About the service

Knowesouth Care Centre has been registered since 2002.

Knowesouth Care Centre (referred to in the report as “the service”) is owned and managed by St. Philips Care Ltd.

The service is set in a rural setting close to Jedburgh. It is registered to provide a 24 hour care service to a maximum of 50 older people, including one named adult under 65 years. At the time of our inspection there were 43 residents in the service, with no residents under the age of 65 years.

The service has two buildings joined by a covered walkway. The original house, Elm View, is an adapted country house and provides accommodation for 10 residents in single accommodation, although some rooms are large enough to accommodate a couple. There is a communal dining room and lounge on the ground floor and an additional communal sitting area on the first floor.

The newer building, Oak Vale, has three floors with communal lounges and dining areas where up to 35 residents can be accommodated in apartments. Each apartment has two bedrooms with a shower room and kitchen area.

The provider’s mission statement is:

It is our aim to provide a high quality service provision in all our care facilities through ongoing audit, assessment, action planning, implementation and evaluation.

To our organisation ‘quality care’ means customer satisfaction and therefore our care provision is person centred and monitored through satisfaction surveys.

We ensure that our staff are empowered to achieve the required standards by our commitment to training, appraisal and development.

Our residents are encouraged to maintain their preferred lifestyle in their new home environment.

We support resident’s choice, freedom, dignity, independence and participation in planning their individual care needs.

What people told us

Prior to the inspection visit we sent out care standards questionnaires for residents and relatives/carers to complete. We received seven completed questionnaires from relatives/carers. All agreed that they were happy with the quality of care. Comments included:

“Home look after my mother very well”

“Staff are very kind”

“The home manager, X (names the manager), has an excellent manner”

“Mum has always been well cared for by kind professional staff”
“Staff have always kept us well informed”.

One relative suggested that the activities board should be updated weekly and/or an email sent advising of what forthcoming activities were planned. Another relative asked that staff check that medication has been taken as they had found medication in their relative’s room. This information was shared with the management team at feedback for them to take action on.

No residents’ care standards questionnaires were returned.

At the time of our visit there were 43 people residing in the home. We spent time in each unit and on each floor and met most of the residents. We spoke individually with 15 residents. They told us that the staff were kind and friendly, that they thought the food was good and were satisfied with their bedroom. Comments included:

“Look after me well”

“Girls are taking good care of me”

“I’m content living here”

“Nice room, lovely views over the garden”

“I like the therapet that visits”

“Clothes come back, eventually”.

Residents were unsure who their key worker was, did not know if they had a care plan and did not know what activities were planned for the week. We asked the management team to promote these areas.

We also spoke to nine relatives/carers. Their comments included:

“Very happy with the place”

“I love visiting here, they are so kind”

“More activities, especially outings”

“Staff work hard.”

Again we received feedback that people were unsure of who their relative’s/friend’s key worker was, were not sure if their relative/friend had a care plan and they felt that the range of activities should be improved.

Some residents were less able to tell us what they thought about the service or the care they received. We spent time observing how these residents interacted with staff and how they spent their time. We saw some very positive interactions which demonstrated that residents were offered comfort and treated with respect. Other interactions were task orientated and meant that there were missed opportunities for residents to engage with staff as they walked past them. Staff were to be made aware of how interactions could be improved.
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

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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 the service’s support for people’s wellbeing as adequate. The service should work to improve on this grade.

Although we saw some very positive interactions, which demonstrated that residents were offered comfort and treated with respect, other interactions were task orientated. This meant that there were missed opportunities for residents to engage with staff. Training was planned to support staff to develop their skills in this area. Make Every Moment Count (which can be accessed via http://hub.careinspectorate.com) highlights how making the most out of every moment can make a real difference to a person’s quality of life in simple but very meaningful ways.

Many of the staff had worked at the home for a number of years. This and access to care records contributed to staff being aware of residents’ care and support needs.

