About the service

This service registered with the Care Inspectorate on 1 April 2011.

Burnfoot Coach House is a private care home situated 1 mile south of Ecclefechan, set within 20 acres of parkland and gardens. The service provider is Mead Medical Services Limited.

The care home is registered to provide care to a maximum of 30 older people with mental health problems and to provide a care service to a maximum of 25 older people in Burnfoot Hall. The following rooms are not available for residential care use - 10, 12.

The home includes an older country house and a modern extension, both over two floors. The home is situated in a rural location close to the town of Ecclefechan.

The homes’ statement of aims and objectives state that at Burnfoot Coach House we recognise, understand and cater for individual and special needs deemed necessary for the comfort and wellbeing of our residents. The homes’ philosophy of care, is for the staff to preserve and maintain dignity, individuality and privacy of all service users and in so doing will be sensitive to the service users’ ever changing needs.

During the inspection there were 55 residents living in the home.

What people told us

During the inspection we received the views of 18 residents and 11 relatives who were all happy with the quality of care and support received within the home. They told us that the care staff could not be faulted and assistance was available when required and given patiently. People told us that the management team were friendly and approachable, although some relatives had not yet been introduced. Residents and relatives felt able to discuss any concerns which they were confident would be addressed. Most people were included in care planning and decision-making about their care.

Although group activities were offered regularly some residents and relatives felt there could be more opportunities to ensure everyone was supported to attend various bus trips, and more personalised activities could be taking place.

Some people were not aware of the homes continued refurbishment plan.

Self assessment

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

From this inspection we graded this service as:

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

Findings from the inspection

At the last inspection the service received a grade of 3 adequate for this quality theme. During this inspection they received a grade of 4 good.

Overall, people were treated very well. Residents and relatives continued to be very happy with the quality of care and support they received within the home.

Residents were given choices. We received positive feedback from individuals who had input into their daily lives, such as: what they wore, where they sat, when and where they ate, when they got up and went to bed, and how they spent their time.

Residents and relatives continued to be offered good opportunities to participate within various aspects of the home through annual questionnaires and attendance at various meetings. As a result, those who participated felt accepted, included and involved.

We suggested that action plans were in place to highlight areas for improvement and how they were being addressed.

We also encouraged the service manager to consider how residents with communication difficulties and relatives who do not attend the home regularly could be encouraged to express their views on any aspect of the home, including discussions about key workers and staff recruitment.

(Re stated recommendation 1).

Residents and relatives were encouraged and supported to discuss and review personal information recorded in their care plans along with input from various healthcare professionals. As a result of this, they felt more involved in their care.

Information was not always reviewed and evaluated including: oral healthcare, catheter care, food and fluids, skin care and pressure area.

(See quality theme 4).

Information regarding end of life care was discussed and recorded in various parts of the plan. Residents should be supported to live well and plan for a good end of life. We signposted the service manager to the following documentation to consider for future use:

‘Let’s think ahead, Guidance For Health and Care Professionals, Anticipatory Care Planning.’

New residents and relatives entering the home were given various opportunities to meet care staff and other residents during their admission process. Support and encouragement was given to personalise their own rooms and private areas.
As a result of this, people felt relaxed and welcomed.

Individuals were supported to take responsibility for their own belongings and possessions, deciding where they would like them stored for safe keeping.

Residents were offered a small range of activities within and outwith the home. They had contact with other people and the opportunity for socializing. These were arranged by the homes activity staff who had started to discuss various hobbies and interests with individuals throughout the home.
As a result of this, we could see some residents attending to previous hobbies and interests in small group settings. We were aware these were not yet taking place for everyone. We encouraged care and activities staff to work more closely together to ensure all residents receive regular one-to-one and group activities on a regular basis so all residents had the opportunity to undertake activities which interested them. (Re stated recommendation 2).

Care and ancillary staff were undergoing various levels of best practice informed and skilled dementia training focusing on understanding the rights of people living with dementia. As a result of this, residents were recognised and accepted for who they were and were treated with respect.

Medication procedures had much improved ensuring that medication was administered at times prescribed. As discussed in previous requirements, some best practice was still to be considered. (Re stated recommendation 3).

**Requirements**

**Number of requirements:** 0

**Recommendations**

**Number of recommendations:** 3

1. Re stated recommendation
   The service manager should consider how residents with communication difficulties and relatives who do not attend the home regularly can be encouraged to express their views on any aspect of the home. She should review the process of involving residents and relatives in choosing key workers and taking part in staff recruitment.


