

Meadowvale Care Home Service

1 Bridgend Court
Bathgate
EH48 2BF

Telephone: 01506 635 373

Type of inspection:

Unannounced

Completed on:

22 October 2018

Service provided by:

Meadowvale Care Limited, a member of
the Tamaris Group

Service provider number:

SP2007009148

Service no:

CS2003010653

About the service

Meadowvale (referred to in the report as "the service") is registered with the Care Inspectorate to provide accommodation and care for 52 older people.

The service provider is Meadowvale Care Limited, a member of the Tamaris Group.

The service is located in a residential area of Bathgate and shops, local services and public transport are nearby.

The service accommodation is on two floors. Access to the first floor is by stairs or lift. All residents' bedrooms are single rooms with an en-suite toilet and wash hand basin. Each floor has a large sitting room, a dining area and a smaller sitting room. The small sitting room on the first floor is the designated smoking area for residents.

There is a conservatory on the ground floor. Communal bathing/showering and toilet facilities are on both floors.

There is a car park to the front of the building and an enclosed garden to the rear.

The service's Philosophy of Care is:

"We are committed to providing the highest possible standards of care. Residents will be treated as individuals and cared for with respect and dignity within a safe, comfortable and homely environment which provides stimulation and encourages independence where appropriate."

What people told us

Before the inspection we received 2 responses (from 20 sent) in questionnaires returned by carers/relatives. These had differing views on the service with one respondent happy with the service and the other dissatisfied. We did not receive any responses from service users.

We met with six visitors to the service and spoke with and/or observed the majority of residents living in the home. The key message from discussions was that many people did not think that there were enough staff. People gave mixed views on staff working in the service. However, the majority of people told us that staff were "really nice".

Some residents told us that their care needs were not always met with their requests for assistance being unheard or ignored. We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experiences and outcomes of people who were unable to tell us their views. Our observations confirmed residents comments because we saw instances where individuals were not given assistance when needed or there was a lack of stimulation and interaction.

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?	2 - Weak
How good is our leadership?	2 - Weak

How good is our staffing?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We evaluated the service's support for people's wellbeing as weak.

Residents should expect to experience compassion, dignity and respect in all aspects of their daily life. This was not always the case in the service.

Whilst we noted some really positive interactions between residents and staff, we heard about and saw that there were times when residents were not heard or listened to when they asked for assistance. This included asking for assistance to the toilet or being helped to take their meal.

We have given information under 'How good is your setting?' relating to poor quality bed making or linen and there were also bedrooms which needed attention to ensure that it was safe and homely. These issues do not reflect dignified and respectful care to residents. We were pleased to see that the care of residents' clothing had improved and they were stored well and tidy.

Residents should expect to have opportunities to participate in a range of social, creative, physical and learning activities every day, both indoors and outdoors. These events help to create a stimulating environment and can help prevent low mood, social isolation, ill health and dependency. We saw there was a daily activity plan displayed with a variety of events taking place each day and we saw some residents taking part in these events. However, we could not assess whether activities were compiled as a result of preferences of residents, because journals which helped capture past hobbies and interests were mainly blank. However some journals were completed, so we concluded that there is work beginning to capture the history and wishes of residents.

The opportunity for social engagement was low outwith these structured events. Some residents told us that they wanted to go out more. This choice was restricted due to the lack of drivers for the mini bus.

Much of the time, we saw lounges with residents seated around the walls with little stimulation. We saw staff trying to interact with residents but they lacked the time needed without distraction or the ability to do so in any structured format.

One recommendation is carried forward from previous inspections and amended to take account of the health and social care standards.

(See area for improvement 1).

Residents should experience high quality care and support that is right for them but we did not see that this always happened. We have assessed that this could be attributed to the staffing levels in the home and the lack of detail and accurate information in care plans to guide staff in practice.

However, we saw that staff adhered to rituals and routine, for example giving lunches. The focus was on the task and not in delivering person centred care.

