Bonchester Bridge Care Centre
Care Home Service Adults
Bonchester Bridge
Hawick
TD9 8JQ
Telephone: 01450 860241

Inspected by: Janette Bishop
Type of inspection: Unannounced
Inspection completed on: 29 September 2011
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Service provided by:
Guardian Care Homes (UK) Limited

Service provider number:
SP2003003516

Care service number:
CS2003015517

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

We gave the service these grades

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
<th>Status</th>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>2</td>
<td>Weak</td>
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<tr>
<td>Quality of Environment</td>
<td>2</td>
<td>Weak</td>
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<tr>
<td>Quality of Staffing</td>
<td>N/A</td>
<td></td>
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<tr>
<td>Quality of Management and Leadership</td>
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What the service does well

Staff spoken with clearly knew the residents well. They knew their likes, dislikes and preferred routines. Staff worked hard to create a relaxed and friendly atmosphere in the home while it goes through a time of change.
The residents told us that the homemade meals and baking was very good.
We were told that the home was kept clean and tidy.
Residents feel safe and they are sure that staff will look after them well if they are ill.
Relatives feel that staff would keep them up to date if their relative was unwell.

What the service could do better

The service needs to take forward the requirements and recommendations made at previous visits.

The gas cooker must not be used until ventilation has been provided.

At least one member of staff covering nights should be trained and able to give medicine if needed.

Care plans and risk assessments need to be looked at to make sure that resident’s get the right help.

Staff need to be given training to help them give the best care to residents.
What the service has done since the last inspection

The service has gone through changes in recent months including four changes of manager. Most of the requirements and recommendations made at previous visits have not been implemented. It is hoped that these will now be taken forward by the current manager.

Meetings have not been taking place. We saw that the manager had now re-introduced these. We saw that changes to the activities programme and the menu had taken place after people had made suggestions.

Staff have started to make changes to the care plans.

Staff training is beginning to be identified and is beginning to take place.

Conclusion

The service provides care which residents and their families are happy with. We saw that the staff treated residents in a kind and respectful way. Residents and their relatives valued the relationship they had with staff.

There are changes happening in the home which should ensure that improvements are made.

Staff need time to get to know the new manager and to get used to the new ways of working.

The provider now needs to implement the requirements and recommendations made, in order to improve the quality of the service.

Who did this inspection

Janette Bishop
1 About the service we inspected

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (known as the Care Inspectorate), took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, the Care Inspectorate.

Bonchester Bridge Care Centre, which was previously known as Weens House, is owned by Guardian Care Homes (UK) Ltd. We noted that at the previous inspection the day to day management of the home had been transferred to Coral Care Ltd, however, Coral Care Ltd is no longer involved in any aspect of the service.

The home cares for up to 28 older people in a large, converted country house in a pleasant rural setting on the edge of Bonchester Bridge, about eight miles from the local towns of Hawick and Jedburgh. There were eleven residents in the home on the day of the inspection.

Guardian Care describe their aims in a leaflet for the home. This says: “Our priority at Guardian Care is to ensure that our residents regard our homes as their own home. We want everyone to feel that they are able to retain their independence, privacy, dignity and way of life in an environment that provides them with the safety, security and specialist care that they need to live their lives to the full.”

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

- Quality of Care and Support - Grade 2 - Weak
- Quality of Environment - Grade 2 - Weak
- Quality of Staffing - N/A
- Quality of Management and Leadership - N/A

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out

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 we did during the inspection

We wrote this report following an unannounced inspection which took place on the Tuesday the 22 September 2011 between 2.30 pm and 10:15pm. We made a second announced visit to the service on Thursday the 24 September 2011 between 9am and 5.30 pm. The inspection was carried out by Care Inspectorate, Inspector Janette Bishop. Feedback was given to the provider on 29 September 2011.

As requested by us the service completed an annual return and the self assessment prior to the inspection of the service.

Twelve Care Inspectorate Satisfaction Questionnaires were returned to us before the inspection. These included four from the people who use the service and eight from their relatives.

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

- Four residents care plans and associated documentation including risk assessments and daily recording notes
- The services records recording the management of medication
- Residents life history information, activities record and activity planner
- Minutes of meetings taking place in the service
- Accident and incident records
- Complaints records
- Maintenance records and maintenance contracts
- The homes staffing schedule, certificate of registration and public liability insurance certificate
- The home’s introductory pack for new residents
- The kitchen’s cleaning records
Discussion took place with various people including:

- The manager
- The operations manager
- The depute manager
- Five care staff
- The handyman
- The cook
- Nine residents
- Five resident’s relatives by phone.

The Inspector also spent time observing how staff carried out their work with the residents throughout the two days. A tour of the occupied bedrooms, bathrooms, toilets, communal areas, laundry and kitchen took place.