2. Re stated recommendation
   The service manager should consider how they can recognise the importance of the small things that improve quality of life and quality of care for individuals and consider how these could be discussed during handover and incorporated into care plan daily records. Residents individual skills and abilities and leisure interests should be discussed and recorded as part of the care planning process and taken into consideration when planning activities within the home. Opportunities for regular activities outwith the home should be assessed and reviewed with residents and relatives.


   We signposted the service manager to the following resource containing a DVD and training pack for discussion among the staff teams:
3. The service manager should ensure best practice is followed at all times when administering, recording, auditing, ordering and returning of all residents medications. She should prioritize areas highlighted within this inspection such as:

- PRN medication protocols to include relevant up-to-date information
- MAR to be signed and dated and stock reconciliation to be carried forward
- Care plans to contain detailed information regarding medications prescribed, including review and evaluation of their effects on individuals.


Grade: 4 - good

Quality of environment

Findings from the inspection

At the last inspection the service received a grade of 4 good for this quality theme. This was maintained during this inspection.

Residents and relatives were more complimentary of the homes internal environment as refurbishment work continued. Not all residents and relatives were aware of the continued plan. We advised the service manager to ensure regular updates were discussed until work was completed to keep everyone informed.

Rooms and corridors were being kept in good decorative order and various home furnishings were being replaced. We could see that the home provided residents with a pleasant place to live as a result of this.

Use of various rooms and areas were reviewed as new residents entered the home and their needs and interests changed. This offered opportunities for residents to maintain their independence and pursue previous activities and interests.

The service manager continued to use the ‘Kings Fund Environmental’ guide to assess and review the safety and accessibility of various areas in the home for those living with dementia. This was making communal and private areas more accessible to residents and visitors.

Routine maintenance checks and repairs continued to take place following best practice and legislation to ensure a safe environment. External agencies were contacted for all contracted works which were overseen by the homes maintenance man.

Copies of certificates and dates of external checks were not always recorded, making it unclear when checks had taken place. The homes maintenance man did not have easy access to all best practice documentation, including Health and Safety Executive guidance. We suggested this was in place to increase his knowledge and understanding of his roles and responsibilities. (See recommendation 1).
The extensive gardens and grounds around the home were well maintained and plans were in place to construct a pathway offering residents a more safe and easy access to the animals. Animal health and welfare was routinely monitored by the appropriate bodies to ensure residents were safe when attending to them. We suggested that these were added to the homes environmental risk assessments and policies.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. In order to ensure the environment is safe and residents are respected, the service manager should ensure that records of all external certificates and checks are kept and reviewed as part of the homes quality assurance processes. The maintenance man should have access to best practice guidance regarding all fixtures, fittings and equipment.


Grade: 4 - good

Quality of staffing

Findings from the inspection

At the last inspection the service received a grade of 3 adequate for this quality theme. During this inspection they received a grade of 4 good.

Residents and relatives continued to be complimentary about all staff working in the home. They told us they were friendly, caring and approachable and did an excellent job. Residents and relatives were confident in staff abilities to attend to their support needs efficiently and were more able to talk to them about their needs as a result of this.

Staff continued to work in small teams in the various units, offering consistency of support to residents. This meant that residents became familiar with the same faces and staff knew how their needs would be best met.

Staff continued to display good values towards residents, relatives and each other. We found them using: a relaxed pace, acceptance, recognition and fun when supporting individuals to attend to their needs. Residents responded positively to these interactions.

Care staff were flexible within their approach in order to ensure they were safeguarding service users and attending to their changing needs on a daily basis.

All staff received induction and routine training specific to their roles and responsibilities, reflecting up-to-date knowledge and best practice.
The homes training schedule continued to highlight all mandatory and routine training for all staff.

The home used various methods of training including: training sessions, training packs and electronic learning where staff obtained a score at the end of each session.
We encouraged the service manager to ensure discussion held to evaluate training were recorded in individual learning and development plans as part of the homes supervision policy.
(Re stated recommendation 1).

Requirements
Number of requirements: 0

Recommendations
Number of recommendations: 1

1. Re stated recommendation
The service manager should ensure that staff continue to have regular supervision, including detailed records of discussions held and actions agreed which are routinely reviewed and evaluated.
Individual learning and development plans should be in place for all staff recording training held and points learned and how this will be reflected in staff practice leading to better outcomes for residents.

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

Grade: 4 - good

Quality of management and leadership

Findings from the inspection
At the last inspection the service received a grade of 3 adequate for this quality theme. This was maintained during this inspection.

