

## Drumbrae Care Home Care Home Service

24a Ardshiel Avenue  
Drum Brae  
Edinburgh  
EH4 7HP

Telephone: 0131 339 4667

**Type of inspection:**

Unannounced

**Completed on:**

12 July 2018

**Service provided by:**

City of Edinburgh Council

**Service provider number:**

SP2003002576

**Service no:**

CS2012311175

## About the service

This service has been registered since 25 April 2013.

Drumbrae care home is owned and managed by the City of Edinburgh Council. This purpose-built home is registered to provide care and accommodation for up to sixty older people and is situated in the west of Edinburgh.

The home is divided into four units for 15 people. Each unit has a sitting room, dining room and assisted bathroom. The bedrooms have an en-suite shower and toilet.

There are a number of communal spaces for residents to use. There is a room provided for residents who smoke.

## What people told us

At this inspection there were 49 people using the service. We spoke with around 15 residents in some detail about their experience and we chatted with, or observed the care of other residents. We also received two questionnaire responses from residents. The residents gave us mixed views about the service.

We spoke with seven family members in more detail during the inspection. We also received six questionnaire responses from family members. We received mixed views about the service. Some families were upset by the number of unfamiliar staff who look after their relative and the lack of permanent staff and feel that this inconsistency of staff had a detrimental impact on the standards of care. Some families said that staff were not good at knowing how their family member needed to be cared for and did not follow the care plan even when prompted by family members. Families felt improvements were needed to ensure better information sharing between staff. Better care of clothing and the safe keeping of residents' personal possessions was highlighted by family's as an area for the service to improve.

## Self assessment

We are not asking services to provide self assessments this year while we review how we inspect services in the future. We discussed the plans for the future development of the service with the newly appointed interim manager.

## From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	4 - Good
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

## Quality of care and support

### Findings from the inspection

We received mixed views from residents and relatives about their experience of care in Drumbrae. Some relatives were concerned about the impact of the inconsistency of staff on their relative's wellbeing, especially for those residents with conditions where it is important to have familiar staff. We observed residents express suspicion and confusion when staff were unfamiliar to them.

Where a resident received palliative care we heard that staff had been attentive, compassionate and had worked well with the health and community services to provide a high standard of care for the resident and their family.

We concluded that despite the hard work of some staff the care and support for some residents was weak. The reliance on agency staff for a high proportion of direct care alongside poor record-keeping and communication was constraining the performance of this service to deliver high quality care in a consistent way.

Three weeks prior to this inspection a new interim manager had been appointed and changes were being made but were at an early stage and the impact for residents had yet to be felt.

Work had started to look at how to change the care plans into suitable working documents which would hold the information that staff needed to give care in a clear and accessible format. Mini care plans were also planned to help address the needs of the large numbers of agency staff who needed clear information, quickly so that they could provide immediate and suitably informed care for residents.

While this work was in progress manual handling plans had been updated and equipment had been reviewed to ensure there was a clear plan for staff of how to help residents to move.

While arrangements had been made to ensure some aspects of residents' care had been reviewed and reassessed, the work to complete comprehensive plans which are more easily followed by all staff will take more time to complete. For residents this meant that not all staff were aware of their needs or how to meet these. Requirement 1.

Medicines management has been an area of improvement since September 2016. Recently, an analysis had been made of the way medicines were administered in the home. Staff had been involved in looking at why medication errors happened. Some assistance had been sought and provided by the health and social care partnership to facilitate this work and help staff look at improving medicines management. Staff had received additional training. Registered nurses had been brought into the home to help with medicine administration. While progress was being made the requirement was not yet met. Requirement 2.

There was better general awareness by staff that residents may experience pain and good guidance was being given from the agency nurses. However social care staff did not feel confident in the assessment of pain using pain assessment tools. These tools are designed to help staff when residents are unable to verbally express their pain. Development sessions were planned for staff. Requirement 3.

