

Braid Hills Nursing Centre Care Home Service

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BUPA Care Homes (ANS) Limited

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About the service

Braid Hills Nursing Centre is a care home that is registered to provide care to a maximum of 119 residents; 95 older people (some of whom will have dementia) and a maximum of 24 adults with a physical disability. It is owned and run by BUPA Care Homes ANS Limited ("the provider").

The home is situated in a residential area to the south of the city of Edinburgh, close to local bus routes. The building sits back from the road, and is surrounded by landscaped gardens. There is off-road parking available at the front of the building.

Accommodation is provided on two floors, and access to the first floor is by stairs, passenger lift or stair lift fitted to the main staircase. The home is divided into five units: Kingsknowe provides care for younger residents with physical or sensory impairment; Dalmahoy and Muirfield provide care for older adults who are physically frail; and Hermitage and Swanston provide care for older adults who have dementia or other memory problems. Each of the units has a lounge and dining area, and shared bathrooms and toilets. All bedrooms have an en-suite toilet and wash basin, with a small number also having en-suite shower facilities. Some units have a visitors lounge and the ground floor units have direct access to enclosed garden areas. There are central facilities in the home for cooking and laundry.

The website for Braid Hills Nursing Centre states that; 'as everyone is different and has different needs, we make sure that every resident living with us has their own personal care plan that's unique to them and them alone'.

The Braid Hills resident involvement charter states; 'our philosophy is to encourage residents, relatives or advocates, visitors and staff to influence the way we shape our service through being involved in the planning, delivery and evaluation of each aspect of the service we provide'.

During this inspection the new quality framework for care homes for older people and the Health and Social Care Standards were used to look at the care people received. These standards focus on the experience of people using services and describe what they should expect, these can be found at <http://www.gov.scot/Publications/2017/06/1327/downloads>

What people told us

At this inspection there were 109 people using the service. We spoke with around 21 residents in detail about their experience and we chatted with, or observed the care, of other residents around the home. Residents gave positive comments about staff but some told us there needed to be more of them. Some residents told us that they sometimes had to wait when they had asked for assistance, although others noted that staff were around when they needed them. Residents gave us mixed views about the quality of food and choices available.

As part of our inspection, we sent out 40 questionnaires to residents. We received 24 responses. All agreed or strongly agreed that, overall, they were happy with the quality of care they received at the home. Five responses disagreed that they were provided with the type of foods they liked and three responses disagreed there were enough trained and skilled staff on at any one time to meet their needs.

Other comments from questionnaires and residents we met included;

"Very well looked after. Excellent food. Staff are polite and kindly".

Would be better to have extra staff for corridors at mealtimes as all the staff taken off to dining room".

"sometimes I have to wait when I call for assistance".

"Staff are great. I'm not moving. I told my social worker that I'm staying here. The nurses are better than in hospital. I'm comfortable in my room, I'm making it homely".

"The staff are great. I can't say anything bad about the place"

"Carers could do with extra training"

"I don't like some of the food, or food choices on the menu"

"I think they need more carers on this unit"

"The quality of care and support is excellent and it is difficult to criticise it"

"The care here is very good and I enjoy living here very much".

We sent out 40 questionnaires to relatives/carers and received two responses. Both agreed or strongly agreed that, overall, they were happy with the quality of care their relative/friend received in the home. We discussed the small number of responses with the manager. They advised that a number of questionnaires were given directly to relatives/carers and a number were left at reception for people to take if they wished.

Relatives/carers told us they were happy with the care their loved ones received in the home, but commented there could be more staff. People felt they could approach staff or management if they needed to raise any issues and felt welcomed when visiting. Relatives/carers said that staff were quick to contact them with any changes in their relatives health or care needs and that communication from staff was good. One relative commented that there could be more activities going on for some residents but that staff were good at supporting them to spend personal time with their relative.

Comments offered by relatives/carers questionnaires and those we met included;

"I am very happy with the care (their relative) receives and also the way I am treated by all members of staff.....I am kept fully informed of any changes in (their relative's) care plan or medication. The unit has a lovely atmosphere at all times".

"Excellent staff. Very happy".