The management team were involved in all aspects of the running of the home and were keen to ensure residents and relatives felt welcomed and supported, making it feel like their home.

We were encouraged to find the newly structured management team continued to work in a more positive open culture. They responded to issues raised on a daily basis, offering discussion and trialling any suggestions made.

Residents, relatives and staff found the management team approachable. They were confident any complaints, suggestions and comments were being satisfactorily addressed.

Staff described the culture of the leadership and management in the home as firm, but fair and approachable. Staff felt valued, respected and appreciated.
We were confident that the commitment and stability offered within the new management team would ensure residents continued to receive good quality care and support. We encouraged the homes director of care to monitor this for continued effect.

The management team encouraged and supported staff to develop their own skills and were offered various ‘expert’ and ‘responsible’ roles within the home, such as optical champion, hearing aids, manual handling, continence, medication. Residents received quick and effective responses to various healthcare needs as a result of this.

The home offered a good internal promotions policy encouraging staff to apply for promoted posts within the organisation. We suggested that this policy should be consistently followed.

We were aware that staff professional register checks were not routinely highlighting all areas to be addressed as discussed in previous requirements (See requirement 1).

Although the homes quality assurance procedures were regularly completed, they were not always reviewed and evaluated to ensure the outcomes had been fully met. We found some best practice issues arising within various procedures mentioned within this report, such as medication, falls, accidents and incidents as a result of this. (See recommendation 1).

Residents relatives and staff were unaware of the information within the homes service improvement plan which the service manager agreed to discuss. (See re stated recommendation 2).

Requirements

Number of requirements: 1

1. The service provider must ensure that all staff employed within the service have the qualifications, skills and experience necessary for the work they are to perform. This should include being registered with the appropriate professional bodies.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) SSI 2011. No 210.Fitness of employees 9.- (1) A provider must not employ any person in the provision of a care service unless that person is fit to be employed. (2) The following persons are unfit to be employed in the provision of a care service: - (b) a person who does not have the qualifications, skills and experience necessary for the work that the person is to perform.

Timescale for completion: within one month.

Recommendations

Number of recommendations: 2

1. The service manager should ensure that routine audits are reviewed and evaluated to ensure satisfactorily outcomes are met.
She should prioritize the following:

Medication, falls, accidents and incidents, care plans and complaints.
National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

2. Re stated recommendation
The service manager should ensure all staff have a good understanding of the homes aims and objectives and corporate plan, identifying the goals they are working towards within the organisation and the care home. The service manager should consider how these will be reviewed and evaluated with the inclusion of the management and staff team.

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

**Grade:** 3 - adequate

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

**Previous requirements**

**Requirement 1**

In order to ensure that the service is provided in a manner which promotes quality and safety and respects the independence of the service users, the service provider must make proper provision for the health, welfare and safety of the service users and provide services in a manner which respects the privacy and dignity of service users. They must ensure they have appropriate procedures for the administration of medication, including best practice and legislation which are followed at all times.

This is in order to comply with SSI 2011.NO 210, Welfare of users 4. - (1) (a) (b)

**Timescale for completion:** within two months from inspection feedback.

This requirement was made on 21 October 2016.
**Action taken on previous requirement**
The service manager and care staff had made good progress with this requirement. Increased routine audits found areas of concerns which were highlighted and appropriately rectified. We could see that issues found during the last inspection were being resolved as a result of this, and residents were receiving correct medication at the time it was prescribed. Medication reviews were taking place to consider effects and side effects of new medications prescribed. Medication room and refrigerator checks were routinely taking place ensuring they remained within therapeutic temperatures, and stock checks and balances were completed. The service manager was supporting the change of medication to original packaging with support from the community pharmacist. We found some areas where best practice was not always being followed when administering, recording, auditing, ordering and return of medications. We recommended that these procedures continued to be monitored. (See recommendations quality theme 1).

**Met - outwith timescales**

**Requirement 2**

In order to ensure that they make proper provision for the health, welfare and safety of service users and provide services in a manner which respects the privacy and dignity of service users, the service provider must ensure that all residents have a personal plan that clearly details their needs, wishes and preferences and sets out how they will be met in a way they find acceptable. They should ensure that all care and care plan information is recorded and reviewed and evaluated with healthcare professionals, ensuring that information is current and up-to-date, reflecting best practice and care needs of individuals.

The service manager should pay particular attention to ensuring care plans contain clear detailed records of the following:

- Nutritional care records and risk assessments
- Medication records and care plans
- Cognitive assessments and care plans.