The way residents were assessed for their risk of developing skin damage was changing. This should result in improvements to the care of residents with healthy skin and those who were more at risk of damage to their skin. Local community nurses were working closely with staff to help them understand how to use emollients and care for healthy skin. Whilst practice was changing, further progress was needed to delivering care consistently to reduce the risk of skin damage. Requirement 4.

A reassessment had been made of all residents' nutritional needs with specialist advice from the dietician. An up to date care plan had been put in place to ensure all staff should know how to assist each resident to eat and drink well. The quality of the food from the kitchen was good. Meals looked appetising and care was taken to modify the texture of the food to meet each residents needs. The cook had a good understanding of how to add additional calories to food and provided a range of snacks for residents. Work was underway to offer those on a modified textured diet more choice. The manager had an overview of residents' weight and nutritional risk. A series of training session had started to help staff apply theory to practice and mealtime audits had been started to observe the residents' experience. This work was needed to support staff working on each unit to consider nutritional needs and follow the plan of care. Requirement 5.

Work was underway to improve communication of care and record-keeping in the home. This included looking at roles and responsibilities of staff, using audit information and looking at where and how important information should be kept and communicated. Requirement 6.

As part of a wider review of communication, how families were communicated with was being considered as well as how information was shared at handovers and with night staff. Completion of this work should improve the quality of the service.

## Requirements

### Number of requirements: 6

1. The provider must ensure that residents are assisted to be comfortable and safe, and that care is provided appropriately to make sure that all of their identified needs are met. In order to achieve this the provider must:
  - (i) make an assessment of each residents needs,
  - (ii) formulate an individualised care plan which will direct and guide staff as to how to meet the identified needs in accordance with the needs and preferences of each resident.
  - (iii) ensure staff receive the skills, knowledge and training to be able to follow the care plan.
  - (iv) ensure there is sufficient oversight of practice to monitor and evaluate the effectiveness of the care.

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 3 - a regulation regarding the principles of the Act, and regulation 4(1)(a) - a regulation regarding the welfare of users. It also takes into account the National Care Standards Care Homes for Older People Standard 8.1 - Making Choices and the Scottish Government's Standards for Dementia Care in Scotland 2011.

Timescale: By 30 November 2018.

2. The provider must make sure that residents receive their medication including topical and "as required" medicines as the prescriber intended, and in a way that is safe and in line with current best practice and professional guidelines.

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) - a regulation regarding the welfare of users, and regulation 5(1) and 2(b)(ii) and (iii) - regulations regarding care planning. It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, Standard 6 - Support Arrangements, Standard 9 - Feeling Safe and Secure, Standard 15 - Keeping Well, Medication, the NMC Code: Standards of conduct, performance and ethics for nurses and midwives 2008.

Timescale: By 30 October 2018.

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

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

Timescale: By 30 October 2018.

4. The provider must ensure that each resident is assessed for the risk of developing a pressure ulcer. Every resident must have a skin care plan which takes into account regular skin examination. For each resident who has been assessed as at risk of developing a pressure ulcer the care plan must contain evidence of on-going assessment, treatment rationale and interventions taken.

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

Timescale: By 30 October 2018.

5. The provider must ensure that residents at risk of not eating or drinking enough receive sufficient help to reduce the risk of poor nutrition and dehydration. In order to achieve this the provider must:

- (i) ensure drinks are readily and regularly available for all residents
- (ii) ensure residents are supported to get drinks
- (iii) ensure staff understand the risks of under nutrition and how to support residents to eat well to prevent under nutrition
- (iv) ensure residents receive nutritional supplements as prescribed and consult the prescriber when these are not available or not taken.
- (iv) ensure that food and fluid charts are accurately completed and evaluated
- (v) implement a system to monitor the quality and accuracy of information recorded in the food and fluid charts.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) make provision for the health, welfare and safety of service users. In making this requirement National Care Standards Care Homes for Older People Standard 14 Keeping Well – Healthcare.

