------------------|--------------------|
| 9 Mar 2017 | Unannounced | Care and support | Not assessed |
| | | Environment | Not assessed |
| | | Staffing | Not assessed |
| | | Management and leadership | Not assessed |
| 5 Jul 2016 | Unannounced | Care and support | 3 - Adequate |
| | | Environment | 3 - Adequate |
| | | Staffing | 3 - Adequate |
| | | Management and leadership | 3 - Adequate |
| 15 Dec 2015 | Unannounced | Care and support | Not assessed |
| | | Environment | Not assessed |
| | | Staffing | Not assessed |
| | | Management and leadership | Not assessed |
| 7 May 2015 | Unannounced | Care and support | 3 - Adequate |
| | | Environment | 1 - Unsatisfactory |
| | | Staffing | 3 - Adequate |
| | | Management and leadership | 1 - Unsatisfactory |
| 15 Jan 2015 | Unannounced | Care and support | 3 - Adequate |
| | | Environment | 3 - Adequate |
| | | Staffing | 3 - Adequate |
| | | Management and leadership | 3 - Adequate |
| 15 Jan 2015 | Unannounced | Care and support | 3 - Adequate |
| | | Environment | 3 - Adequate |
| | | Staffing | 3 - Adequate |
| | | Management and leadership | 3 - Adequate |
| 7 May 2014 | Unannounced | Care and support | 4 - Good |
| | | Environment | 4 - Good |
| | | Staffing | 4 - Good |
| | | Management and leadership | 4 - Good |
| 16 Jan 2014 | Unannounced | Care and support | 2 - Weak |
| | | Environment | 4 - Good |
| | | Staffing | 3 - Adequate |

| Date | Type | Gradings | |
|-------------|-------------|--|--|
| | | Management and leadership | 3 - Adequate |
| 6 Nov 2013 | Re-grade | Care and support Environment Staffing Management and leadership | Not assessed 2 - Weak Not assessed 2 - Weak |
| 8 May 2013 | Unannounced | Care and support Environment Staffing Management and leadership | 3 - Adequate 4 - Good 4 - Good 3 - Adequate |
| 9 Nov 2012 | Unannounced | Care and support Environment Staffing Management and leadership | 4 - Good 3 - Adequate 4 - Good 4 - Good |
| 19 Jun 2012 | Unannounced | Care and support Environment Staffing Management and leadership | 4 - Good 2 - Weak Not assessed Not assessed |
| 2 Mar 2012 | Re-grade | Care and support Environment Staffing Management and leadership | Not assessed 2 - Weak Not assessed Not assessed |
| 13 Dec 2011 | Unannounced | Care and support Environment Staffing Management and leadership | 3 - Adequate 3 - Adequate 4 - Good 3 - Adequate |
| 19 May 2011 | Unannounced | Care and support Environment Staffing Management and leadership | 3 - Adequate 3 - Adequate 4 - Good 3 - Adequate |
| 12 Jan 2011 | Unannounced | Care and support Environment Staffing | 3 - Adequate 3 - Adequate 4 - Good |

| Date | Type | Gradings | |
|-------------|-------------|---------------------------|--------------------|
| | | Management and leadership | 3 - Adequate |
| 18 Aug 2010 | Re-grade | Care and support | 3 - Adequate |
| | | Environment | 3 - Adequate |
| | | Staffing | 4 - Good |
| | | Management and leadership | Not assessed |
| 29 Apr 2010 | Announced | Care and support | 1 - Unsatisfactory |
| | | Environment | 1 - Unsatisfactory |
| | | Staffing | 2 - Weak |
| | | Management and leadership | 3 - Adequate |
| 10 Nov 2009 | Unannounced | Care and support | 1 - Unsatisfactory |
| | | Environment | 1 - Unsatisfactory |
| | | Staffing | 1 - Unsatisfactory |
| | | Management and leadership | 3 - Adequate |

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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