This is in order to comply with SSI 2011.N0 210, Welfare of users 4. - (1) (a) (b)


**Timescale for full review and completion: within six months of inspection feedback date.**

**This requirement was made on 21 October 2016.**

**Action taken on previous requirement**
The service manager and care staff had made good progress with this requirement. Care plans contained more detailed information regarding residents’ needs wishes and preferences, including how these would be met. Residents and relatives were included in this process. Healthcare professionals were included in review and evaluation of various healthcare plans, although these were not always clearly documented. Risk assessments contained relevant information and guidelines for staff to follow. This meant that risks were appropriately identified and responded to.
We found some areas where best practice was not always being followed when recording, reviewing and evaluating care plans.

The quality of information recorded varied within different units in the home. Signatures and dates were not always included making it difficult to identify when records were originally written and by whom. Various charts were not fully completed reviewed and evaluated. We recommended that these procedures continued to be monitored. (See recommendations quality theme 1).

**Not met**

**Requirement 3**

The provider must not employ any person in the provision of the care service unless that person is fit to be so employed. In order to ensure this, the provider must apply a robust procedure for the recruitment of staff including, assessment of their qualifications and experience, the taking up of two references, one of which must be from the current or last employer, the checking of staff against the protection of vulnerable groups records, and the checking of staff on the Scottish Social Services Council register or any other register which may be appropriate.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 9. (1), and section 34 of the Protection of Vulnerable Groups (Scotland) Act 2007.

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

**This requirement was made on 21 October 2016.**

**Action taken on previous requirement**

Recruitment and associated records had improved. Legislation and best practice was being followed during the interview and recruitment stage: Satisfactory references were obtained. Initial applications were made to PVG and SSSC applications and checks were taking place. Although there was a good system in place to routinely review PVG and SSSC checks we found that these were not always highlighting renewal dates and conditions of registration. This had resulted in some staff working outwith their registration. (See requirement 1 quality theme).

**Met - outwith timescales**

**Requirement 4**

In order to ensure that they make proper provision for the health, welfare and safety of service users and provide services in a manner which respects the privacy and dignity of service users, the service provider must ensure that residents are supported to bed at their preferred times at all times.

This is in order to comply with SSI 2011.NO 210, Welfare of users 4. - (1) (a) (b).

Timescale for full review and completion: with immediate effect.

This requirement was made on 21 October 2016.

**Action taken on previous requirement**
The service manager had made good progress with this requirement. Staffing levels and deployment had been reviewed and evaluated resulting in an increase in staffing levels during day and night shift. As a result of this, residents needs were being attended to quickly and efficiently and they were going to bed and getting up at their preferred times. Recruitment continued to take place for more senior care staff to be available during sickness and annual leave. A new care call system had been purchased offering staff a pager system to respond to without loud care call buzzers sounding throughout the units. Staff who were lone working in each of the units felt safe guarded and protected with quick response to assistance needed. The homes lone working policy had been reviewed. We suggested that information regarding the new care call was added for clarity.

**Met - outwith timescales**

**Requirement 5**

In order to ensure that the service is provided in a manner which promotes quality and safety and respects the independence of the service users, the service provider must make proper provision for the health, welfare and safety of the service users. They must ensure they have good quality assurance systems and processes in place reviewing and auditing all aspects of service delivery. Appropriate notifications to the Care Inspectorate should be timeously completed and submitted. Where areas are identified as needing improvement, appropriate action plans must be in place and progression towards meeting the actions required must be recorded. The service provider should prioritize audits mentioned for various areas highlighted within this report as follows:

- Care plans
- Accidents and incidents
- Safe and contents
- Environmental risk assessments
- Medication
- Complaints.

This is in order to comply with SSI 2011.N0 210, Welfare of users 4. - (1) (a) (b).


**This requirement was made on 21 October 2016.**
Action taken on previous requirement
The service manager continued to use the homes detailed quality assurance processes to audit all aspects of the home. We could see that issues were being timeously addressed as a result of this. As discussed throughout this report we could see that some audits were completed in more detail than others. Most had not been reviewed or evaluated to identify if changes made had been effective and realistic. Notifications to the Care Inspectorate were completed on the whole, however, we were aware that on a few occasions these had not been completed. (See recommendations quality theme 4).

Met - outwith timescales

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

Previous recommendations

Recommendation 1
The service manager should ensure that they find out about each resident’s past, present and future wishes, values and beliefs, knowing what is important to the individual and has the information recorded as part of residents life stories within care plans.


