

# Inspection report

## Pine Villa Nursing Home Care Home Service Adults

4 Hawthorn Gardens  
Loanhead  
EH20 9EE  
0131 440 3324

**Inspected by:** Annwyn Noble  
**(Care Commission officer)**

**Type of inspection:** Unannounced

**Inspection completed on:** 14 January 2011

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**Service provided by:**  
Mansfield Care Limited

**Service provider number:**  
SP2005007720

**Care service number:**  
CS2005112999

**Contact details for the Care Commission officer who inspected this service:**

Annwyn Noble  
Telephone 0131 653 4100 Lo-call: 0845 600 8335  
Email enquiries@carecommission.com

## Easy read summary of this inspection report



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There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



### We gave the service these grades

Quality of Care and Support	 <b>4</b>	Good
Quality of Environment		N/A
Quality of Staffing		N/A
Quality of Management and Leadership	 <b>4</b>	Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

### What the service does well

The service has worked hard to address areas for improvement identified by the Care Commission.

In particular, we found that staff were clearer about certain aspects of resident care, such as moving and handling techniques and about the need for more detailed written records.

We also found that the addition to the staff team of the new manager and the new activities coordinator had made a difference to the overall quality of care and support.

### **What the service could do better**

The actioning of the areas for improvement and recommendations should further strengthen the service.

### **What the service has done since the last inspection**

Since the last inspection the service has made good progress in implementing the nine recommendations made. We found that five had been implemented in full, two had been actioned sufficiently so that they were not repeated and two have been carried forward to the next inspection. There is an expectation that the recommendations which were not implemented in full will be finished off by the home.

In addition, the home had 'met' the four requirements which were made to the home following other regulatory work carried out in October 2010. From the follow up on the requirements, two new recommendations have been made.

## **Conclusion**

We concluded that the residents within Pine Villa Nursing Home were currently being provided with a 'good' quality of care and support. On-going development of the service by the new manager and staff team could lead to the service providing 'very good' care and support.

## **Who did this inspection**

### **Lead Care Commission Officer**

Annwyn Noble

### **Other Care Commission Officers**

Not applicable

### **Lay Assessor**

**Please read all of this report so that you can understand the full findings of this inspection.**

## About the Care Commission

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We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: [www.carecommission.com](http://www.carecommission.com). Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## About the National Care Standards

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The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Booksource  
50 Cambuslang Road  
Cambuslang Investment Park  
Glasgow  
G32 8NB  
Tel: 0845 370 0067  
Fax: 0845 370 0068  
Email: [scottishgovernment@booksource.net](mailto:scottishgovernment@booksource.net)

# What is inspection?

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Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.



## **Recommendations, requirements and complaints**

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

# How we decided what to inspect

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## **Why we have different levels of inspection**

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

## **How we decide the level of inspection**

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

# What is grading?

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We grade each service under Quality Themes which for most services are:

- **Quality of Care and Support:** how the service meets the needs of each individual in its care
- **Quality of Environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of Staffing:** the quality of the care staff, including their qualifications and training
- **Quality of Management and Leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of Information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

## How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

## About the service we inspected

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Pine Villa is situated within the Midlothian town of Loanhead.

The service was registered with the Care Commission in February 2006 to provide a care home service to 19 older people.

The service has both registered nurses and carer staff. At the time of this inspection there were 18 residents living in the home.

The service aim is to "provide flexible individual packages of support to service users through care planning and reviewing on an ongoing basis" and to "provide a range of stimulating social and therapeutic activities which assist service users to maintain and enhance existing skills".

Based on the findings of this inspection this service has been awarded the following grades:

<b>Quality of Care and Support</b>	<b>4 - Good</b>
<b>Quality of Environment</b>	<b>N/A</b>
<b>Quality of Staffing</b>	<b>N/A</b>
<b>Quality of Management and Leadership</b>	<b>4 - Good</b>

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

You can use the "Care services" area of our website ([www.carecommission.com](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### **What activities did we undertake during the inspection**

We wrote this report following an unannounced inspection which took place on Tuesday 11 January 2011 between 10.30 am and 12.30 pm and again on Friday 14 January 2011, between 12.30 pm and 6.00 pm. The inspection was carried out by Annwyn Noble, Care Commission officer.