Timescale: By 30 October 2018.

6. The provider must ensure that residents receive a good quality service including receiving consistent and effective care. In order to do so the provider must ensure that accurate records are kept, which must include the following:

- (i) ensure resident's care plans are person-centred and accurate and any other supporting documents are kept up to date.
- (ii) ensure care plans include risk assessment and risk enablement.
- (iii) demonstrate from records that staff adhere to care plans and they are regularly reviewed, evaluated and updated.
- (iv) ensure that all records are recorded clearly in a manner that can be easily accessed and understood by others.
- (v) ensure that the home manager regularly monitors the standard of record-keeping.
- (vi) that all records are accessible to those that need them while appropriate levels of confidentiality are maintained.
- (vii) put in place a way for health professionals advice, instructions and recommendations to be recorded.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) make provision for the health, welfare and safety of service users. In making this requirement National Care Standards Care Homes for Older People Standard 14 Keeping Well – Healthcare.

Timescale: By 31 December 2018.

## Recommendations

**Number of recommendations:** 0

**Grade:** 2 – weak

## Quality of environment

### Findings from the inspection

The garden of the care home was attractively set out and we saw that it was used by some residents and relatives. General maintenance of the garden was being completed by staff who volunteered to keep it tidy on their time off. The provider should consider how to keep the gardens and grounds in good order for residents.

In general the cleanliness and maintenance of the home was good. Maintenance checks were carried out and there was a system to report repairs which worked well. Cleaning and maintenance had good oversight by the business support manager who ensured repairs were carried out quickly.

We checked and found that hot water pipes in communal bathrooms had been covered as these had been highlighted at the last inspection as a potential risk to residents and visitors.

Extractor fans in the bathrooms were again dirty, these were cleaned during the inspection and added to a maintenance schedule.

Waste bins had been changed to non-touch types to reduce the risk of infection.

At the last inspection we identified that records did not show how the risks identified in a Legionella risk assessment had been addressed. We met with the providers representative with responsibility for water management. We were satisfied with the explanation that the risks associated with Legionella had been identified and were being managed by the responsible person appointed by the provider. As part of this work we noted that not all of the homes cold water taps were suitable for the supply of drinking water. We have asked the manager to ensure that residents, relatives, staff and other visitors are given clear information about where suitable drinking water can be obtained.

We continued to find indiscriminate use of bedroom sensors for residents. There needs to be consideration of risks to residents of isolation and freedom of movement when using the sensors weighed up with the perceived safety that they provide. Assistive technology should not be used to replace staff and for example residents should not be asked to stay in their rooms so that their movements can be monitored. The manager plans to meet residents, families and legal representatives to discuss residents rights to be able to move around freely without unnecessary restrictions. This discussion will consider the potential benefits and risks for each

resident of the use of different assistive technology and the homes duty not to impose unnecessary restrictions on residents. Requirement 1.

## Requirements

**Number of requirements:** 1

1. The provider must provide a good quality of service. In order to do so the provider must review the use of assistive technology and systems of alert to ensure residents needs are risk assessed on an individual basis and have an individualised plan of care which is recorded. Plans must be agreed with the resident or those who have authority to do so. The systems used must be assessed for the impact they have and must not cause disturbance, upset or isolation to residents by their intrusive noise or mode of use.

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) – a regulation regarding the welfare of users. It also takes into account the National Care Standards Care Homes for Older People Standard 4 – Your Environment, Standard 5 – Management and Staffing Arrangements.

Timescale: By 15 October 2018.

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 – good

## Quality of staffing

### Findings from the inspection

The lack of permanent staff was constraining the performance of the service. There was a high reliance on agency staff to cover permanent vacancies, long-term and emergency sickness absence in order to meet the day-to-day care needs of the residents.

Staffing needs in care homes are calculated by using recognised tools. When we checked the care hours calculated by the home alongside the staff available to give direct care we found a shortfall. Requirement 1.

