

Abbeyside Nursing Home Care Home Service

Institution Road
Elgin
IV30 1QX

Telephone: 01343 549468

Type of inspection: Unannounced
Inspection completed on: 1 December 2017

Service provided by:
Abbeyside Nursing Homes Limited

Service provider number:
SP2003002308

Care service number:
CS2003013732

About the service

Abbeyside Nursing Home is situated in the Moray town of Elgin. The service is close to local amenities such as shops, cafes and churches. The service is provided from a large converted Victorian house.

The provider is Abbeyside Nursing Homes Limited. The provider has a total of four services in Morayshire.

Abbeyside has a large, well decorated sitting room and people have access to additional seating in the inner entrance to the service. The dining room was decorated and furnished to a good standard. Well maintained gardens were easy to access from patio doors in the dining room. Views from the dining room and lounge enabled people to look onto the gardens.

Bathing and showering facilities are shared. Some toilet facilities are en-suite however most people have shared access to toilets.

The service registered with the Care Inspectorate in April 2011 and is registered to care for up to 26 people. At the time of our inspection there were 24 people living in Abbeyside Nursing Home.

What people told us

We sent 50 Care Standards Questionnaires to the manager to randomly distribute to people who live in Abbeyside and to visitors to the service. Five completed questionnaires were returned to us. During our inspection we spoke with eight people who use the service and with three relatives. We used some of their comments to inform our inspection, for example:

"Staff are not visible, searched thirty minutes once for staff."

"Never seen activities going on."

"I enjoyed my tea (supper)."

"I want to be able to go outside."

We sent 15 Care Standards Questionnaires to the manager to distribute to staff who work in the service. No completed questionnaires were returned to us. During our inspection we spoke with nine staff, the manager, one managing director and a visiting consultant who supported the home. We used some of their comments to inform our inspection, for example:

"I am interested in completing more courses."

"I don't have enough time to chat to residents."

"The manager is approachable."

During our inspection we spoke with three visiting professionals.

It was important to include those people living in Abbeyside, who were unable to communicate with us verbally. We completed a 'Short Observational Framework for Inspection' (SOFI2) observation which helped us focus on outcomes and what the quality of life was like for people unable to inform us verbally.

Self assessment

A self-assessment was not required to be completed for this inspection. Throughout our inspection we requested to read the service's development plan. This was not forthcoming. We discussed with the manager of the service how a development plan would improve outcomes for people and improve their quality of life. We highlighted the importance of people living and visiting Abbesside being included in the ongoing development of the service.

From this inspection we graded this service as:

Quality of care and support	1 - Unsatisfactory
Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	1 - Unsatisfactory

Quality of care and support

Findings from the inspection

We found the performance of the service for this statement to be unsatisfactory. We spent a considerable amount of time during this inspection speaking to people, observing staff practice and looking at the quality of life for people who live in Abbesside Nursing Home. We also reviewed supporting documentation.

We observed a lunchtime service and were concerned that people's nutritional needs were not being met appropriately. People who were at risk of losing weight or who had lost weight remained at significant risk due to: no evidence of meals being fortified at the point of service and the staff member serving meals was unable to inform us on how to fortify meals, insufficient meals being available, the long wait for assistance due to lack of staff and no organised service which resulted in uncertainty as to if someone had a meal or not. We reviewed weight charts that demonstrated some people had lost significant weight. **See requirement 1.**

Access to drinks was limited outwith set times. Due to a lack of side tables some people had difficulty balancing cups and saucers with a side plate, resulting in some people spilling their drinks. Staff failed to intervene. People were unable to independently access drinks. We could not be confident that people received enough fluids to maintain a healthy level of hydration. **See requirement 2.**

We reviewed care documents and risk assessments and found poor completion of these documents. This resulted in a lack of written guidance for staff.