"No concerns. If I had concerns I would talk to staff. Mum has settled. There are a group of ladies that have become friends. Couldn't have found a better place".

"Delighted with the care here. Mum is always nicely turned out". The relative told us that they were very happy with the care for their mum but felt there could be more staff, "not enough of them. They have too much paperwork".

"The care is amazing, can't fault it".

One relative said staff really care for their mum but they are "hard pressed". They said that staff are always around but are busy and "always going back and forth".

We received views from five health professionals who visit the home. We heard that residents appeared well cared for and that staff were very caring and interested in the well-being of their residents. Staff referred residents to other professionals in a timely manner and were quick to contact them if they had any queries. We were advised that staff were able to provide them with information on resident's care needs and any recommendations for treatment were carried out.

One health professional commented on the internal communication, noting that, on occasion, the information given before their visit, differed from that provided when they arrived.

We used a short observational framework to directly observe the experience and outcomes for people who were unable to tell us their views. On one observation, we saw residents being cared for in a comforting way and included and engaged in meaningful interactions with others. At another, the residents had little interaction from staff as they were focused on tasks elsewhere. At the end of this observation, however, we saw that a member of staff enabled two residents to engage in conversation with one another, which they both reacted positively to.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated how well people's wellbeing was supported and concluded that there were a number of strengths, however, important improvements were needed. Also see 'how well is our care and support planned?' for further information.

During our inspection, we observed residents experiencing respectful and compassionate care and saw that positive, caring relationships had formed between residents, relatives and staff.

Some staff were good in using their skills and knowledge to support residents who were showing signs of distress, or in dealing with situations that could potentially be stressful for individual residents. Residents were supported in a way that indicated most staff had a good awareness of their personal likes and dislikes resulting in some positive outcomes for residents.

Whilst care plans contained information on residents care and support needs, this was not always consistent with the care we saw residents receiving. Some care plan sections should be developed to contain more personalised information to help residents experience care that is right for them and reflects their wishes and care needs. For example, this should include better guidance on how to support residents who experience symptoms of stress or distress. More information was also needed on residents' preferences for getting up and going to bed. In addition, care plans should be updated when changes are identified at individual monthly evaluations.

A number of residents were being cared for in bed, or were in bed early in the evening or late in the morning. In some cases, there was reference to this in care plans, or staff could provide us with information on this. This may be a resident's choice, or due to skin care or other health needs, but we were not always able to readily obtain information on this in support plans. When speaking to one resident, they told us "I haven't been out of bed today but I haven't asked". On-going development of care plans will support residents to experience care that is right for them (area for improvement 1).

One resident had been using an airflow mattress due to their risk of pressure related skin damage. This had been removed and changed to a different type, even though their needs were unchanged and they spent most of their time in bed. There was no clear decision-making process or rationale documented in the resident's care plan and staff were not fully aware or able to clarify this. We brought this to the attention of management, who rectified this straight away. However, this did not give us the confidence that resident's skin care was managed as well as it could be, which could lead to negative outcomes, such as pressure damage.

Since the last inspection, there had been an improvement in the provision of activities, with a more consistent programme on offer across the home. We observed that, at times, the social contact for residents who spent a significant time in bed, or rooms, was when staff were completing care tasks. Activity workers advised they spent individual time with these residents, however, this was sometimes for short periods of time only.

Overviews of residents' participation in activities showed that, on some occasions, there were notable gaps in between residents participating in an activity, either individually, or as part of a group or social outing. One resident told us that "I like some of the activities but I'd like to get out of the home more.....staff take me out every couple of weeks.....I'd like to go out shopping more".

Whilst recognising the efforts made by staff to provide activities for residents, it was unclear if this was fully meeting their social needs and helping them get the most out of life (area for improvement 2).

The service monitored residents' risk of under nutrition, took actions in response to weight loss and sought input from relevant professionals, such as the G.P. or dietitian, where needed. We received positive feedback about the service from visiting health and social care professionals.