The care home is divided into 4 units of 15 residents. Some units, on some days were staffed entirely by agency workers. This affected residents' care due to the lack of staff consistency, continuity and knowledge about individuals. When combined with the poor record-keeping and documentation of care it was difficult for agency staff to give the high quality of care expected.

We identified that some staff seemed to lack the knowledge and skills that they needed to meet residents' needs in a range of areas such as skin care, prevention of skin damage, medicines management, nutrition and hydration, application of restraint and caring for residents with symptoms of stress and distress.

In accordance with a recommendation we made at the last inspection, a training needs analysis had been carried out to assess what training the provider needed to put in place. As a result of this, a training plan had been made which covered the gaps in mandatory training. Priorities had also been set to give staff training in areas of

practice where we have identified knowledge or practice gaps. Some of this training had started, for example in nutrition and hydration and medicines management.

From our observations of staff practice and interaction with residents we concluded that some staff needed training in how to interact with, and care for, people with dementia. The Scottish Government and NHS have provided a training framework and materials to ensure that all staff working in social care are trained to an appropriate level in dementia care. This needs to be progressed in Drumbrae to improve the quality of care and experience for residents.

In order to be fit to work in a care home staff need to maintain their registration with the Scottish Social Services Council (SSSC). Not all staff who needed to be registered had maintained their registration. Requirement 2. Whilst it is the individual staff member's responsibility to remain registered, a system was being implemented which would alert the manager to staff who were in danger of allowing their registration to lapse. This should help to prevent an additional burden on the staffing difficulties that the service continued to experience. For example, City of Edinburgh Council staff without a registration are not able to work in a caring role until their registration is reinstated, which can take a minimum of 60 days.

## Requirements

### Number of requirements: 2

1. The provider must make sure that residents receive all of the care they need, in a timely manner. In order to do so, the provider must:

- a) use the information from individual dependency assessments, observations of care to inform staffing levels and also take into account deployment of staff in different areas of the home, and at different times of day, with factors such as the geography and layout of the building, and the number of staff on duty who are unfamiliar with the environment, the routines and the needs of individual residents;
- b) be able to evidence how all of this information informs and influences the planning of staffing levels and deployment.
- c) at no time fall below the staffing minimum levels as agreed in the staffing schedule dated 6 September 2016.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 15(a) – a regulation regarding staffing. It also takes into account the National Care Standards Care Homes for Older People Standard 5 – Management and Staffing Arrangements, the SSSC Code of Practice for Employers Section 1.5 and 2.3.

Timescale: By 30 August 2018

2. Residents should be able to be confident that staff who provide their care are suitably trained and skilled to meet their needs, and as such are fit to be employed in a care service. In order to achieve this, the provider must make sure that systems to ensure the fitness of staff are fully and effectively implemented, and that the manager is aware of their responsibility to monitor the implementation of these systems.

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 9(2)(c) – a regulation regarding fitness of employees. It also takes into account the National Care Standards Care Homes for Older People Standard 5 – Management and Staffing Arrangements, and the SSSC Code of Practice for Employers Section 1.2.

Timescale: By 1 August 2018.



## Recommendations

**Number of recommendations:** 0

**Grade:** 2 – weak

## Quality of management and leadership

### Findings from the inspection

There had been a change of manager since the last inspection. Staff told us that the new manager had made positive changes to work practices.

Relatives told us that there had been two recent changes of manager and they were hopeful that the home would improve.

We saw that the manager was visible on each unit and in each department of the home. They were seen to guide, direct and mentor staff. We were assured by their knowledge of the needs of residents with good overview and follow-up of care for some residents with high needs. This ensured their care was carried out as planned.

External professionals' guidance and advice had been sought to help the service improve. Work was underway to improve medicines management, nutrition and hydration.

The new manager had made some potential appointments to vacant posts to try to improve the stability and continuity of staffing. We could not see an impact on the service yet as these staff had not started, while they awaited completion of the recruitment process.