We reviewed accident and incident records. We found there was inconsistency with the completion and investigation after someone had a fall, and that not all incidents were recorded. The service had failed to complete important analysis of fall statistics and put systems in place to reduce the risk of further falls. Staff were not visible in high risk areas for long periods of time. Visitors told us that the lack of staff presence was common. Some people remained at significant risk of falls. **See requirement 3.**

We did observe some warm and friendly interaction between staff and people living in Abbesside, however throughout our inspection we observed staff failing to engage with people and failing to assist people. Staff

appeared focused on tasks. Some staff were unfamiliar to the service and failed to call people by their names and demonstrate awareness of people's abilities or care needs. We concluded that not everyone living in the home was treated with dignity and respect and that this had a negative impact on their quality of life. **See requirement 4.**

There were unpleasant odours throughout our inspection. We observed staff failing to assist people meet their continence needs. Cushion pads were either removed or covered in plastic. We concluded that the service did not have a promoting continence framework in place. Outcomes for some people were poor as a result. **See requirement 5.**

We observed people sit in the main lounge for long periods of time without meaningful social engagement. We observed many people doze in chairs. There was a lack of items available for people to independently access to keep them occupied. Outcomes for people were poor as a result. It was disappointing that the service had failed to implement changes and improve outcomes following a complaint investigation into lack of meaningful activities. The recommendation remains in place.

We informed the local authority and The Mental Welfare Commission of our concerns.

The provider needs to address the areas of concern identified to enhance the wellbeing and quality of life of people living in Abbesside.

Requirements

Number of requirements: 5

1. The service provider must ensure that staff are aware of people's nutritional needs and that these needs are met. In order to do so, the provider must:

- a) ensure all nutrition care plans reflect people's current nutritional requirements including altered textured and fortified diets
- b) ensure people's individual nutritional needs are met
- c) enable people to have independent access to snacks at all times
- d) ensure there are sufficient quantities of meals available
- e) carry out regular mealtimes experience audits and evidence that areas for improvement that have been identified have been actioned.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

Timescale: to be implemented within one month of this report.

2. The service provider must ensure that the hydration needs of all people are met. In order to do so, the provider must:

- a) ensure that people have access to drinks at all times
- b) encourage people through enablement, to obtain their own drinks
- c) ensure that people are offered assistance to maintain hydration.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

Timescale: to be in place within one month of this report.

3. The provider must demonstrate that the service has systems in place to ensure individual residents are assessed, monitored and treated as directed, with regards falls management. In order to do this, the provider must:

- a) complete regular analysis of falls and incidents
- b) take appropriate action and put measures in place to reduce the risks to people
- c) ensure that care plans and fall risk assessments accurately reflect the current needs of individuals.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

Timescale: to be implemented within one month of this report.

4. The service provider must ensure that all people are treated with dignity and respect. In order to do so, the provider must:

- a) use only the preferred name of the person
- b) ensure that staff caring for people are fully informed of their abilities and care needs
- c) ensure all staff have completed dementia training, with emphasis on dignity and respect. Reflective accounts to be completed to reflect on how this learning will influence practice and improve outcomes for people.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

Timescale: to be implemented within two months of this report.

5. The provider must demonstrate that the service has systems in place to ensure individual residents are assessed, monitored and treated as directed, with regards their continence needs. In order to do this, the provider must:

- a) ensure that the service has a promoting continence framework in place
- b) accurate continence assessments and care plans are in place
- c) through observation of practice, the service must demonstrate that staff assist people timeously to ensure continence needs are met.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

Timescale: to be implemented within one month of this report.

Recommendations

Number of recommendations: 0

Grade: 1 - unsatisfactory

Quality of environment

Findings from the inspection

We found the performance of the service for this statement to be weak. During our inspection we completed a visual assessment of the environment, looked at how the environment affected people's quality of life and observed staff practice. Throughout our inspection we identified areas that caused us concern.

Throughout our inspection we detected odours in the home. Some areas were very unpleasant. We observed many lounge chairs without cushion pads. We observed some people sit on chairs without cushion pads and were then unable to rise from the chair independently. Some cushion pads had plastic coverings. Our observations confirmed the service's failure to have a promoting continence framework in place. See 'Quality of care and support'.

Some bedrooms had been personalised however this was not consistent. Some bedrooms were stark with a lack of a homely feel. It is important for bedrooms to be warm and welcoming to enhance people's quality of life.