Staff endeavoured to create a sociable mealtime atmosphere for residents. Residents received the assistance they needed with their meals and this was provided in a supportive manner, at a pace that suited the resident. Changes in menu options and choices for residents on altered texture diets needed to be better communicated to care staff, so that residents could be better aware of the choices available. Altered texture diets were not always labelled resulting in staff being unsure of what they were offering residents. On one day, the altered texture diet looked the same at both lunch and tea time. We discussed this with one hostess staff member, who advised that they also thought it was the same, although as it was not labelled it was difficult to confirm this.

It was good to see that residents were shown the different cooked meals on offer. This can make it easier for people living with dementia to better understand what options are available. However, this was not a consistent practice.

Night boxes, located in each unit, had options of light snacks, such as cup-a-soup, that staff could prepare for residents outwith meal times. We have asked that these be reviewed to widen the selection of snacks on offer (area for improvement 3).

Some improvements were needed in the management of medicines. There was inconsistent use of codes on medication administration records (MARs), some 'as required' medicine protocols needed more detailed information and more detail was needed to some handwritten prescription changes (area for improvement 4).

Documentation for the application of topical creams and ointments indicated that these were applied in line with prescriptions and contained the relevant application guidance for staff. It would be beneficial for creams and ointments to be dated when opened. This would help staff to determine when the medication needed to be discarded and to monitor that these continue to be used in accordance with prescriptions.

One room used for storing medication did not have a working medication fridge or an adequate air conditioning system to maintain a suitable temperature. We highlighted this to the management during the inspection who reassured us this would be dealt with.

Residents clothing and belongings were well cared for and continence care products stored discreetly. There was a large number of unclaimed clothing in the laundry, however, the service had recently taken steps to try to reduce the number of lost property items. The service should continue to monitor and aim to reduce this.

Some residents had been assessed under Section 47 of Adults with Incapacity (Scotland) Act 2000 as being less able to make decisions or choices about their medical treatment. Where legal representatives are appointed, such as powers of attorney, welfare or financial guardianship, copies of documents should be obtained to confirm the extent of the powers awarded. This enables staff to verify what decisions representatives have been legally appointed to make.

Resident's personal allowances were securely stored and a system was in place to manage people's finances, with transactions being traceable. The provider should consider how they can apportion interest to residents' accounts or hold personal allowances in individual interest bearing accounts.

Areas for improvement

1. Residents should expect to receive care that is right for them and is what they need and want. In order to achieve this, care plans should contain personalised information that sets out how resident's needs should be met and includes their wishes and choices. Care plans should contain accurate information that is updated when resident's needs change.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My care and support meets my needs and is right for me" (HSCS 1.19), and "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

2. In order for residents to have an active life and experience a range of social activities, the service should develop the range of recreational opportunities on offer, both in and out of the home.

The service should use information gained from evaluations of activities, overview records and feedback from residents to develop a programme, for both group and individual activities. This will help to develop the range of social opportunities that is meaningful for each resident.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25) and "I can maintain and develop my interests, activities and what matters to me in the way that I like."(HSCS 2.22).

3. Residents mealtime experience and enjoyment of food could be enhanced by making some improvements;

- 1) menu choices should be available for residents on altered texture diets and that these are labelled so staff are able to remind residents of their choice
- 2) changes in menu options should be better communicated to staff and residents
- 3) the choice of snacks available in night boxes should be reviewed to widen the selection on offer.

This ensures care and support is consistent with the Health and Social Care Standards, which state that "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSCS 1.33).

4. Residents should expect to receive their medication as prescribed and in line with the prescribers instructions and good practice guidance. In order to achieve this, some improvements were needed;

- 1) codes used on medication administration records (MARs) to indicate the reason a medication has not been given as prescribed, or for other information such as the dosage given, should be used consistently
- 2) some guidance for medication given on an 'as required' basis needed more information on how residents should be supported before giving medication. Information on the dose and maximum to be given in a 24 hour period must correspond with MARs
- 3) more detail was needed on handwritten prescription changes, so that staff knew who had authorised the change or addition
- 4) allergy information on resident medication sheet dividers corresponds with MARs

This ensures care and support is consistent with the Health and Social Care Standards which state that "any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

5. The service should develop the completion of some care records to better evidence the care and support residents need and receive. This should include but not be exclusive of;

- more consistent completion of oral care records and evidence to show that good practice guidance has been followed where staff are unable to provide residents with oral care for prolonged periods of time
- ensuring care plan sections are updated with changes or information contained in monthly evaluations
- ensuring that care plans contain information on resident's current preferred bed times
- the minutes of care reviews should contain improved recording of resident's and relative's/carer's views.