There were aspects of care that needed to improve as we saw that there were examples of poor outcomes for individuals:

Personal care is not only essential in helping reduce the risk of pressure damage but makes people feel cared for and gives a sense of well being.

However, residents' preferences in bathing or showering was not always recorded in files. There were gaps in records with one person showing they only had one shower in August.

Washing, together with application of prescribed topical creams help to maintain a healthy skin and prevent breakdown. However, there were gaps in the recordings of applications of creams and a lack of direction to guide staff in how they should be used. As a result we could not be assured that this had happened.

We were pleased that there was a good range of equipment to reduce pressure in the home.

People who are at high risk of developing pressure ulcers and need assisted and/or encouragement to move position, should expect to receive this. However, charts for staff to follow and document care delivery were not fully completed. Important information, such as the frequency of position changes and the type of equipment to be used was missing. This, together with the lack of guidance to staff contributed to poor outcomes and damaged skin.

Residents should be confident that any treatment or intervention that they experience is safe and effective. However, where there was damage to skin and treatment of wounds, we did not always see an assessment and treatment plan for each wound which would be best practice. Where other professionals were responsible for the overall care of wounds, there should be guidance and direction on the steps to take if there were any concerns in their absence. We did not see this information and this meant it was difficult to follow the plan of treatment.

Records did not evidence that the wounds had been treated in accordance with the assessed regime. This is most important when there was damaged skin as it will evidence whether the current treatment works and if changes should be made.

(See requirement 1).

Continence support management is important to ensure that people receive dignified and respectful care. Additionally, poor continence management can lead to damaged skin and distress of individuals. Two residents told us that they were not helped to go to the toilet when they asked and we heard instances where individuals asked and were 'unheard'.

We saw instances where residents did not receive support to remain continent. This meant that they became distressed and lacked dignity.

We would expect to see practice and care delivery supported by clear records of continence management and personal care to avoid further harm. It is important that there is clear guidance to staff and documentation in place to make sure that both skin care and continence management is delivered consistently.

(See requirement 2)

Residents should expect that they are helped with eating and drinking and that this is carried out in a dignified way and that respects their preferences. Residents were not guaranteed to receive this kind of support.

We were pleased that the food looked good and well presented and people were given a visual choice.

There was speedy intervention when someone choked and where there was one to one assistance, this was patient and encouraging.

We saw that mealtimes was a particularly busy period and staff worked hard to give people food and fluids. However, we saw there was a lack of organisation and/or numbers of staff to support, prompt and encourage residents. The dining room was crammed and we saw that there was little room for staff to move and serve meals. This placed some residents at risk of scalding when hot meals and drinks were delivered to tables.

We felt that there was little thought of how some residents could best be supported to be independent in eating and drinking with the use of adapted crockery and cutlery or to place food in easy reach. This may have helped some residents have a sufficient nutritional intake. This was particularly important as some residents had a poor dietary intake during our observations and documents told us that there were a significant number of residents who needed a diet to increase or maintain their weight.

Due to the lack of observations by staff we saw that there were times when full plates of food were taken away as they did not see that the resident had attempted to eat without help but could not.

Food and fluid balance records were not evaluated and therefore did not guide staff in the steps they needed to take if targets were not reached. Some residents had significant gaps between drinks.

These issues were very concerning as our observations showed that not all residents were taking sufficient foods and fluids. We concluded that there needed to be better oversight by skilled, trained staff to manage mealtimes so that proper assessment and evaluation takes place.

Such was our concerns about the dining experience for some residents, we have made a requirement.

(See requirement 3)

Residents should expect to receive the right medication at the right time but we noted examples of medications out of stock which meant that some residents missed treatment. Where medications were omitted we did not see any explanation for this.

Staff should have guidance on when to administer medication which is not routine but we saw that there was not always protocols in place to do this.

We could not be assured that residents received prescribed topical creams because there were large gaps in documenting the application. This could be due to insufficient guidance to staff on where, how often and why treatment should be given. Inappropriate treatment can lead to skin damage.

There were examples of hand written narratives that were undated and unsigned. This should be completed to show who, and when authorisation was given to change or add to medications.