The focus of this inspection was to follow up on requirements made by the Care Commission in October 2010 following regulatory activity, in addition to following up on the areas for improvements and recommendations made during the announced inspection in June 2010.

Also, the re-sampling of evidence across three Statements from Quality Theme 1, Care and Support and three Statements from Quality Theme 4, Management, took place at this inspection.

During this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents, including:

- Sampling four resident's personal plans (care plans)
- Risk assessments
- Sampling aspects of the home's auditing system
- The home's newsletter
- The minutes of residents and staff meetings
- Staff training records
- The staffing schedule, certificate of registration and public liability insurance.

Discussion with various people, including:

- The registered manager
- The provider
- One senior carer
- One carer
- The activities coordinator
- Residents, generally, in one of the communal lounges
- One resident in their bedroom
- Discussion with one relative
- Observation of staff interacting with residents and residents interacting with each other.

### **Inspection Focus Areas (IFAs)**

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

### **Fire safety issues**

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Has the service had to take any actions as a result of or since our last inspection?**

Four requirements had been made to the care provider following two complaints made to the Care Commission in October. We followed up on the home's progress in actioning these requirements at this inspection.

#### **Requirement 1**

The provider must ensure that the content of all personal plans provide clear guidance for staff to ensure appropriate and up to date care to be given to service users. In order to achieve this, the manager must ensure:

- a) Accurate moving and handling assessments are completed for all residents.
  - b) That care plans contain consistent information about resident's mobility and moving and handling and accurately reflect the moving and handling risk assessments.
- This is in order to comply with SSI/114, Regulation 4 (1) (a) welfare of service users.

### **Action taken on the Requirement**

#### **Progress:**

At this inspection it was found that the manager and nursing staff had updated residents personal plans and risk assessments in relation to mobility needs. The files of four residents who require assistance with moving around were sampled and were all found to have been updated.

As an area for improvement, we suggested that for those residents whose level of assistance varied from day to day, that their plan contained clearer information about how staff would approach and assess the resident's ability to contribute to the manual handling task about to be carried out. A Recommendation has been made about this within Quality Statement 3 of Quality Theme 1, Care and Support.

This the manager agreed to do.

Sufficient progress had been made in implementing the Requirement.

This Requirement had been met.

**The requirement is:**

Met

**Requirement 2**

The provider must ensure that staff are appropriately trained and assessed as competent to do the work they perform. In order to do this the manager must:

- a) Evidence that staff follow the instructions contained within the personal plans with regard to moving and handling.
  - b) Evidence that all staff are trained and assessed as competent in moving and handling techniques practised in the home.
  - c) Evidence that staff are inducted and trained into the home are per training policy.
- This is in order to comply with SSI/114, Regulation 13 (c) (i) staffing.

**Action taken on the Requirement**

Progress:

Through discussion, staff confirmed that they were now clearer about the moving and handling needs of some of the residents. This knowledge had come through updated manual handling training and through the new manager observing and monitoring staffs practice.

The training records showed that moving and handling training had taken place in October 2009 and those who still required updated training would be undertaking this by the end of January 2011. In addition, staff were aware that residents personal plans had been updated to reflect residents current mobility needs.

As an area for improvement, the manager should ensure that training records are always up to date. Currently staff were responsible for recording their own training once complete. This had not been done by one carer who had recently undertaken the updated moving and handling training. A recommendation has been made about this within Quality Statement 3 of Quality Theme 1, Care and Support.

This the manager agreed to do.

Sufficient progress had been made in implementing the requirement.

This requirement had been met.

**The requirement is:**

Met

### Requirement 3

The provider must ensure that the wound charts used within the service are correctly completed and contain all relevant information in accordance with best practice. This must include:

- a) ensuring that all sections of the charts are consistently and accurately completed including the cleansing and treatment regime
  - a) A photographic record is maintained where consent is given
  - c) The dates of planned dressing changes are recorded
  - d) Ensure that documentation is monitored to ensure accurate completion.
- This is in order to comply with SSI/114, Regulation 4 (1) (a) welfare of service users and National Care Standards (NCS) for Care Homes for Older People, Standard 5 Management and staffing and 13, Keeping well- healthcare.