A previous area for improvement to keep a copy of the initial orientation/induction of new staff was repeated (see area for improvement 1).

Continuity of staff meant that staff were able to recognise any changes in wellbeing and were seen to take appropriate action in responding to this.

At meal times we saw that people were offered choice. As some residents were slow to eat their meals we suggested that additional special plates to keep food warm should be used.

A previous area for improvement for staff to use best practice when transferring residents was repeated (see area for improvement 2). Observation of practice is needed to ensure new skills are applied to practice.
Residents and relatives/carers told us that generally people were well cared for and they had confidence in the service to address concerns raised. They told us that they would like to see more activities taking place. We asked the service to review and develop the provision of activities and look at how information about activities and events is promoted. This is to ensure that purposeful and enjoyable activity benefits people’s wellbeing (see area for improvement 3). www.capa.scot provides resources to support this.

Staff were seen responding promptly to calls for assistance.

Improvements to the recordings in medication administration records (MARs) and use of topical medication administration records (TMARs) are reported on under “How well is our care and support planned?”

Areas for improvement

1. The service should keep a copy of the initial orientation/induction, completed soon after starting, in staff files to evidence completion of these.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which 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”.

2. Staff should receive additional training on how to assist residents to transfer when moving and handling equipment was not required. This will ensure more comfortable transfers and promote independence.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which 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”.

3. The service should review and develop the provision of activities in the service and look at how information about activities and events is promoted.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.25 which states:
“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”.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.
How good is our setting? 3 - Adequate

We evaluated the service as adequate in ensuring that people benefitted from high quality facilities. The service should work to improve on this grade.

Residents and relatives/carers were generally satisfied with the cleanliness of their or their relative’s/friend’s bedroom. Positive comments were given about the views and garden areas.

There was better day to day cover provided by housekeeping staff. However there remained areas of the home that needed additional cleaning. We have repeated a previous area for improvement (see area for improvement 1). Cleaning schedules should be reviewed to identify the tasks that need to be completed and the frequency these tasks should be completed according to usage and risk.

Worn carpets and flooring in places also had a negative impact on the visual appearance of some of the communal areas.

At the last inspection we asked that the service carried out a review of the sluice facilities within the home and took any action necessary to meet with current infection control best practice guidance. We were informed that a new sluice machine was to be fitted in Oak Vale to replace the old machine and consideration was being undertaken to the installation of a small sluice machine in Elm View. This area for improvement remains so that we can follow up on full compliance (see area for improvement 2).

The service had a development plan indicating how they planned to continue to improve the environment. This included:

- Redecorating and replacement of soft furnishings where needed
- Replacement of chairs that were showing signs of wear and tear
- Additional signage to help people find their way around the home
- Development of outdoor space
- Repair work to the driveway.

We will look at progress of this at the next inspection.

Regular maintenance checks were carried out thereby ensuring that the environment was safe and residents, relatives/carers and staff were protected.

The service should review its laundry systems to ensure items of clothing can be identified and promptly returned to the correct resident after laundering (see area for improvement 3).

Areas for improvement

1. The service should review how cleaning and tidying tasks are completed to ensure that the home consistently remains clean, tidy and any unpleasant odours minimised.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5.22 which states: “I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment”.
2. The service should carry out a review of the sluice facilities within the home and take any action necessary to meet with current infection control best practice guidance.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5.17 which states: “My environment is secure and safe”.

See also: Care Inspectorate “Building better care homes for adults - Design, planning and construction considerations for new or converted care homes for adults”.

3. The service should review its current systems for dealing with residents’ laundry to ensure that items of clothing can be identified and promptly returned to the correct person after laundering.

This is to ensure care and support is consistent with the Health and Social Care Standard 5.17 which states: “My environment is secure and safe”.

How well is our care and support planned? 3 - Adequate

We evaluated the service as adequate in ensuring that assessment and care planning reflects people’s needs and wishes. The service should work to improve on this grade.