We were informed that much of the cleaning of the shared areas was completed by night care staff. We were concerned about the impact the noise would have on the sleep patterns of those people sleeping in the area. We observed day staff fail to clean up food spillages throughout our visit. The service must ensure there is a robust cleaning schedule in place that does not impact on the health and wellbeing of people. **See requirement 1.**

Shared bathrooms had been upgraded to a good standard. This had a positive impact on people's wellbeing. We found shower rooms cluttered and dirty. People would have difficulty accessing these areas thus limiting choices. **See requirement 1.**

We brought to the attention of the service the unsafe storage of chemicals in easy to access areas. This posed a risk to people. The service acted promptly. The service did not have designated domestic storage cupboards; this resulted in sluice rooms being used for storage of mops, dusters etc. This increased the risk of cross contamination. **See requirement 1.**

High risk areas such as shared toilets and bathrooms did not have supplies of gloves and aprons. Failure to have access to and to use protective equipment increases the risk of cross infection and puts people at risk. **See requirement 2.**

We observed that clean linen was distributed by a member of staff whilst they were carrying cleaning products, cloths and a bucket and mop. This poor practice increased the risk of cross contamination and cross infection and demonstrates the lack of importance placed on ensuring people's clothes are treated with respect. **See requirement 2.**

We found that radiators were too hot to touch and they did not have covers in situ. This increased the risk of harm to people. It is a concern that this risk had not been identified through maintenance checks and through management walkabouts and environment audits. See Quality of management and leadership.

The provider had upgraded the décor in areas of the home and it was disappointing that the areas of weak practice identified had reduced the impact of these improvements on people's wellbeing and quality of life.

Requirements

Number of requirements: 2

1. The provider must ensure that there are robust domestic schedules in place that do not have a negative impact on people's health and wellbeing and that there is a secure designated domestic storage area to ensure appropriate storage of cleaning items and chemicals.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4()(a) - Welfare of Users.

Timescale: to be implemented within one month of receipt of this report.

2. The provider must ensure that best practice with regards to infection control is maintained at all times. In order to do this, the provider must:

- a) ensure that all staff have completed infection control training.
- b) ensure that the service demonstrates there is monitoring and supervision of staff practice
- c) ensure that there is availability of personal protective items in all high risk areas.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4()(a) - Welfare of Users: Regulation 15(b)(i) - a requirement about training.

Timescale: to be implemented within one month of receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

Findings from the inspection

At this inspection we found the performance of the service to be weak. We reached this conclusion after we spoke with the manager and staff of the service, observed staff practice and read relevant documentation. Throughout our inspection we identified areas that caused us concern.

During our inspection we observed some staff attend to people with kindness and compassion. However we observed many missed opportunities where staff failed to engage with people. There was a focus on the completion of tasks rather than a person-centred compassionate approach to care. This resulted in negative outcomes for people.

On day two of our inspection the staff on duty were either new, temporary or borrowed from another service. As a result people's needs and abilities were unknown. We observed staff being unsure of how to assist people and not being aware of people's names. This lack of knowledge increases the risks to people's health and welfare and had a negative impact on their wellbeing. **See requirement 1.**

Staff told us that the service was often short-staffed. Staff appeared busy throughout our inspection and they told us that the layout of the building impacted on their work load. As a result we observed people sit for long periods without a staff presence and some people wait for assistance at lunchtime due to insufficient staff numbers. The service must ensure that there are sufficient numbers of staff on duty to meet the needs of people. **See requirement 2.**

Training records showed that many staff had not completed refresher training since their induction period. Some staff in extended roles had not completed the necessary training to ensure that their practice was safe and informed. The health, safety and welfare of people is at risk if staff do not have the necessary skills and knowledge to fulfil all aspects of their role safely. **See requirement 1.**

We discussed with the provider our concerns that there was not always a registered nurse on duty. Some people living in the home had complex care needs and we were concerned that there was an inconsistent approach or a delay to these needs being met. The provider should review the current skill mix in the home to ensure that the clinical needs of people are met safely and timeously. **See requirement 2.**

A supervision matrix was now in use to ensure that all supervisions were completed timeously. The service should develop the content of staff supervisions to demonstrate that areas requiring improving or developing are clearly discussed and actioned. Outcomes for people will improve if staff practice is developed.