It is concerning that residents are missing treatment and there needs to be improvement in the management of medications.

(See requirement 4).

Requirements

1. In order to ensure the health and welfare of residents, the provider must ensure that residents' skin is cared for to minimise risks of skin damage and where damage has occurred, appropriate treatment is delivered to aid healing. To achieve this, the provider must by 31 January 2019:

a) Residents are supported with personal hygiene according to their needs and wishes.

b) Creams and lotions are applied according to the prescription.

c) measures put in place, for example repositioning, to reduce the risk of development of pressure ulcers are adhered to.

b) wound care assessments and treatment plans are completed taking account of 'best practice'

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states: "I am in the right place to experience the care and support I need and want" and 1.24 which states "any treatment or intervention is safe and effective".

It is also necessary to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

2. In order to protect the dignity, respect and health and welfare of residents, the provider must ensure that residents' are supported with managing their continence. To achieve this, the provider must by 31 January 2019:

a) Ensure that residents' needs are reassessed and documented in care plans to guide staff in the management of care.

b) Ensure that residents are supported to access toilet facilities when they request.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states: "I am in the right place to experience the care and support I need and want" and the principles which states "I am respected and treated with dignity as an individual".

It is also necessary to comply with Regulation 4 (Welfare of Users) and 4(1)(b) (dignity) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

3. In order to protect the dignity, respect, independence and health and welfare of residents, the provider must ensure that residents' have a positive dining experience to encourage and support adequate food and fluid intake. To achieve this, the provider must by 31 January 2019:

a) Ensure that there is sufficient space in the dining room to avoid possible harm to residents.

b) Ensure that the atmosphere is calm and relaxed.

c) Ensure that residents have appropriate crockery and cutlery which can help aid their independence.

d) Ensure that residents are supported to eat and drink if they need or request.

e) Ensure that records are maintained and audited accurately where any resident has an intake which is monitored.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states: "I am in the right place to experience the care and support I need and want" and the principles which states "I am respected and treated with dignity as an individual" and 1.34 which states: "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected".

It is also necessary to comply with Regulation 3 (Principles) (independence) and 4 (Welfare of Users) and 4(1)(b) (dignity) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

4. In order to meet the health and welfare of residents, the provider must ensure that residents' receive their medication as prescribed and in line with the prescribers instructions and 'good practice guidance'. To achieve this, the provider must by 31 January 2019:

a) medications must be ordered in a timely manner to avoid people missing treatment

b) the use of codes and/or carers' notes on medication administration records (MARs) to indicate the reason a medication has not been given as prescribed

c) put in place protocols for medication which is given on an 'as required' basis to give information on how residents should be supported before giving medication.

d) handwritten prescription changes should clearly detail who has authorised an change or addition

e) staff must be clearly directed in the use and application of topical preparations

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states: "I am in the right place to experience the care and support I need and want" and 1.24 which states "any treatment or intervention that I experience is safe and effective."

It is also necessary to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

Areas for improvement

1. 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 1.25 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" and 2.22 which state "I can maintain and develop my interests, activities and what matters to me in the way that I like."

How good is our leadership?

2 - Weak

We evaluated the service's leadership as 'weak'.

Residents' should expect that their experiences are continually evaluated so that, as far as possible, they are provided with the right care and support.

We see there are a variety of methods to quality assure all aspects of the service, such as, walkarounds daily/ weekly reports/ assurance map. The assurance map is a good way to highlight care issues - weights/pressure ulcers/ falls.

Some of the issues we have found have not been picked up through a system of audit, namely care plans, dining experience, medications and the environment. We have written about these in areas of this report and we can see that there are poor outcomes for residents which may have been addressed and acted on with an effective system of audit.

Where issues were identified, we could not see action plans evidencing that issues have been addressed and signed off. We were informed that the completed actions were signed off in other documents however, some issues which had been stated to be satisfactory were not.