The provider had intended to introduce the use of digital care records. However difficulties in transmitting and receiving information using this system had been identified due to the location and type of building and further work was to be carried out to address this problem. Implementation of this system should help support staff with the accurate completion of care records.

Mini care plans in residents’ bedrooms ensured that staff had easy access to information about key aspects of residents’ care and support needs.

Three areas for improvement made at the last inspection have been repeated (see areas for improvement 1, 2 and 3). These were to ensure prompt recording of key aspects of risk on admission, updating care plans when changes occur and consistent use of written protocols when “as required” medicine is prescribed. Improved completion of the carers notes on the back of the medication administration records would help to evidence whether “as required” medicine had been effective or not.

Some of the prescribed creams on the medication administration records were not recorded on the topical medication administration records or seen available for use. This should be reviewed (see area for improvement 4).

Improvements were to be made to the completion of oral care records. Staff were to be reminded to access support from the Caring for Smiles team when there were difficulties in helping to support individuals with oral care.

We suggested that the management team develop a system so that they can overview the completion of six monthly reviews of care as there appeared to be delays in some of these being completed and inconsistencies in the quality of the recording of these. We will look at progress of this at our next inspection.
We reminded the service to ensure that the identification sheets at the front of medication administration records are promptly made available. We suggested the use of daily check sheets when topical medication patches are in use.

**Areas for improvement**

1. The service should ensure that key aspects of risk are promptly recorded when a new resident is admitted.

   This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.15 which states:
   "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"
   and Standard 4.27 which states:
   "I experience high quality care and support because people have the necessary information and resources".

2. The service should ensure that care plans are promptly updated when there are changes in care needs.

   This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.15 which states:
   "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"
   and Standard 4.27 which states:
   "I experience high quality care and support because people have the necessary information and resources".

3. The service should ensure that written protocols are made available to help staff decide when to use prescribed "as required" medicine. These should include:

   - a description of signs and symptoms that may indicate the need for the prescribed “as required” medicine
   - the range of interventions to be considered or used before the use of the medicine
   - guidance on how and where to record the effect of the medication
   - how often the medication and its effects should be reviewed.

   This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.27 which states:
   "I experience high quality care and support because people have the necessary information and resources.

   Also see: Care Inspectorate’s Guidance about medication personal plans, review, monitoring and record keeping in residential care services.

4. The provider should review the management of the usage and recording of prescribed topical preparations to make sure that residents are given the correct creams and that there is sufficient guidance for staff to apply these correctly.

   This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.27 which states:
   "I experience high quality care and support because people have the necessary information and resources".
Requirements

Requirement 1

To ensure sufficient management cover the manager or the person acting in their absence should be 100% supernumerary.

This is in order to comply with the service’s staffing notice and with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4 (1) - Welfare of service users and 15 - Staffing.

This also takes into account National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements.

Timescale - Immediately on receipt of this report.

This requirement was made on 21 December 2017.

Action taken on previous requirement

The appropriate management cover is now being provided each week. The arrangements for this are recorded on the duty rota.

Met - outwith timescales

Areas for improvement

Previous area for improvement 1

The service should ensure that key aspects of risk are promptly recorded when a new resident is admitted.

This takes account of National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements and Standard 6: Support arrangements.

This area for improvement was made on 21 December 2017.
**Action taken since then**

From our sampling of personal plans we found that this area for improvement was not fully met. This area for improvement remains so that we can follow up on full compliance. Details of this are further reported in the body of this report under “How well is our care and support planned?”

**Previous area for improvement 2**

The service should ensure that care plans are promptly updated when there are changes in care needs.

This takes account of National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements and Standard 6: Support arrangements.

**This area for improvement was made on 21 December 2017.**

**Action taken since then**

Care plan were not consistently updated when there were changes in care needs. This area for improvement remains so that we can follow up on full compliance. Details of this are further reported in the body of this report under “How well is our care and support planned?”