### Action taken on the Requirement

#### Progress:

We found that the manager had updated the wound charts for the residents that this applied to. Through sampling three personal plans, we found that a photographic record was now in place. We also found that the recording of dressing changes and the reviewing of the wound management was now clearer since the format of the chart had been altered slightly. In addition, the type of wound was recorded along with the specific dressing to be applied.

As an area for improvement we asked the manager to ensure that the specific cleansing routine for wounds was recorded on the wound chart as this was not always done.

This the manager agreed to do.

A recommendation has been made about this within Quality Statement 3 of Quality Theme 1, Care and Support.

Sufficient progress had been made in implementing the requirement.

This requirement had been met.

### The requirement is:

Met



#### Requirement 4

The provider must ensure that service users are treated with respect at all times. In order to do so, the provider must ensure that staff carry out their tasks at a pace which suits residents.

This is in order to comply with SSI/114, Regulation 4 (1) (b) welfare of service users.

#### **Action taken on the Requirement**

Progress:

Through observation of staff, at the time of this inspection, we found that staff carried out care and support to residents in a respectful and unhurried manner.

Residents who spoke with us confirmed that they were happy that staff were respectful when assisting them to carry out activities of daily living, such as mobilising, washing and dressing. The relative who spoke with us also confirmed that staff were respectful to their relative living in the home and to them as a visitor.

The care staff spoken with confirmed that the manager regularly observed staffs practice and that she was a good role model to staff. Staff confirmed that following the complaint investigation which led to this requirement, the operations manager and home's manager had spoken with staff about the importance of respectful unhurried care practice.

As an area for improvement, we suggested that when staff meetings were held to discuss any subject, that those not present at the meeting were subsequently asked to read and sign the minutes to indicate their understanding of what had been discussed.

This the manager agreed to do.

Sufficient progress had been made in implementing the Requirement.

This requirement had been met.

**The requirement is:**

Met

#### **Actions Taken on Recommendations Outstanding**

There were nine recommendations made during the announced inspection of June 2010. We followed up on the home's progress in implementing these during this inspection. We found that:

### Recommendation 1

The manager should develop an action plan, with timescales, to address suggestions for improvement made by residents, relatives and staff for service improvement.

National Care Standards, Care Homes for Older People, Standard 5.4, Management and Staffing Arrangements.

#### Progress:

We found that as part of meeting minutes there was an action plan incorporated into the minutes to address any suggestions for improvement from any source. We found that the manager had implemented any easy to action suggestions, with plans being on-going about longer term requests. For example, residents had requested more outings during good weather.

This recommendation had been implemented.

### Recommendation 2

The updating of resident's 'life history' information should be completed.

National Care Standards for Older People (NCS), Standard 6.1 Support arrangements.

#### Progress:

The new activity coordinator had been given the responsibility for the updating residents' life history information. He stated that approximately half of the plans had been completed to a satisfactory level. Updating had involved asking relatives to contribute to the resident's past life history document. Some relatives had not returned the completed information as yet. In addition, for some residents it was difficult to obtain the information as it had been 'lost' over time, due to the decreased ability of the resident to contribute or through decreased involvement of relatives or friends who held this knowledge.

The activities coordinator agreed that they would continue to work on the life histories to ensure that all residents had useful and valuable information which could, as one benefit, enhance residents social and recreational pass times.

Although this recommendation had not been fully implemented, good progress had been made. In addition, there was on-going commitment to completing the process.

The recommendation is, therefore, not repeated at this time, but the completion of the life histories will be subject to future follow up.

### Recommendation 3

The recording of leisure, social and recreational activities should be expanded upon. In particular this relates to recording the activities that have been offered and then declined by some residents.

NCS for Older People, Standard 6.1 Support arrangements.

#### Progress:

The activities coordinator kept very good records of residents involvement in leisure and social pass times. In addition to recording when residents took part in activities, the coordinator now recorded occasions when residents declined activities offered to them. This recommendation had been implemented.

### Recommendation 4

The nursing staff should expand upon the content of resident's daily progress notes.

NCS for Older People. Standard 6.1 Support arrangements

#### Progress:

Through sampling the personal plans of four residents we found that there had been an increase in the contents of the daily recording by the day staff. This gave a clearer indication of how residents had been throughout the day.

This recommendation had been implemented.

### Recommendation 5

Training to nurse and care staff on continence care management should be provided within a short timescale. NCS for Older People. Standard 5.4 Management and staffing arrangements.