This recommendation was made on 21 October 2016.

Action taken on previous recommendation
Care plans contained more personalised information with input from residents and relatives. As a result of this, we could see that residents received more individualised person-centred care. We agreed this information needed to be shared with the activities coordinator to support them to arrange more activities around peoples likes and preferences.

This recommendation is: met.

Recommendation 2
The service manager should ensure that care plans contain clearly detailed information about individual’s oral healthcare needs, including detailed steps for staff to follow where oral care is consistently refused.


This recommendation was made on 21 October 2016.
Action taken on previous recommendation
Oral healthcare assessments and dental referrals were being made as part of the admission process. Residents were supported and encouraged to attend to their own oral health care needs where able. Various issues were reviewed as part of the care planning process, but were not always clearly evaluated making it difficult to ascertain when professional support would be accessed.
We advised the service manager to discuss this further with the local oral healthcare team for future clarity. (See recommendations quality theme 1).

This recommendation is: met.

Recommendation 3
The service manager should ensure that care plans contain clearly detailed information about individual’s healthcare needs following best practice guidance for catheter care.


We signposted the service manager to the following guidance: Health Improvement Scotland Urinary Catheterisation and Catheter Care July 2004.

This recommendation was made on 21 October 2016.

Action taken on previous recommendation
Catheter care was carried out to a good standard. Best practice documentation had been accessed and followed for residents within dwelling catheters. Care plans contained more detailed information for staff to follow. Care staff continued to liaise with district nurses to ensure all catheters were in good working order and were routinely cleaned and checked. Food and fluid charts were not always fully completed making it difficult to ascertain correct input and output within a 24 hour period. We asked the service manager to ensure these were routinely reviewed as part of the care planning process. (See recommendations quality theme 1).

This recommendation is: met.

Recommendation 4
The service manager should ensure that all residents have the opportunity to eat their meals in a relaxed calm and inviting environment where staff are available to attend to their individual needs. Residents should be reminded about their meal choices and be given time and support to ensure they are full before food is taken away.


This recommendation was made on 21 October 2016.

Action taken on previous recommendation
On the whole, the dining experience had much improved since the last inspection. We found mealtimes to provide a relaxed calm environment where care staff were available to attend to individuals varying needs. Residents were offered a choice of foods they could eat with various alternatives available.
We were aware that the environment could become noisy and chaotic dependent on the needs of various individuals. We encouraged the service manager to ensure that enough staff will always be available to offer continuity, and ensure individuals food and fluid intake could be routinely monitored.

We also advised the service manager continued to review the dining experience within each unit of the home as part of their quality assurance checks.

This recommendation is: met.

**Recommendation 5**

The service manager should consider how residents with communication difficulties and relatives who do not attend the home regularly can be encouraged to express their views on any aspect of the home.

National Care Standards, care homes for older people - Standard 8: Making choices and Standard 11: Expressing your views.

**This recommendation was made on 28 September 2015.**

**Action taken on previous recommendation**

Care planning continued to include detailed information about residents abilities, including communication. We found there was good input from residents and relatives within the care planning process. We would like to see this extended to participation within various meetings and activities. (See re stated recommendations quality theme 1).

This recommendation is: not met.

**Recommendation 6**

The service manager should ensure that staff receive appropriate recognised training in the risk of postural asphyxiation associated with prone restraint techniques.


**This recommendation was made on 28 September 2015.**

**Action taken on previous recommendation**

Staff who attended formal training had continued to informally share what they had learned with other care staff in the team. The service manager agreed to discuss and record this as part of staff individual learning development plans. We agreed this recommendation is met and will review learning and development plans as part of restated recommendation 12.

This recommendation is: met.

**Recommendation 7**

The service manager should consider how they can recognise the importance of the small things that improve quality of life and quality of care for individuals and consider how these could be discussed during handover and incorporated into care plan daily records.

We signposted the service manager to the following resource containing a DVD and training pack for discussion among the staff teams:


This recommendation was made on 28 September 2015.

**Action taken on previous recommendation**
Staff signposted and care plan notes continued to discuss tasks and attendance to various healthcare appointments only with little information regarding individual’s meaningful interactions and how these had impacted on their day. We encouraged the service manager to review this resource with staff and consider how this recommendation could be met.
(See re stated recommendations quality theme 1).

This recommendation is: not met.

**Recommendation 8**

The service manager should review the process of involving residents and relatives in choosing keyworkers and taking part in staff recruitment. The service manager should take into consideration how residents with communication difficulties could be involved in these.