Relatives, staff and visitors felt that team leaders were not visible or accessible in the units and records were not kept close enough to where care was being delivered. The manager was in the process of reinstating an office on the first floor to try to address this.

Again we found that information from audits was not being used to its full potential to effectively address deficits in care. There was valuable data which could have been used to inform and improve practice. We discussed how audits could be better recorded and used to identify patterns, trends and care improvement. Requirement 1.

In their three weeks in charge, the new manager had looked at the current issues in the home and identified in our report. A comprehensive action plan had been developed which demonstrated an understanding of the range and depth of the work needed. We were assured that the provider had a plan to improve the service, but it was too early to see changes in outcomes for residents.

### Requirements

**Number of requirements:** 1

1. The provider must ensure that residents receive a good quality of service which helps them to enjoy the best possible quality of life. In order to do so, the provider must put into place effective systems for assessing and monitoring the quality of all aspects of the service, and ensure that:

- a) a range of audits and checks, whether carried out by staff in the service or external contractors, is used to gather information about the performance of the service, and this information is made easily available to the manager;
- b) where these audits or checks are delegated, the manager has systems in place to monitor the quality of the work to ensure that it is of an expected standard;
- c) following all audits and checks, there is a clear record of what areas for improvement were identified, what actions are to be taken to address those areas for improvement identified, timescales for the actions to be completed, and the person with overall responsibility for ensuring the necessary improvements are achieved;
- d) where actions are completed this is clearly recorded;
- e) information from individual checks or audits is analysed to identify patterns or trends which might indicate that further action is necessary to improve the service.

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 3 - a regulation regarding the principles of the Act. It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, and the SSSC Code of Practice for Employers Section 1.5.

Timescale: By 30 October 2018.

## Recommendations

**Number of recommendations:** 0

**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 ensure that residents are assisted to be comfortable and safe, and that care is provided appropriately to make sure that all of their identified needs are met. In order to achieve this the provider must:

- (i) make an assessment of each residents needs,
- (ii) formulate an individualised care plan which will direct and guide staff as to how to meet the identified needs in accordance with the needs and preferences of each resident.
- (iii) ensure staff receive the skills, knowledge and training to be able to follow the care plan.
- (iv) ensure there is sufficient oversight of practice to monitor and evaluate the effectiveness of the care.

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 3 - a regulation regarding the principles of the Act, and regulation 4(1)(a) - a regulation regarding the welfare of users. It also takes into account the National Care Standards Care Homes for Older People Standard 8.1 - Making Choices and the Scottish Government's Standards for Dementia Care in Scotland 2011.

**This requirement was made on 13 February 2018.**

#### Action taken on previous requirement

The manager had started to review care. As part of this process moving and handling and nutritional plans had been rewritten. Further work was needed to review all aspects of residents care and ensure needs are met in accordance with their preferences. Staff training still needs to be completed alongside arrangements to oversee, monitor and evaluate the effectiveness of care.

**Not met**

### Requirement 2

The provider must make sure that residents receive their medication including prescribed topical and "as required" medicines as the prescriber intended, and in a way that is safe and is in line with current best practice and professional guidelines.

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) – a regulation regarding the welfare of users, and regulation 5(1) and 2(b)(ii) and (iii) – regulations regarding care planning. It also takes into account the National Care Standards Care Homes for Older People Standard 5 – Management and Staffing Arrangements, Standard 6 – Support Arrangements, Standard 9 – Feeling Safe and Secure, Standard 15 – Keeping Well, Medication, the NMC Code: Standards of conduct, performance and ethics for nurses and midwives 2008.

**This requirement was made on 13 February 2018.**

#### Action taken on previous requirement

Whilst progress was being made the requirement was not met.

**Not met**

### Requirement 3

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

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

**This requirement was made on 13 February 2018.**

#### Action taken on previous requirement

Development sessions were planned for staff. These were still to take place and practice had not demonstrably improved.