This ensures care and support is consistent with the Health and Social Care Standards which state that "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

How good is our leadership?

3 - Adequate

The information, areas for improvement and requirements throughout this report have been taken into consideration when evaluating and grading this quality indicator.

A programme of audits was in place and were completed by nursing staff on each units and all levels of management within the service. These were overseen by the area manager who supplemented these with further quality assurance checks. Whilst this provided a comprehensive clinical overview of the home, we discussed with management staff that minimising duplication and streamlining the amount of documentation may help support the on-going effectiveness of their quality assurance system.

The quality improvement plan for the home showed that most areas for improvement were in progress, with some having been completed. The service should continue to progress the identified areas for improvement to completion.

The service could develop their falls management and prevention by completing further analysis of the data they collect. This would help them identify trends or patterns and actions needed to minimise risks for residents.

Some information had not been effectively shared between staff at all levels. This had resulted in some equipment not being available and maintenance issues not resolved in a timely manner. Effective communication contributes to supporting high quality care and continuous improvement.

'You said, we did' boards were located in each unit of the home. These provided feedback on actions the service had taken in response to comments or issues raised by people who use the service. This helped to keep people up-to-date with changes and developments, however, the service should continue to ensure that this information clearly responds to the issues raised or comments made.

Complaints made to the service were clearly recorded, including communication and response to the complainant. This could be further developed by ensuring their overview corresponds with all complaints received. This will make it easier for the service to be sure that processes and systems work well to ensure positive outcomes for complainants and residents.

Whilst some areas for improvement have been identified at this inspection, such as with the provision of equipment and staff recruitment processes, others have been highlighted on previous inspections. The service must take action to progress these and to make the necessary improvements in order to provide good quality care and positive outcomes for residents. In order to do this, the promotion of leadership skills and effective communication throughout all levels of staff is needed. Clear guidance and direction from senior management is needed to support this and ensure improved outcomes for people using the service.

How good is our staff team?

3 - Adequate

Residents were supported in a warm, caring and encouraging way by staff. Overall, staff were knowledgeable about residents' specific care needs and aimed to meet these in as individual a way as possible.

Residents gave positive comments about staff;
"it's really good actually. Staff are lovely, we have fun"
"I like it here because the staff are nice"
"all of the staff go beyond the call of duty".

Some staff were good in using their skills and knowledge to support residents who were showing signs of distress, or in dealing with situations that could be potentially stressful for individual residents. Some staff needed to develop their skills in supporting residents who were distressed and in helping them to make individual choices, whilst being able to recognise and manage potential risks associated with this.

We found the staff team to be positive and keen to provide a high standard of care for residents. Staff engaged well with the inspection process and were receptive to any guidance we provided.

Care staff were organised into groups within each unit which helped staff to be organised and aware of each other's work. We heard from staff that they worked well together and were supportive of one another.

Systems were in place to help effective communication between staff including shift handover records and daily flash meetings. This helped ensure that staff had current knowledge of residents' key care needs and of what is happening around the home. The service should continue to work at sharing information effectively between staff, at all levels, and throughout the different units of the home (see 'how good is our leadership' for further information).

The service used a recognised tool to calculate the number of staff required to meet residents' needs. Whilst these calculations indicated there should be sufficient numbers of staff, we saw that staff were busy and worked hard, but at times, there did not appear to be enough staff to meet resident's needs.

Some residents told us that they sometimes had to wait a period of time before their call bells were answered, or that when staff said they would come back, they had to wait. One resident told us that, at times, she had to wait for her call bell to be answered when she needed assisted to the toilet and then may be 'lucky to see them again'. Staff told us that they were "constantly busy" but that they try to work together as a team and help each other (area for improvement 1).