We were concerned about the lack of management and senior management oversight of the service. This was particularly relating to the quality of care provided and the experiences of residents. We have spoken, after

several previous inspections, about how and where the service must improve. It was disappointing and unacceptable that improvements have not been made and/or maintained. (See requirement 1).

The service must provide us with notifications of significant events but these were not always given and we will monitor this.

Requirements

1. In order to ensure the health and welfare of residents, the provider must ensure that there is a culture of continuous improvement within the organisation, having robust and transparent quality assurance processes. To achieve this, the provider must by 31 January 2019:

a) Review the current audit system to make sure that issues identified in this report (such as the dining experience, staff practice, medication management and the environment) can take into account the outcomes for residents.

b) Make sure that any action identified for improvement are dated and signed off as completed and made available at inspection.

c) Review the information from individual audits in order to inform and report on how the service is improving, or where further improvements are necessary.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.23 which states "I use a service and organisation that are well led and managed".

It is also necessary to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

How good is our staff team?

2 - Weak

We evaluated this question as 'weak'.

Residents should expect that their care needs are met by the right number of people who have time to support, care and speak with them and to also be responded to promptly when they ask for help.

Our findings showed that this was not always the case with residents, family members and staff talking to us about their experiences in the home. This supported our view that there were insufficient staff in the home.

Services must calculate the levels of staffing needed to provide care for the numbers of residents using the service at least on a monthly basis.

Dependency assessments were inaccurate for some residents. For example the service figures showed that four people needed assistance with food and fluids. However, we saw many more residents who needed this support.

Nine people were assessed at requiring a level of up to 2 hours per day of direct care. This is an unusually low amount of care hours needed in a care home. The management could not tell who they were with the exception of one person, which we acknowledged was accurate.

Following assessment, direct care hours were calculated to give a figure of staff hours needed to meet direct care needs. However, samples of duty rotas showed that the service did not cover these hours at all times.

Registered nurses were included in direct hours but our observations and confirmation from them and staff showed that they provided very little direct care.

There was no addition of other hours taking account of duties such as, record keeping, cleaning, medication ordering, key working role or directing and supervision of staff.

Inaccurate initial assessments and the lack of hours for additional duties meant that staff were unable to meet the needs of residents and this had an impact on residents' health and well being. We have discussed this under the question 'How well do we support peoples' well being'.

The impact of staff shortage means that staff can become demoralised and this can affect team working. This is likely to have contributed to the views of people who told us that "some staff are better than others" or staff telling us that it depended on the group of staff working together if days were better.

Staff were aware that they could not always deliver care as they should and these deficits in care does not give confidence that staff are trained, competent and skilled and follow their professional codes. However, we were assured by the manager that staff training had taken place and was on going and we saw that safer recruitment practices were in place.

(see requirement 1).

Subsequent to the inspection we discussed staffing levels with the provider. As assured at the previous inspection they planned to reassess the needs of residents and to review the working practices of staff.

We expected this to be completed quickly to keep residents safe, to make sure that their needs were met and that there was positive outcomes.

Requirements

1. The provider must review the staffing levels in the home. In order to achieve this the provider must:
 - a) Reassess the needs of people who use the service taking into account their physical and social, psychological and emotional needs.
 - b) Review the roles and responsibilities of all staff needed to work in the service.
 - c) Ensure that there are sufficient staff numbers working in the service to meet the care needs of residents in the home at all times.

This is to comply with:

The Social Care and Social Work Improvement (Requirements for Care Services).

Regulations 2011 SSI 2011/210 Regulation 15 (a) - staffing.

Regulations 2011 SSI 2011/210 Regulation 4 (1) (a) - a regulation about health and wellbeing of residents.

Timescale for meeting this requirement: To commence on receipt of this letter and for on going assessment.

How good is our setting?

2 - Weak

We evaluated the setting as 'weak'.

In order to respect the dignity of residents, help them feel that the provider is responding to their needs and wishes and to provide a homely environment they should be able to use a comfortable area with soft furnishings to relax. We saw some rooms which were personalised and homely. However, many of the bedrooms were tired and in need of maintenance and redecoration. A few bedrooms had personal bed linen, but we noted that for others the quality of sheets, duvet covers and pillows could have been better and/or attention was needed when making beds to respect residents and deliver respectful care.