**Not met**

### Requirement 4

The provider must ensure that each resident is assessed for the risk of developing a pressure ulcer. Every resident must have a skin care plan which takes into account regular skin examination. For each resident who has been

assessed as at risk of developing a pressure ulcer the care plan must contain evidence of on-going assessment, treatment rationale and interventions taken. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI 2011/210 regulations 4(1)(a) a requirement about welfare.

**This requirement was made on 13 February 2018.**

## Action taken on previous requirement

More work was required to meet this requirement.

**Not met**

## Requirement 5

The provider must ensure that residents at risk of not eating or drinking enough receive sufficient help to reduce the risk of poor nutrition and dehydration. In order to achieve this the provider must:

- (i) ensure drinks are readily and regularly available for all residents
  - (ii) ensure residents are supported to get drinks
  - (iii) ensure staff understand the risks of under nutrition and how to support residents to eat well to prevent under nutrition
  - (iv) ensure residents receive nutritional supplements as prescribed and consult the prescriber when these are not available or not taken.
  - (iv) ensure that food and fluid charts are accurately completed and evaluated
  - (v) implement a system to monitor the quality and accuracy of information recorded in the food and fluid charts.
- This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) make provision for the health, welfare and safety of service users. In making this requirement National Care Standards Care Homes for Older People Standard 14 Keeping Well – Healthcare.

Timescale: To commence upon receipt of this report and be achieved by 1 March 2018.

**This requirement was made on 13 February 2018.**

## Action taken on previous requirement

Significant work had taken place to progress nutritional care. More time was needed to ensure all staff received the training they needed and improve the completion of charts and using the information recorded to improve care.

**Not met**

## Requirement 6

The provider must ensure that residents receive a good quality service including receiving consistent and effective care. In order to do so the provider must ensure that accurate records are kept, which must include the following:

- (i) ensure resident's care plans are person-centred and accurate and any other supporting documents are kept up to date.
- (ii) ensure care plans include risk assessment and risk enablement.
- (iii) demonstrate from records that staff adhere to care plans and they are regularly reviewed, evaluated and updated.

- (iv) ensure that all records are recorded clearly in a manner that can be easily accessed and understood by others.
  - (v) ensure that the home manager regularly monitors the standard of record-keeping.
  - (vi) that all records are accessible to those that need them while appropriate levels of confidentiality are maintained.
  - (vii) put in place a way for health professionals advice, instructions and recommendations to be recorded.
- This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) make provision for the health, welfare and safety of service users. In making this requirement National Care Standards Care Homes for Older People Standard 14 Keeping Well - Healthcare.

Timescale: To commence upon receipt of this report and be achieved by 1 March 2018.

**This requirement was made on 13 February 2018.**

### Action taken on previous requirement

Work was underway to make improvements to communication and record-keeping. Completion of this work should improve the quality of service for residents and relatives.

**Not met**

## Requirement 7

The provider must provide a good quality of service. In order to go so the provider must review the use of assistive technology and systems of alert to ensure residents needs are risk assessed on an individual basis and have an individualised plan of care which is recorded. Plans must be agreed with the resident or those who have authority to do so. The systems used must be assessed for the impact they have and must not cause disturbance, upset or isolation to residents by their intrusive noise or mode of use. 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) - a regulation regarding the welfare of users It also takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment, Standard 5 - Management and Staffing Arrangements.

Timescale: By 30 June 2018.

**This requirement was made on 13 February 2018.**

### Action taken on previous requirement

There were plans in place to look at the benefits and risks of using assistive technology for each individual to ensure unnecessary restrictions are not imposed.

**Not met**

## Requirement 8

The provider must protect people from the risk of infection. In order to do so the provider must keep records to show how they have addressed high, medium and low risk items identified in Legionella risk assessments. This needs to be accessible to the provider, the manager and available for inspection purposes. 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) - a regulation regarding the welfare of users It also takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment, Standard 5 - Management and Staffing Arrangements,

Timescale: By 30 June 2018.