#### Progress:

The training records showed that training about continence care management had been carried out for approximately one third of the team. The manager had plans in place for more staff to undertake this training. The senior carer who had responsibility for the ordering of supplies had undertaken this training. Not all staff required this training as some had previously undertaken it

Sufficient progress had been made for this recommendation to not be repeated at this time. The manager should continue with her plans to roll out more training on this subject.

#### Recommendation 6

Updated food hygiene training should be provided to care and nursing staff within a short timescale.

National Care Standards, Standard 5.4 Management and staffing arrangements.

#### Progress:

We found that training on food hygiene had been sourced, but none of the staff had undertaken the training as yet.

This Recommendation had not been implemented so it has been carried over to the next inspection.

The Recommendation has been made within Quality Statement 3 of Quality Theme 1, Care and Support.

#### Recommendation 7

The timescales for staff supervision should be reviewed. Thereafter the new timescale should be maintained. National Care Standards, Care Homes for Older People Standard 5.4 Management and Staffing Arrangements.

#### Progress:

The manager evidenced that she had begun formal supervision with staff. This was consistent with the practice of the previous manager. However the policy document had not been reviewed and amended as yet.

This recommendation had not been implemented and so it has been carried over to the next inspection.

The recommendation has been made within Quality Statement 3 of Quality Theme 1, Care and Support.

#### Recommendation 8

A regular cycle of staff team meetings should be maintained.

National Care Standards, Care Homes for Older People Standard 5.4 Management and Staffing Arrangements.

#### Progress:

The records showed that the new manager had started a regular cycle of staff meetings. Staff confirmed that they could have 'their say' at the meetings about any issue that they would like to raise. The frequency of staff meetings was three monthly.

This recommendation had been implemented.

#### Recommendation 9

The monthly management reports should be re - introduced by the provider as a means of measuring the quality of the service provided in the care home.

National Care Standards, Care Homes for Older People Standard 5.4 Management and Staffing Arrangements.

#### Progress:

We found that monthly audits were being carried out and were being signed off by the person carrying out the audit.

This recommendation had been implemented.

#### **The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

#### **Annual Return Received**

Yes

#### **Comments on Self Assessment**

Not applicable at this inspection, as the self assessment was considered during the announced inspection in June 2010.

**Taking the views of people using the care service into account**

The residents who spoke with us, all confirmed that they were 'happy' with the quality of care and support, activities on offer, meals and staffs approach to care. All staff were described as being "very nice" and "helpful".

**Taking carers' views into account**

The relative who spoke with us, confirmed that they were happy with their wife's care and stated that as a visitor, they were made to feel welcome within the service. Their wife had recently moved into the home and so far "all had gone well".

## Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service Strengths

The strengths found at this inspection in relation to all the Quality Statements should be considered along with the more detailed report from the announced inspection in June 2010.

We found that the service was making consistent progress in relation as to how residents and relatives were encouraged to have 'their say' about the overall quality of service delivery.

Examples of this were: the resident and relatives meetings, the open events, such as the fundraising coffee morning in September and the newsletters.

A satisfaction questionnaire had recently been sent out to relatives, although only one response was returned, the service planned to continue with these.

The manager continued to advertise her 'weekly surgery', whereby on one evening each week she was on duty within the home to speak to relatives. As the uptake of this opportunity by relatives was low, the manager was considering stopping these.

We found, during discussion with residents, staff and a relative, that the new manager was seen to be approachable and helpful. An 'open door' policy was described as being in place, whereby the manager was easily available to discuss any issues of residents care.

#### Areas for Improvement

The service should continue to look at ways of involving relatives in the overall quality of the service.

#### Grade awarded for this statement

4 - Good

#### Number of Requirements

0

#### Number of Recommendations

0

## **Statement 2**

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

### **Service Strengths**

We found that the service had made improvements within the area of residents choices since the last inspection and as a result of this the grade has been increased from '4- Good' to '5- Very Good'.