The service needs to address the areas of concern identified with staff numbers, the skills and knowledge of staff and their development to enhance the wellbeing and quality of life for people who live in the home.

Requirements

Number of requirements: 2

1. The provider must ensure that all staff working in the service receive the appropriate training which will equip them with the knowledge, competency and skills required to meet the care and welfare needs of people. Any staff member who is working in an extended role, must have completed the necessary training to fulfil all aspects of that role safely. In order to do this, the service must:

- a) ensure that all staff have completed up to date training as per provider's policy
- b) have a detailed and appropriate training and competency based assessment programme in place prior to a staff member extending their role to ensure they are suitably trained and skilled in that role
- c) demonstrate that training undertaken has improved outcomes for people in the service
- d) maintain an accurate up-to-date training matrix of the staff working in the service.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210: Regulation 4 (1)(a) - a requirement for the health and welfare of service users: Regulation 9(2)(b) - a requirement about fitness of employees: Regulation 15(b)(i) - a requirement about training.

Timescale: to be implemented within two months of receipt of this report.

2. The provider must ensure that there are sufficient numbers of appropriately trained and skilled staff on duty to ensure that the holistic needs of people are met. In order to do this, the provider must:

- a) complete a monthly needs-based analysis of the dependency of people living in the service and adjust staffing accordingly
- b) take into consideration the experience and qualifications of the staff on duty
- c) take into consideration the layout of the home and the impact this has on the service provision.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011, (SSI 2011/210) Regulation 4()(a) - Welfare of Users.

Timescale: to be implemented within one week of receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

At this inspection we found the performance of the service for this statement to be unsatisfactory. We reached this conclusion after we spoke with the management, reviewed relevant documentation, observed their role and the shift leaders in the service.

It was positive that the meetings with other managers employed by the provider continued. This good practice enabled managers to share information, have the opportunity to be up to date with company developments and also act as a support network for the manager of the service.

The manager was only present in the home three days a week. We saw from off duty that the manager worked as a carer in the home. We concluded that the reduced management presence was a contributing factor to the poor outcomes identified in 'Quality of care and support' and compromised the service's ability to develop and improve. **See requirement 1.**

We were concerned that the accessibility of the manager, when in the service, was compromised due to the location of the office. It is important for people living in Abbesside to have regular access to the manager to ensure they have opportunities to raise any concerns, issues or questions. **See requirement 1.**

We found an inconsistent approach to quality assurance, with no regular completion of audits. Areas identified for improvement had not been addressed and many issues, for example cleanliness of showers, radiator temperatures, had not been identified. In order to improve outcomes for people it is necessary for areas of improvement and poor practice to be identified through robust quality assurance. **See requirement 2.**

We reviewed the monthly clinical overviews that had been obtained, for example weight and falls statistics. It was concerning that no effective analysis was completed with these statistics. This meant that there was a failure to improve outcomes for many people due to not putting measures in place to reduce the risks of further weight loss or falls. **See requirement 3** in 'Quality of care and support'.

During our inspection we were significantly concerned with the safeguarding and welfare of one person. Although the provider acted immediately on our concerns, the failure of the manager and the service to previously act appropriately and timeously to improve the health and wellbeing of this person caused us significant concern. We reported our concerns to the local authority and to the Mental Welfare Commission.

The provider needs to address the areas of concern identified with the leadership and management to ensure the quality of life for people living in Abbesside Nursing Home improves.

Requirements

Number of requirements: 2

1. The provider must ensure that there is effective management of the service in place.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale: to be implemented within two weeks of receipt of this report.

2. The service provider must make significant improvements to the quality assurance processes to ensure that areas that require development are identified and then measures taken for improvement. The processes must be focused on improving the outcomes for people. In order to do this, the provider must:

implement quality assurance systems that demonstrate a comprehensive oversight of the service being delivered. This is to include a risk based approach to any actions identified.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale: to be implemented within one month of receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 1 - unsatisfactory

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

Previous requirements

Requirement 1

The provider must ensure there is a planned and consistent approach to managing skin care and preventing and managing pressure ulcers.