**This requirement was made on 13 February 2018.**

## Action taken on previous requirement

See quality of Environment.

**Met - within timescales**

## Requirement 9

The provider must make sure that residents receive all of the care they need, in a timely manner. In order to do so, the provider must:

- a) use the information from individual dependency assessments, observations of care to inform staffing levels and also take into account deployment of staff in different areas of the home, and at different times of day, with factors such as the geography and layout of the building, and the number of staff on duty who are unfamiliar with the environment, the routines and the needs of individual residents;
- b) be able to evidence how all of this information informs and influences the planning of staffing levels and deployment.
- c) at no time fall below the staffing minimum levels as agreed in the staffing schedule dated 6 September 2016.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 15(a) - a regulation regarding staffing. It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, the SSSC Code of Practice for Employers Section 1.5 and 2.3.

Timescale for meeting this requirement: To commence upon receipt of this report and fully achieved by 30 June 2018.

**This requirement was made on 13 February 2018.**

## Action taken on previous requirement

See quality of staffing.

**Not met**

## Requirement 10

Residents should be able to be confident that staff who provide their care are suitably trained and skilled to meet their needs, and as such are fit to be employed in a care service. In order to achieve this, the provider must make sure that systems to ensure the fitness of staff are fully and effectively implemented, and that the manager is aware of their responsibility to monitor the implementation of these systems.

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 9(2)(c) - a regulation regarding fitness of employees. It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, and the SSSC Code of Practice for Employers Section 1.2.

Timescale for meeting this requirement: To commence on receipt of this report and be achieved by 30 June 2018.

**This requirement was made on 13 February 2018.**

**Action taken on previous requirement**

See quality of staffing.

**Not met**

**Requirement 11**

The provider must ensure that residents receive a good quality of service which helps them to enjoy the best possible quality of life. In order to do so, the provider must put into place effective systems for assessing and monitoring the quality of all aspects of the service, and ensure that:

- a) a range of audits and checks, whether carried out by staff in the service or external contractors, is used to gather information about the performance of the service, and this information is made easily available to the manager;
- b) where these audits or checks are delegated, the manager has systems in place to monitor the quality of the work to ensure that it is of an expected standard;
- c) following all audits and checks, there is a clear record of what areas for improvement were identified, what actions are to be taken to address those areas for improvement identified, timescales for the actions to be completed, and the person with overall responsibility for ensuring the necessary improvements are achieved;
- d) where actions are completed this is clearly recorded;
- e) information from individual checks or audits is analysed to identify patterns or trends which might indicate that further action is necessary to improve the service.

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 3 - a regulation regarding the principles of the Act. It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, and the SSSC Code of Practice for Employers Section 1.5.

Timescale: By 30 June 2018.

**This requirement was made on 13 February 2018.**

**Action taken on previous requirement**

Work had started but more work was needed to improve the quality of service for residents.

**Not met**

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

**Previous recommendations****Recommendation 1**

It is recommended that the manager carries out a training needs analysis in order to identify staff training needs, identify gaps in knowledge and skills and help set priorities and a realistic training plan. National Care Standards Care homes for older people, Standard 5 Management and staffing arrangements.

**This recommendation was made on 13 February 2018.**

## Action taken on previous recommendation

The manager had completed a training needs analysis which helped to formulate a training plan. This training needed to be completed by staff to improve their knowledge and skills and equip them for their roles.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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
6 Dec 2017	Unannounced	Care and support 2 - Weak Environment 4 - Good Staffing 2 - Weak Management and leadership 2 - Weak
8 Sep 2016	Unannounced	Care and support 3 - Adequate Environment 5 - Very good Staffing 4 - Good Management and leadership 4 - Good
16 Mar 2016	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
16 Mar 2015	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good



Date	Type	Gradings	
4 Nov 2014	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
12 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
4 Nov 2013	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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