This recommendation was made on 28 September 2015.

**Action taken on previous recommendation**
Residents and relatives received opportunities to meet with and discuss their keyworkers during their admission and as part of the care planning process. Residents were supported to review staff performance as part of the homes supervision policy.
Although residents and relatives should be part of the homes recruitment process, few had been asked during recent staff recruitment.
(See re stated recommendations quality theme 1).

This recommendation is: not met.

**Recommendation 9**

The service manager should ensure that residents individual skills and abilities and leisure interests are recorded as part of the care planning process and taken into consideration when planning activities within the home. Opportunities for regular activities outwith the home should be assessed and reviewed with residents and relatives.


This recommendation was made on 21 October 2016.
Action taken on previous recommendation
The homes activities coordinator was visiting individual residents to obtain more personal information regarding their previous hobbies, interest, skills and abilities to consider how these could be reflected in various group and one-to-one activities. She had not managed to meet all residents and their relatives. We advised the activities and care staff to work together to review and assess individual interest and consider how these could be incorporated more into daily tasks and activities.

We suggested that activities staff accessed various best practice guidance as previously signposted and continued to meet with local activities groups. (See recommendations quality theme 1).

This recommendation is: not met.

Recommendation 10

The service manager should ensure that the premises are kept clean, hygienic and free from offensive odours.

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

This recommendation was made on 21 October 2016.

Action taken on previous recommendation
The home continued to be free from offensive odours. Cleaning schedules had been reviewed and updated to ensure all communal and private areas throughout the home were routinely cleaned with appropriate cleaning materials. The homes refurbishment plan continued within one of the units in the home where furniture, carpets and décor were currently being prioritised.

This recommendation is: met.

Recommendation 11

The service manager should ensure that residents are able to move freely and safely around the house and corridors and can control the lighting in their rooms. Communal areas and corridors should be well lit at all times.

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

This recommendation was made on 21 October 2016.

Action taken on previous recommendation
The service manager continued to review the homes environment through the ‘Kings Fund EHE tool’ which has resulted in ongoing environmental changes being made, this included various lighting added to some communal areas. We were aware the refurbishment plan continues to be ongoing and will review continued progress during the next inspection.

This recommendation is: met.

Recommendation 12

The service manager should ensure that staff continue to have regular supervision, including detailed records of discussions held and actions agreed which are routinely reviewed and evaluated.
Individual learning and development plans should be in place for all staff, recording training held and points learned and how this will be reflected in staff practice leading to better outcomes for residents.

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

This recommendation was made on 21 October 2016.

**Action taken on previous recommendation**
Supervision was taking place more routinely for all staff. Supervision discussions and records, along with learning and development plans were currently under review and completed in various stages. We will look at the progress made during the next inspection.
(See recommendations quality theme 3).

This recommendation is: not met.

**Recommendation 13**

The service manager should ensure that staff have a good understanding of the local ASP guidelines and the referral process.


We signposted the service manager to the following: http://www.dumgal.gov.uk/CHttpHandler.ashx?id=8986&p=0

This recommendation was made on 28 September 2015.

**Action taken on previous recommendation**

Adult support and protection concerns were timeously referred to the appropriate agencies. All staff continued to routinely receive adult support and protection training. Some staff remained unaware of the local guidelines to follow. We advised the service manager to discuss these with all staff during their team meetings.

This recommendation is: met.

**Recommendation 14**

In order to ensure that all new staff are involved in a planned training programme and use methods that reflect up-to-date knowledge and best practice guidance, the service manager should ensure that domestic, kitchen and laundry staff have a clearly devised induction and training programme which is routinely reviewed and evaluated.

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

This recommendation was made on 21 October 2015.

**Action taken on previous recommendation**

Ancillary staff received induction training which included more detailed information regarding their duties. Ancillary staff completed all mandatory training.
Recommendation 15

The service manager should ensure all staff have a good understanding of the homes aims and objectives and corporate plan, identifying the goals they are working towards within the organisation and the care home. The service manager should consider how these will be reviewed and evaluated with the inclusion of the management and staff team.

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

This recommendation was made on 28 September 2015.

Action taken on previous recommendation

The homes aims and objectives had been reviewed and updated and were available throughout the home. The homes service improvement plan was routinely reviewed and updated highlighting areas for development through the homes quality assurance processes. The service manager agreed to discuss these with residents relatives and staff. We will look at progress during the next inspection. (See recommendations quality theme 4).

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

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