**Previous area for improvement 3**

The service should ensure that written protocols are made available to help staff decide when to use prescribed “as required” medicine. These should include:

- a description of signs and symptoms that may indicate the need for the prescribed “as required” medicine
- the range of interventions to be considered or used before the use of the medicine
- guidance on how and where to record the effect of the medication
- how often the medication and its effects should be reviewed.

This takes account of National Care Standards, Care homes for older people - Standard 5: Management and staffing Standard 15: Keeping well - medication.

Also see: Care Inspectorate’s Guidance about medication personal plans, review, monitoring and record keeping in residential care services.

**This area for improvement was made on 21 December 2017.**

**Action taken since then**

Written protocols were not always available when “as required” medicines were prescribed. This area for improvement remains so that we can follow up on full compliance. Details of this are further reported in the body of this report under “How well is our care and support planned?”

**Previous area for improvement 4**

The service should review how cleaning and tidying tasks are completed to ensure that the home consistently remains clean, tidy and any unpleasant odours minimised.

This takes account of National Care Standards, Care homes for older people - Standard 4: Your environment and Standard 5: Management and staffing arrangements.

**This area for improvement was made on 21 December 2017.**
**Action taken since then**
There was better day to day cover provided by housekeeping staff. Bedrooms were generally clean and tidy. However there remained areas of the home that needed additional cleaning. Worn carpets and flooring in places also had a negative impact on the visual appearance of some of the communal areas.

Cleaning schedules needed to be reviewed to identify the tasks that needed to be completed and the frequency that these tasks should be completed according to usage and risk.

This area for improvement remains so that we can follow up on full compliance. Details of this are further reported in the body of this report under “How good is our setting?”

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**Previous area for improvement 5**

It is recommended that the service carries out a review of the sluice facilities within the home and takes any action necessary to meet with current infection control best practice guidance.

This also takes account of National Care Standards, Care homes for older people - Standard 4: Your environment.

See also: Care Inspectorate “Building better care homes for adults - Design, planning and construction considerations for new or converted care homes for adults”.

**This area for improvement was made on 21 December 2017.**

**Action taken since then**
A new sluice machine was to be fitted in Oak Vale to replace the old machine. Consideration was being undertaken to the installation of a small sluice machine in Elm View.

This area for improvement remains so that we can follow up on full compliance. Details of this are further reported in the body of this report under “How good is our setting?”

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**Previous area for improvement 6**

We recommended that the service keeps a copy of the initial orientation/induction, completed soon after starting, in staff files to evidence completion of these.

This takes account of National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements.

**This area for improvement was made on 21 December 2017.**

**Action taken since then**
We did not see completed initial orientation/induction records in the sample of new staff files that we reviewed. This area for improvement remains so that we can follow up on full compliance. Details of this are further reported in the body of this report under “How well do we support people's wellbeing?”

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**Previous area for improvement 7**

We recommended that staff receive additional training on how to assist residents to transfer when moving and handling equipment was not required. This will ensure more comfortable transfers and promote independence.

This takes account of National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements.
This area for improvement was made on 21 December 2017.

Action taken since then
We were advised that staff had received additional training on how to assist residents to transfer when moving and handling equipment was not required. However our observations of practice found that staff were not consistently following expected practice in these types of transfers.

This area for improvement remains so that we can follow up on full compliance. Details of this are further reported in the body of this report under “How well do we support people’s wellbeing?”

Previous area for improvement 8

Staff who take charge of the home should be reminded of the Care Inspectorate’s document ‘Guidance on notification reporting’ to ensure all required notifications are reported within the required timescale and contain detailed information on how the incident has been dealt with.

This also takes into account National Care Standards, Care homes for older people: Standard 5: Management and staffing arrangements.

This area for improvement was made on 21 December 2017.

Action taken since then
This area for improvement had been met.

Staff who took charge of the home had been reminded of our notification guidance. From reviewing the incident and accident records we saw that we had been notified of events that the service needs to report to us.

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

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