Since the last inspection a new activities coordinator had been recruited into the staff team. He came across as enthusiastic and motivated. Residents and staff spoke highly of his input into activities and his manner. In the time that he had been in post he had developed upon approximately half of the residents 'Life history' information, which he had then used to get to know residents better and to develop upon residents pastimes. We found that the role of developing the newsletters had been given to the activities coordinator. The newsletter sampled gave information to residents and relatives on topics such as:

- The fundraising coffee morning
- A musical entertainer coming into the home
- A visit from the local children's nursery and 'Gorgie Pets'.
- Resident's birthdays
- A welcome to the new manager.

We found that the written records of residents taking part in activities were very good and records were kept of the times when residents were offered activities, but chose not to attend.

Residents had identified that they would like to go out socially more often. This was being worked on, with weather and funds permitting. One particular favourite was the 'team dances' at a local miners club.

### **Areas for Improvement**

Although the activities coordinator had undertaken basic training specific to their job, they thought that they would benefit from further training, given that they did not have a background in this area. We agreed that this would be a good area for improvement. We suggested that the activities coordinator spent time with activities staff from the other Mansfield Care services to share ideas.

As identified by the home's staff and management, the introduction of a budget, specific to activities for residents, should be developed. Currently there was a lot of reliance upon fundraising to generate funds for activities.

The operations manager was currently looking into this.

In addition, the life history work should be finished off.



**Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

## **Statement 3**

We ensure that service user's health and wellbeing needs are met.

### **Service Strengths**

We found that the service was making consistent progress in how they maintained the health and wellbeing of the residents within the home.

Not all areas of this Statement, which had been examined in detail at the announced inspection in June 2010, were examined at this inspection. The focus of this inspection, in relation to meeting residents healthcare needs, was based on following up on the four requirements made during other regulatory activity in October 2010.

This covered: moving and handling, wound care and treating residents in an un-hurried and dignified manner.

During this inspection we found that changes had taken place in relation to resident's personal plan records, staff knowledge and staff practice.

Residents who spoke with us confirmed that they were "happy" with staffs approach, describing staff as "all very helpful" and "pleasant".

We found during discussion with staff that they had a good understanding about residents different healthcare needs. The manager was seen to be a good role model and her expectations about care delivery were clear to staff.

As a new development, since the last inspection, about one third of the staff team had undertaken training in the management of continence care. Although, not all staff would undertake this training, the manager did plan to send more staff on this, once a new date was given by the trainer.

### **Areas for Improvement**

Identified during the last inspection in June 2010, was a need for staff to undertake updated food hygiene training. This training had been sourced, but not carried out yet. This Recommendation is, therefore, repeated here.  
(See Recommendation 1).

Identified during the follow up of the requirements made in October 2010, were areas for improvement in relation to:

Clearer personal plan recording in relation to moving and handling

Training records always being kept up to date.

Detailing the specific cleansing routine to be carried out during wound management.

More details about our findings on these issues have been included within the follow up of the requirements. Three recommendations were, therefore, made here.

(See Recommendations 2, 3 and 4).

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

4

**Recommendations**

1.  
Updated food hygiene training should be provided to care and nursing staff within a short timescale.  
National Care Standards (NCS), Care Homes for Older People Standard 5.4 Management and Staffing Arrangements.
2.  
For residents whose level of assistance, in relation to moving and handling, varies from day to day, then their personal plan should contain clearer information about how staff would assess the resident's ability to contribute to the manual handling task about to be carried out.  
(NCS), Care Homes for Older People Standard 5.4 Management and Staffing Arrangements and Standard 6.1 Support arrangements.
3.  
The training records of all staff should be kept up to date at all times.  
(NCS), Care Homes for Older People Standard 5.4 Management and Staffing Arrangements.
4.  
During the management of residents' wounds, the specific cleansing routine should always be clearly documented alongside the treatment of the wound.  
(NCS), Care Homes for Older People Standard 5.4 Management and Staffing Arrangements.

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

#### Service Strengths

We found that the service was making good progress in relation as to how it involved residents, relatives and staff in the overall assessment and improvement of the quality of management.

The new manager took up post in October 2010, and in that time she had made a positive impact upon the service. This was particularly evident during the follow up of the requirements made in October 2010, which related to a time before she became manager.

We found that residents and staff were happy to say that the manager had settled well into her post, and, that she was keen to make progress within the overall quality of the service.

Residents had frequent opportunities to 'have their say' about the service with monthly residents meetings, and with relatives meetings being planned in on a three to four monthly basis.