Residents should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and facilities which helps afford them a sense of well being. We required in 2016 that the service make improvements in the refurbishment and cleaning of the premises.

We found that refurbishment was minimal and key areas for improvement had not been addressed. For example, in the availability of working bathing facilities.

Window replacement had not been completed and records showed that people were complaining about drafts and cold through some windows. This impacts on the comfort of both residents and visitors.

Residents should be able to secure their own bedrooms if they wished but we saw that all bedroom doors did not have locking facilities which compromised the resident's dignity and privacy.

Improvements to internal fittings such as vanity units in ensuite facilities and dining area worktops remained incomplete. This meant that edges and surfaces were not intact and easily cleaned which placed people at risk of infection.

It is important that people have premises that are safe and secure and that they can use a private garden. Presently, the gardens of the home looked neglected and uncared for and the manager had reported that there were uneven slabs which were a trip hazard.

We acknowledge that there has been a vacancy for the maintenance person position. Subsequent to inspection the post has been filled and we anticipate that routine repairs/maintenance work will progress. However there remains considerable work to complete to refurbish the home.

We met with the provider, subsequent to completion of the inspection, and they have begun to progress issues identified. We were assured that a comprehensive action plan is being compiled and updates are to be shared with us. However, we have carried forward, with amendments, the requirement made at the last inspection relating to the environment to direct and guide the service.

(See requirement 1)

Requirements

1. The provider must ensure that the premises are maintained to a suitable standard and ensure health and safety measures are improved. In order to do this the following must be addressed:

- a) The refurbishment of the building continues and takes particular account of bedroom vanity units and maintenance issues.
- b) Ensure care equipment, such as commodes and shower chairs are fit for use and that they are clean.
- c) Pantry areas must be clean and storage of foodstuff must show that they are fit to be eaten.

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 3 Principles, Regulation 4 1 (a) Welfare of users and Regulation 14 (b) Facilities in care homes. Consideration should also be given to the National care standards, care homes for older people Standard 4 Your environment, Standard 9 - Feeling safe and secure.

Timescale: To commence on receipt of this report and for completion by 31 January 2019.

How well is our care and support planned?

2 - Weak

We evaluated the services planning of care and support as 'weak'.

Residents should expect that their care plans are right for them because it sets out how their needs are to be met as well as their wishes and choices. This helps make sure that people are given the care and support that they need.

It was positive that the service held details of the appropriate legal representative who should be involved in decision making about the resident's care needs if they were unable to discuss this themselves.

There was involvement of professionals who assisted the service meet the needs of residents.

We previously required the provider to ensure that a system of care planning and recording was put in place and that care staff were aware of the care plans, how to implement them and record actions /findings. This aids the use of 'best practice' and enhances consistency in care to meet individual needs and wishes. However, we found that there remained many areas in care planning that needed to be improved.

There were instances of conflicting information about the individual's level of need. For example, we could not determine the actual care needed as one assessment told us that 'they eat without assistance' and another saying that they 'need assistance'.

Records of residents' preferences could be expanded and we could not be confident that this had been discussed with them and/or their representative and shared with staff. For example, diet notifications had minimal information on preferences. Individuals' likes and dislikes can change over time particularly with the introduction of new items on menus and care plans gave little information about residents' preferences and wishes or how they were enabled to get the most from their life and we saw that many residents were under stimulated and spent time withdrawn or asleep.

Consents were not always dated or signed which meant that there was no agreement for the use of restrictive measures such as bedrails.

Risk assessments which informed care planning in aspects of care, such as pressure ulcer prevention and under nutrition were not always completed.

People should expect that their care is reviewed in line with current legislation and that they are consulted and included. This is to help identify any changes in care needs and preferences. Reviews of care were not up to date so we could not be assured that the care needs, preferences and wishes were accurate.