In order to achieve this the provider must:

- (i) keep skin risk assessments for all people using the service up to date and regularly reviewed
- (ii) ensure that care plans are in place detailing skin care needs and prescribed products
- (iii) ensure that, where indicated, appropriate pressure reducing equipment is in use and information about this is recorded in the care plan
- (vi) ensure that equipment in use is regularly checked, used or set correctly and regular reviewed.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (Scottish Statutory Instrument 2011/210). Regulation 4(1)(a) - requirements to make proper provision for the health and welfare of service users.

Timescale for completion: one month from receipt of report.

This requirement was made on 27 May 2016.

Action taken on previous requirement

We reviewed care notes and found that there was inconsistency with the updating of skin breakdown risk assessment, no consistency with the identification of type, size of wounds, no consistency with dressings used for individual wounds. Updates had not always been completed after a dressing had been changed thus it was difficult to establish if the wound condition was improving. Photographs of wounds when taken, were ineffective. We observed people identified at being at risk of skin breakdown, sit for long periods of time without assistance to change their position. The service demonstrated it failed to meet the continence needs of some people, thus increasing their risk of skin breakdown. We observed one person with a significant wound to his hand have no dressing in place.

We concluded that people remained at risk of skin breakdown due to the services inability to identify and reduce risks to individuals and that there was an inconsistent approach to wound care that did not demonstrate best practice.

Not met

Requirement 2

The provider must ensure that the each service user and their representative is involved in a review of their written care plan at least once in each six month period and more frequently where a change in need is indicated. All overdue reviews must be carried out.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 4(1)(a)(b);5(1)(2)

Timescale to carry out and complete all reviews that are due or overdue: 30 August 2016.

This requirement was made on 27 May 2016.

Action taken on previous requirement

Staff had carried out some reviews of care with people using the service and their relatives to ensure that service was providing a good standard of care, the plan of care was up to date and the person's needs were being met. However three out of the seven sampled had no record that supported a review had taken place in the last six months.

An overview of the care reviews had been put in place in April which meant it could be seen at a glance when the last review had been carried out and when the next one was due. Unfortunately this had not been kept up to date. The management should keep the overview up to date and ensure that reviews are arranged in plenty of time. Use of technology should be considered where families or representatives live a distance away or have difficulty attending in person.

Where reviews are carried out, both in-house and with other professionals, the service should keep an accurate record of those who attended, areas discussed, any follow-up action that is required and the person responsible for acting on this. The provider and management proposed that staff would receive additional training and support and reviews would be linked to the quality assurance systems they were developing.

Met - outwith timescales

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

Previous recommendations

Recommendation 1

Each person's care plan should be person-centred and include specific information on people's health and wellbeing needs and details about the level of care and support needed and any equipment in place required to ensure these needs are met.

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

This recommendation was made on 27 May 2016.

Action taken on previous recommendation

Staff were in the early stages of further developing people's care plans with them. The provider and management proposed that people's care plans would be more person-centred and kept up to date with the relevant information about the level of care and support they needed and how this was to be delivered. The

service had introduced care plan audits for staff to use which were aimed at highlighting any specific information that needed to be added. The provider planned to develop the audit further as staff got used to using it so that the quality of the planned care could be monitored and evaluated.

Recommendation 2

Review records need to show the way people using the service and their families are involved in making decisions about their individual care needs and their agreed plan of care. An accurate record of care reviews should be maintained and include who was involved, the areas discussed, the outcome of the review and any action to be taken as a result.

National Care Standards Care Homes for Older People - Standard 6: Support Arrangements and Standard 11: Expressing Your Views

This recommendation was made on 27 May 2016.

Action taken on previous recommendation

The service had some records of reviews in place although these still needed to be improved. In order for staff to make changes to care or follow up on any action to be taken on behalf of the person using the service, an accurate record should be maintained of who is involved in the review of care, the areas discussed, the outcome and any action to be taken as a result. The management should monitor the standard and quality of reviews, quality of care provision that any resulting action from the review is acted on.