A system of individual staff supervision was in place. The service should continue to ensure that all staff receive regular opportunities to fully discuss training, reflect on their practice and are supported to plan for their development needs. This will also support the sharing of information and good communication between staff.

A programme of staff induction and training was provided. We received positive comments from staff about the quality of some of the training and that this was individualised and focused on their needs. However, the overview of the provider's mandatory training showed that some key training had not been fully completed by all staff, which included infection control, fire, adult support and protection and falls (area for improvement 2).

Staff recruitment files had some gaps in information that would be needed to determine staff suitability during the recruitment process. During the inspection, we were provided with some of this information and advised that the provider's human resources department ensured all checks were completed. However, the service should ensure that files are updated to evidence that any discrepancies in information have been explored and relevant checks completed (area for improvement 3).

Areas for improvement

1. The provider should ensure the numbers and deployment of staff meet the needs of residents. When calculating the numbers of staff required, the amount of direct care time in staff roles should be taken into account, along with factors such as the layout of the building and each unit, and the deployment of staff on each shift.
This is to ensure that care and support is consistent with Health and Social Care Standards, 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).
2. The provider should ensure that staff complete training needed in order to meet the needs of residents and appropriate to their role.
This is to ensure that care and support is consistent with Health and Social Care Standards that states 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14).
3. The provider should ensure that information on pre-employment checks, supporting information and explanatory notes regarding discrepancies are communicated from the human resources department to the service. These should be clearly recorded in staff files in order to provide a clear audit trail.
This is to ensure that care and support is consistent with Health and Social Care Standards that states 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

The home had secure enclosed gardens that residents could access directly from the ground floor units. We saw a number of residents out enjoying the gardens independently or with help from staff where needed.

Each resident had their own single room with en-suite facilities. We saw that some residents had personalised their rooms with their own items such as furniture, ornaments, bedding etc.

Residents with dementia lived in two smaller units on the ground floor of the home. These units had some clearer signage, colour contrasting décor and memory boxes outside resident's rooms with personal items and memory prompts. These were intended to help promote residents to move around their home more independently. There had been some further homely touches added in these units since the last inspection.

The service had completed a recognised environment assessment tool to help them identify areas where the environment could be improved to be more supportive for people with dementia. An action plan had been devised following this but needs to be fully implemented.

The service should continue to review and develop the home environment, both in the dementia units and elsewhere in the home, to be more enabling for those with dementia. Where possible, the provider should consider how the home can be organised to promote small group living for residents.

A system of maintenance checks was in place and completed. The service had been without a permanent maintenance person for a few months and, whilst the service had ensured that core maintenance checks had been completed, they had been unable to keep up to date with other general works. The new maintenance person had started to review the documentation and outstanding tasks.

We had difficulty in establishing if all necessary equipment had been checked in line with Lifting Operations and Lifting Equipment Regulations (LOLER), as the documentation was not readily available in the service. Whilst this was later provided, the service should review how they sort maintenance documentation to be able to evidence that the relevant checks have been completed. It would be beneficial for the service to develop a comprehensive log of all equipment, particularly, moving and handling equipment used within the service. This would help ensure that all necessary equipment is made available for LOLER checks to ensure they continue to be safe for use (see area for improvement 1).

The service should look to provide each resident their own moving and handling sling, where needed, to help with infection prevention and control.

We brought some outstanding maintenance issues to the attention of the management, which were dealt with during our inspection.

The standard of cleanliness had deteriorated since the last inspection. There were malodours in a number of areas of the home and some items of equipment and areas of the home were not clean. There were aspects of the décor and finishing of the home that needed attention, such as chipped paintwork and wallpaper and items of equipment that needed repaired or replaced, including perished chair coverings and damaged veneer on some bed frames. These issues have been raised at previous inspections.

Some redecoration of corridors started during our inspection and we were advised that the provider has allocated funding for refurbishment of the home. Completion of this will help to ensure that the quality of the setting and facilities meets resident's needs, is comfortable, homely and supports people to be as independent as possible (see area for improvement 2).