Residents should expect to be comforted and supported when they are stressed or distressed and staff should be alert and respond to signs of deterioration in the resident's health and well being and be able to recognise if the individual is unhappy or at risk of harm. We read about and saw some residents who were affected by stress and distress. Samples of care files told us about times when an individual was affected during personal care and information was written in the plan for personal care. However, from records and observation we saw that there were a number of occasions where people were affected. This was mainly due to their care needs not being met.

We thought that a clear and consistent approach to recognising and managing stress and distress would assist staff be mindful that this can affect all aspects of daily life of the resident

We have concluded that with clear care planning in all aspects of care, this will help staff deliver care in a consistent manner, taking account of preferences and wishes.

Issues we have identified in care and support, with quality care planning, would improve outcomes for residents as staff are guided and given information on how care should be delivered.

One requirement made at a previous regulatory visit is outstanding relating to care planning and we have made amendments to this to reflect the findings at this inspection.
(see requirement 1).

Requirements

1. In order to ensure that residents experience high quality care and support that is right for them, the provider must:

- Develop care plans in respect of personal care (including oral care), skin care, nutrition, continence management, stress and distress and activity. These must and take account of risk assessments (where appropriate) and reflect the choices and wishes of individuals.
- Ensure that consent is agreed and documented for the use of restrictive measures.
- Ensure that there is a plan to carry out reviews that are not up to date and that reviews are on going.

This is in order to ensure that 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), and, in order to comply with Regulation 4.-(1) A provider must-(a) make proper provision for the health, welfare and safety of service users and, Regulation 5.-(1) Subject to paragraph (3) a provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: 31 January 2019.

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

Requirements

Requirement 1

The provider must review the staffing levels in the home. In order to achieve this the provider must:

- a) Reassess the needs of people who use the service taking into account their physical and social, psychological and emotional needs.
- b) Review the roles and responsibilities of all staff needed to work in the service.
- c) Ensure that there are sufficient staff numbers working in the service to meet the care needs of residents in the home at all times.

This is to comply with:

The Social Care and Social Work Improvement (Requirements for Care Services).

Regulations 2011 SSI 2011/210 Regulation 15 (a) - staffing.

Regulations 2011 SSI 2011/210 Regulation 4 (1) (a) - a regulation about health and wellbeing of residents.

Timescale for meeting this requirement: To commence on receipt of this letter and for completion by 30 June 2018.

This requirement was made on 3 September 2014.

Action taken on previous requirement

This requirement has not been met. Information can be seen under the question 'How good is our staff team?'.

Not met

Requirement 2

The provider must ensure that the premises are maintained to a suitable standard and ensure health and safety measures are improved. In order to do this the following must be addressed:

- a) The refurbishment of the building continues and takes particular account of bedroom vanity units.
- b) A copy of the refurbishment plan is forwarded to the Care Inspectorate as part of the service action plan from the inspection.

- c) Ensure care equipment, such as commodes and shower chairs are clean. Pantry areas must be clean.

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services)

Regulations 2011 SSI 2011/210 Regulation 3 Principles, Regulation 4 1 (a) Welfare of users and Regulation 14 (b)

Facilities in care homes. Consideration should also be given to the National care standards, care homes for older people Standard 4 Your environment, Standard 9 - Feeling safe and secure.

Timescale: To commence on receipt of this report and for completion by 30 June 2018.

This requirement was made on 3 September 2014.

Action taken on previous requirement

This requirement has not been met. Information can be seen under the question 'How good is our setting?'.

Not met

Requirement 3

The provider must ensure that residents' dignity is protected. In order to do so the following must be addressed:

- a) Devise and implement a system to ensure that residents' bedrooms, wardrobes and drawers are clean and tidy.

- b) Ensure that residents' clothing is clearly marked for identification.

- c) Ensure personal grooming items such as toothbrushes are clean and stored hygienically.

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services)

Regulations 2011 SSI 2011/210 Regulation 4 (1) (b) Welfare of users. Consideration should also be given to the

National Care Standards, care homes for older people Standard 4 - Your environment and Standard 16 - Private

life. Timescale: To commence on receipt of this report and for completion by 30 June 2018.