#### Areas for Improvement

The service management should maintain existing systems and look into other meaningful ways of involving residents, relatives and staff in the development of the service.

#### Grade awarded for this statement

4 - Good

#### Number of Requirements

0

#### Number of Recommendations

0

## **Statement 2**

We involve our workforce in determining the direction and future objectives of the service.

### **Service Strengths**

We found that the manager had begun carrying out staff's annual appraisals assisted by the other nursing staff. In addition, she had begun staffs one to one supervisions. The frequency of the supervision for staff had been changed to a three - four monthly basis, which had been agreed by the operations manager and care provider.

Staff who spoke with us stated that they were well supported, and, in particular, because of the small size of the home they found it easy to seek support from either the manager or the nurse on duty. They were of the opinion that their views were valued, and during staff meetings they were able to contribute to the agenda to be discussed. The staff meeting cycle had been set at a three monthly interval, although the new manager had held more frequent meetings as part of getting to know the service better.

Staff spoken with confirmed that the manager was happy to listen to any suggestions that they had to make about any aspect of care and support delivery.

### **Areas for Improvement**

During the last inspection, a recommendation was made about updating the policy on staff supervision. This related to changing the timescales of supervision, as the policy did not reflect what happened in practice.

As this had not been carried out yet, this recommendation has been carried forward to the next inspection.

(See recommendation 1).

We suggested that for staff who were not able to attend a staff meeting, that they are asked to read and sign the minutes to indicate their understanding of what had been discussed.

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

1

**Recommendations**

1.

The timescales for staff supervision should be reviewed. Thereafter the new timescale should be maintained. National Care Standards, Care Homes for Older People Standard 5.4 Management and Staffing Arrangements.

## **Statement 4**

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

### **Service Strengths**

We found that the service had maintained its good quality assurance processes. For example, the manager carried out specific weekly audits on resident occupancy levels, staff details for pay purposes and any complaints made to the service.

On a rotational basis audits of topics such as medication, the environment and tissue viability, for example, were carried out. The operations manager was involved in carrying out some of these audits.

In addition, every month, the manager carried out an audit of accidents and incidents and residents' dependency levels were re-calculated.

During day one of the inspection it was unclear as to whether all staff had been given a copy of the Scottish Social Services Council's Codes of Practice (SSSC). This was remedied by the time of our second visit and the manager had developed a written audit of this.

### **Areas for Improvement**

As the manager was new into post, they were unaware of the qualification criteria for care home managers as stipulated by the SSSC. The manager should, therefore, contact the SSSC to find out about the level of management qualification that they will require to have.

This she agreed to do.

### **Grade awarded for this statement**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

## Other Information

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### **Complaints**

Three complaints have been made to us about the service since the last inspection. Two of these were 'partially upheld' and one was 'not upheld' .

You can find information about complaints that have been upheld or partially upheld on our website [www.carecommission.com](http://www.carecommission.com)

### **Enforcements**

There has been no enforcement action taken against the service since the last inspection.

### **Additional Information**

The service gave us an appropriate action plan to say how they would action the recommendations made during the last inspection.

### **Action Plan**

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Commission re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).



## Summary of Grades

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<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	5 - Very Good
Statement 3	4 - Good
<b>Quality of Environment - Not Assessed</b>	
<b>Quality of Staffing - Not Assessed</b>	
<b>Quality of Management and Leadership - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 4	4 - Good

## Inspection and Grading History

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Date	Type	Gradings	
11 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good <i>Not Assessed</i> <i>Not Assessed</i> 4 - Good
14 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good <i>Not Assessed</i>
2 Jul 2009	Announced	Care and support Environment Staffing	3 - Adequate 3 - Adequate 3 - Adequate

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		Management and Leadership	3 - Adequate
26 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
2 Sep 2008		Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 2 - Weak 2 - Weak

## Terms we use in our report and what they mean

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**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland-** Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

## How you can use this report

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Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

## People who use care services, their relatives and carers

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We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website [www.carecommission.com](http://www.carecommission.com) or by telephoning 0845 603 0890.

## Translations and alternative formats

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

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**Telephone: 0845 603 0890**

**Email: [enquiries@carecommission.com](mailto:enquiries@carecommission.com)**

**Web: [www.carecommission.com](http://www.carecommission.com)**

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