We were advised by staff that, in two units, some residents who needed a more supportive type of chair had to share with other residents as there was not enough. Staff told us that, as a result, some residents were not able to make choices about when they spent time out of their bed or where they wanted to spend their time. One resident did not have an airflow mattress in place, when this had been assessed as being the most appropriate for their level of risk in developing pressure related skin damage (see 'how well do we support people's wellbeing?' for further information). We brought the issues to the attention of management.

Following our inspection visit, the management team advised that all residents now have a comfortable chair. They have arranged for residents who need a more supportive type of chair to be measured for the right size and then these will be purchased.

Whilst the management team took actions in response to the concerns, these issues related to key aspects of care, such as pressure ulcer prevention and infringed upon resident's quality of life and ability to make choices about where they spend their time (see requirement 1).

Requirements

1. In order to ensure that residents have access to the equipment they need to meet their assessed needs and to enable them to make choices about how and where to spend their time, the provider must;
 - 1) complete a review of chairs and mattresses and submit to the Care Inspectorate. This should include the type of mattress or chair required to meet individual resident's assessed needs, if this is in place, and if not, what action is being taken.
 - 2) take action to meet any identified needs to ensure residents have the equipment they need.

This is to ensure that care and support is consistent with Health and Social Care Standards that states 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21), and 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)- health, welfare and safety of service users and regulation 14(b)- provision of equipment for general use of service users as is suitable and sufficient having regard to their health and personal care needs.

Timescale: action plan to be submitted to the Care Inspectorate by 14 November 2018 and requirement to be completed by 31st December 2018.

Areas for improvement

1. The service should develop a comprehensive log of all equipment, particularly, moving and handling equipment. This would help make sure that all necessary equipment is made available for LOLER checks to ensure they continue to be safe for use.

This is to ensure that care and support is consistent with Health and Social Care Standards that states 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2. Residents should expect to live in a setting that is homely, comfortable and has well maintained, high quality facilities that meets their needs. In order to facilitate this, the service should;
 - 1) complete a review of the home environment and identify areas that need updated, redecorated or other works, including replacement or repair of equipment and furnishings. An action plan for this should be sent to the Care

Inspectorate that outlines works to be completed and timescales for this. This should be provided to the Care Inspectorate by 14 November 2018.

2) take action to improve the standard of cleanliness of the premises and equipment, and to minimise malodours in the home.

This is to ensure that care and support is consistent with Health and Social Care Standards that states 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How well is our care and support planned?

3 - Adequate

Resident's care plans, overall, contained information to show that their key care and support needs were assessed and planned for. This included the use of healthcare assessment tools to monitor specific aspects of resident's needs such as for falls related needs or the assessment and treatment of wounds.

Some sections contained personalised information and details to guide staff on how to meet resident's needs. The volume of documentation and level of duplication between care plan sections meant that key information was not always easy to find. New documentation was in the process of being introduced with the aim of streamlining care plans. This development is needed in order to have care plans that more clearly guide staff on how to meet people's needs and reflects their wishes and choices.

The provider should ensure that where there is reference to legislation, that all documentation refers to Scottish legislation to avoid any confusion for staff.

Care plans were reviewed at the expected timeframes and involved residents and relatives/carers or significant others appointed to act on resident's behalf. Whilst review records summarised the information contained within care plans, they did not fully evidence what was discussed or that a comprehensive review was completed (area for improvement 1).

Regular audits were completed on care plans which showed that areas for improvement were identified and actions taken. Some care documentation, such as food and fluid charts, had been signed to indicate senior staff oversight, but this was not consistent and did not provide guidance for staff, for example, if a resident's fluid intake was low.

The service had developed an observation questionnaire which helped them gather the views of residents less able to communicate on the activities they participated in. This should help all residents to be involved in influencing the recreational opportunities on offer to them both individually and on a group basis. The information gathered from the completion of a number of observation questionnaires should be collated and analysed in order to ensure that resident's are involved in planning their activities. The recommendation from the last inspection is not fully met and is incorporated in to area for improvement 2.

The service further aimed to involve residents and relatives/carers in directing the care and support they received by encouraging people to share their views and offer suggestions during resident's/relative's meetings. The service has an initiative they call 'resident of the day'. This is where staff spend time with each resident on a monthly basis to offer one-to-one activities and support with tasks such as personalising their rooms and involve residents in the monthly evaluations of their care plans. This aims to support resident's participation in planning the care and support they need and want.