Recommendation 3

The choice of meals and the way in which these are offered should be reviewed. People's dietary preferences, communication needs and any memory difficulties should be taken account of when reviewing the menu and meal arrangements.

National Care Standards Care Homes for Older People - Standard 13: Eating Well

This recommendation was made on 27 May 2016.

Action taken on previous recommendation

The provider had not addressed this recommendation however proposed to carry the review out across all of the their four care homes. The recommendation remains in place.

Recommendation 4

People using the service should have access to call points that are suitable for them to use to activate the to alarm system and summon assistance easily and quickly. This could include the use of pendants, wrist bands or pressure activated mats and be supported by an appropriate assessment.

National Care Standards Care Homes for Older People - Standard 9: Feeling Safe and Secure

This recommendation was made on 27 May 2016.

Action taken on previous recommendation

There were call bell points and sensor mats available. The manager planned to continue to assess the type of device most suitable for people to use and could request alternatives, for example wrist bands or pendants, to be obtained by the provider when a need was identified. One person had currently been identified as needing an alternative device and this had been requested and should be provided.

Recommendation 5

People using the service and visitors who do not know, or cannot remember, the key code should have access to a call bell or alert system to summon assistance to leave the first floor where a key code is required to do so.

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

This recommendation was made on 27 May 2016.

Action taken on previous recommendation

A call bell system has been put in place at the fire doors on the first floor so people were able to summon staff when they wanted to leave the first floor using the stairs and did not know the access code. The manager was looking at different types of appropriate signage to direct people to exits.

Recommendation 6

The provider should obtain two satisfactory written references, one of which should be the last employer. Where this is not possible the provider should undertake additional checks to ensure the applicant's suitability for the position. Accurate records of these should be maintained.

National Care Standards Care Homes for Older People - Standard 5: Management and Staffing Arrangements

This recommendation was made on 27 May 2016.

Action taken on previous recommendation

This recommendation has been addressed satisfactorily, robust systems were in place and were being followed.

Recommendation 7

The service should develop and establish their ambassador roles within the staff group to promote good practice for example; infection control, dementia, tissue viability, nutrition, continence, falls management and meaningful activity.

National Care Standards Care Homes for Older People - Standard 5: Management and Staffing Arrangements

This recommendation was made on 27 May 2016.

Action taken on previous recommendation

One ambassador had been identified for meaningful activity. The ambassador roles should continue to be developed with staff and suitable training provided to support these roles.

Recommendation 8

The provider should ensure there are effective quality assurance systems and processes in place to assess the quality of the service they provide. All relevant parties should be aware of the quality assurance systems which should involve service users, carers, staff and stakeholders.

National Care Standards Care Homes for Older People - Standard 5: Management and Staffing Arrangements

This recommendation was made on 27 May 2016.

Action taken on previous recommendation

The provider held regular meetings with the managers of the homes within the organisation. The provider was promoting a more consistent approach to quality assurance and improvement and shared working between the services. The provider had started to implement a quality assurance system and should continue to develop and monitor the effectiveness of this in making improvements to the service.

Recommendation 9

The provider should provide staff with clear guidance relevant to the work they carry out and to the service provision. These policies and procedures should take account of National Care Standards, legal requirements and current best practice. Staff should know how to put these policies and procedures in to practice and have regular training to review this and to learn about new guidance.

National Care Standards Care Homes for Older People - Standard 5: Management and Staffing Arrangements

This recommendation was made on 27 May 2016.

Action taken on previous recommendation

The provider had made arrangements for standard policies and procedures to be developed for use across all the provider's care homes. This is an area that the provider needs to make progress with to ensure that staff have up-to-date guidance and ways of working to refer to which reflect best practice. The provider should ensure staff are provided with relevant training to support their practice and development. This recommendation remains in place.

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
29 Nov 2016	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed

Date	Type	Gradings	
27 May 2016	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
1 Sep 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
28 Jul 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
3 Apr 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
4 Apr 2012	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	4 - Good
13 Jan 2011	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
3 Nov 2010	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
1 Mar 2010	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate

Date	Type	Gradings	
31 Jul 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 3 - Adequate
19 Feb 2009	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
22 Jul 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.