This requirement was made on 26 April 2016.

Action taken on previous requirement

We found that the care and storage of clothing had improved. This no longer compromised the dignity and respect of residents.

We discussed some areas where there needed to be continuous improvement, such as the naming of 'net pants' and taking care to place items in the correct room.

However we found that overall there had been sufficient improvement.

Met - outwith timescales

Requirement 4

In order to ensure that people get the care and support they need, the provider must ensure that:

- an effective care planning and recording system is implemented
- all care staff are aware of the care plans, how to implement them and record actions / findings
- all staff are supported to reflect on learning needs relating to care planning, skin care and oral care. Where training needs are identified a plan to address this is made.

This is in order to ensure that 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), and, in order to comply with Regulation 4.-(1) A provider must-(a) make proper provision for the health, welfare and safety of service users, And, Regulation 5.-(1) Subject to paragraph (3) a provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: 30 August 2018.

This requirement was made on 27 June 2018.

Action taken on previous requirement

Information can be seen in the question 'How well is our care and support planned?'

Not met

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

it is recommended that the provider ensures that residents are supported with their nutritional needs. To do this:

- a) Developed residents' nutritional plans to ensure these contain enough information to guide on how to meet these needs.
- b) Ensure staff accurately record the action to be taken when food and fluid records show that the residents are not getting enough to eat and drink.
- c) The outcome of the identified action should be evaluated.

This is in accordance with the national Care standards, care homes for older people. Standard 6 - Support arrangements.

This area for improvement was made on 23 January 2018.

Action taken since then

Information can be seen in the question 'How well do we support peoples' well being?'

We have made a requirement about this aspect of care.

Previous area for improvement 2

It is recommended that the provider continues to develop how medication is managed. To do this:

- a) Ensure handwritten narratives are dated and signed and record who authorised the changes.
- b) Carers' notes on the reverse of medication administration recording sheets (MARs) are consistently completed.
- c) Consistently record the application of topical creams.

This is in accordance with the National Care Standards, Care Homes for Older People, Standard 15 – Keeping well – medication.

This area for improvement was made on 23 January 2018.

Action taken since then

Information can be seen in the question 'How well do we support peoples' well being?'
We have made a requirement about this aspect of care.

Previous area for improvement 3

The provider should ensure that all service users, irrespective of ability, have opportunity to participate in activities of their choice and which are meaningful to them. This should also take account of activities outwith the structured activity programme.

This is in accordance with the National Care Standards, Care homes for older people, Standard 17 – Daily life and Standard 14 – Keeping well.

This area for improvement was made on 23 January 2018.

Action taken since then

Information can be seen in the question 'How well do we support peoples' well being?'

Previous area for improvement 4

It is recommended that the provider ensure that accurate staff training records are maintained.

This is in accordance with the National Care Standards, Care Homes for Older People, Standard 5 – Management and staffing arrangements.

This area for improvement was made on 23 January 2018.

Action taken since then

We saw that staff had appropriate training and details of this was set out in a matrix format. There was sufficient improvement to assess this recommendation as being met.

Previous area for improvement 5

It is recommended that the provider ensures that new staff are supported and are not left unsupervised with residents until assessed as capable. Students working at the service should receive a good, documented induction to the service to support them in effectively implementing their roles and responsibilities.

This is in accordance with the National Care Standards, Care Homes for Older People, Standard 5 – Management and staffing arrangements.

This area for improvement was made on 23 January 2018.

Action taken since then

we did not see that any new staff were left unsupported at this inspection. This recommendation was met.

Previous area for improvement 6

It is recommended that the provider continue to develop the quality assurance system to ensure all aspects of the quality of the service is comprehensively monitored and evaluated. Review the information from individual audits in order to inform and report on how the service is improving, or where further improvements are necessary.

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

This area for improvement was made on 23 January 2018.

Action taken since then

Information can be seen in the question 'How good is our leadership?'
We have made a requirement about this.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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