Areas for improvement

1. The provider should ensure that care reviews evidence that a detailed review of resident's care and support needs has been undertaken. This should include:
 - a) views and comments for residents and relatives
 - b) information on what was discussed and actions needed following the review.
 - c) confirmation that those involved are in agreement to the minutes of reviews .

This is to ensure that care and support is consistent with Health and Social Care Standards that states 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

2. The service should continue to put into place different ways for residents and relatives to express their views, and have an influence on the quality of service they receive. Particular attention should be given to finding ways to make sure that residents with dementia are able to have their views made known and listened to.

This is to ensure that care and support is consistent with Health and Social Care Standards that states 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve (HSCS 4.8).

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

Requirements

Requirement 1

1. The provider must ensure that the staffing schedule minimum staffing level is met at all times. The number of persons working in the care service must be appropriate for the health and welfare of service users. This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments SSI 2011/210 Regulation 15(a) - requirement about staffing. Timescale; for completion by 31 March 2018

This requirement was made on 26 April 2018.

Action taken on previous requirement

A sample of staff duty rotas were looked at and showed that the numbers of nurses, senior care assistants and care assistants met, or exceeded, that stated in the staffing schedule. There were some occasions where the hostess was moved from one unit to another. This did not correspond to the staffing schedule, however, the manager advised they had done this to meet the needs of residents on that particular day. We have discussed this with the manager, who as reassured us that this will be addressed. Overall, there has been sufficient progress to meet this requirement.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should continue to put into place different ways for residents and relatives to express their views, and have an influence on the quality of service they receive. Particular attention should be given to finding ways to make sure that residents with dementia are able to have their views made known and listened to.

This takes into account the National Care Standards Care Homes for Older People Standard 11 - Expressing Your Views, the Nursing and Midwifery Council (NMC) Guidance for the Care of Older People 2009, the Scottish Government's Standards of Care for Dementia in Scotland 2011, and the SSSC Code of Practice for Employers Section 1.5.

This area for improvement was made on 23 November 2016.

Action taken since then

The service had developed an observation questionnaire which helped them gather the views of residents less able to communicate on the activities they participated in. The information gathered from the completion of a number of observation questionnaires had yet to be collated and analysed and used to support planning and development of future activities. This could be expanded to gather resident's views on other aspects of their care. The recommendation from the last inspection is not fully met and is incorporated in to area for improvement 2 in 'How well is our care and support planned'.

Previous area for improvement 2

The service should develop the completion of some care records to better evidence the care and support residents need and receive. This should include but not be exclusive of;

- more consistent completion of oral care records and evidence to show that good practice guidance has been followed where staff are unable to provide residents with oral care for prolonged periods of time
- ensuring care plan sections are updated with changes or information contained in monthly evaluations
- ensuring that care plans contain information on resident's current preferred bed times
- the minutes of care reviews should contain improved recording of resident's and relative's/carer's views.

This takes account of National Care Standards, Care Homes for Older People, Standard 6 - Support Arrangements and Standard 14, Keeping Well - health care.

This area for improvement was made on 26 April 2018.

Action taken since then

One aspect of this recommendation has been met; we found that there was improved recording in oral care charts and, from the sample checked, there were no prolonged gaps in recording to indicate residents needed to be referred for report from oral hygienists or dentist.

The other elements of the recommendation have not been fully met and have been discussed in the relevant key questions and quality indicators, and incorporated in to areas for improvement in our new quality framework;

- changes in residents care needs that were identified in evaluations were not always update in the care plans section. This is discussed in 'How well do we support people's wellbeing' and in area for improvement 1 in this quality indicator.

- care plans need more detailed information on resident's rising and retiring times and routines. The provider is currently introducing new documentation which should support this. This is discussed in 'How well do we support people's wellbeing' and in area for improvement 1 in this quality indicator.
- care reviews need clearer information on resident's and relative's comments and views. This is discussed in 'How well is our care and support planned' and in area for improvement 1 in this quality indicator.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate

5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate
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