**Grading the service against quality themes and statements**

We inspect and grade elements of care that we call ‘quality themes’. For example, one of the quality themes we might look at is ‘Quality of care and support’. Under each quality theme are ‘quality statements’ which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

**Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

**Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firerlawscotland.org
What the service has done to meet any requirements we made at our last inspection

The requirement

Requirement 1
It is a requirement that the Care Commission is notified in writing about any significant events. This must include, but is not limited to, any change of Manager. This is to comply with: SSI 2002/114 Regulation 23(1) Notice of Changes.
Timescales: This was required at the time of the inspection and on a continuing basis

What the service did to meet the requirement

The provider has notified us about the recent change of manager however from examination of records we found that we have not been informed about other significant events in the service.
Progress in meeting this requirement is discussed in more detail under Quality Statement 1.3 and the requirement will be repeated as a result.

The requirement is: Not Met

The requirement

Requirement 2
It is a requirement that care plans are reviewed and updated at least every six months.
This is to comply with: SSI 2002/114 Regulation 5(2)(b)(ii) - Personal plans
Timescales: Before 31 March 2011 and on a continuing basis

What the service did to meet the requirement

We found evidence that the care plans sampled had been updated in the last 6 months. Systems have now been put in place to ensure that care plans are reviewed at least six monthly or as needs changed. All care plans are currently being audited to ensure this happens and a monthly audit which will sample care plans will continue to monitor this is happening.

The requirement is: Met

The requirement
Requirement 3
It is a requirement that the provider ensures that staff receive appropriate training. The provider is required to assess and record the training needs of each member of staff in the home and to ensure that training is put into place to meet these needs. This is to comply with: SIS 2002/114 Regulation 13(c) Staffing Timescale: The service provider must send a copy of the assessment of training needs to the Care Commission before 28 February 2011, with details of the training needs identified and timescales for any training to be completed.

What the service did to meet the requirement
We found that staff have had little recent training and a planned approach to ensuring this takes place was not happening. Progress in meeting this requirement is discussed in more detail under Quality Statement 1.3 and the requirement carried forward as a result.

The requirement is: Not Met

The requirement
Requirement 4
The provider must implement systems for the safe handling of linen in line with current legislation and best practice guidance. This is in order to comply with: SSI 2002 / 114 Regulation 12(b) Facilities in care homes and regulation 4(1)(a) Welfare of users
Timescale: Within seven days of receipt of this report.

What the service did to meet the requirement
We found the laundry clean and tidy on our visits and systems were now in place for the safe handling of linen. However, we could find no record of staff having received training on infection control. Staff training on infection control will be addressed in the body of the report under quality statement 2.3 and a requirement about training made.

The requirement is: Met
Requirement 5
The provider must ensure that there are COSHH assessments in place for all potentially hazardous substances in the home. Staff using any product which may be hazardous to health must be given COSHH Assessment information and be made aware of how to access COSHH information held in the home.
This is in order to comply with SSS/114 13 (c) (i) a requirement to meet the training needs of staff.
Timescale: Within 4 weeks of the date of receipt of this report.

What the service did to meet the requirement
Progress is taking place with respect to this requirement but it has not been fully implemented. This is reported in more detail under Quality Statement 2.2 in this report.

The requirement is: Not Met

The requirement
Requirement 6
The service provider must ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.
This is in order to comply with The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) regulation 15(a) Staffing.
Timescale: On receipt of this report.

What the service did to meet the requirement
Concerns about the number of competent staff on duty especially overnight has been an ongoing concern since the last inspection. This is reported on in more detail under Quality Statement 1.3

The requirement is: Not Met

The requirement
Requirement 7
The service provider must review and update the service complaints procedure and ensure it is robust and accessible. It must take account of SCSWIS complaints procedure, the National Care Standards and include contact details for SCSWIS. This is in order to comply with The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) regulation 18: Complaints.
Timescale: Within four weeks of receipt of this report.

What the service did to meet the requirement
The complaints procedure has been reviewed to accommodate the changes and information regarding this is on display in the entrance.

The requirement is: Met

The requirement

Requirement 8
The service provider must ensure that service users care and support needs are met at all times. In order to achieve this, the service provider must:

* Undertake a full assessment of all service users' needs that takes account of their physical, social, psychological and recreational needs and choices
* The assessment should also take account of physical layout of the building, staff training and staff supervision needs
* The number of direct care hours to be provided over a 24 hour period
* Qualifications of staff and how they are deployed
* Provide SCSWIS with documentary evidence to support that staffing levels in the home are sufficient to meet with service user’s needs

This is in order to comply with The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) regulation 4(1) Welfare of users and 15(a) Staffing.
Timescale: Within four weeks of receipt of this letter.

What the service did to meet the requirement
This is met in part progress is discussed in more detail under Quality Statement 1.3 in this report.

The requirement is: Not Met
What the service has done to meet any recommendations we made at our last inspection

The following recommendations were made at the previous inspection.

Recommendation 1
It is a recommendation that the care plans are updated to include details of the type of pressure reducing equipment in use for each resident where appropriate.
This takes account of the National Care Standards - Care Homes for Older People.
Standard 6.1
Progress: We found evidence in the sampled care plans that the type of pressure reducing equipment was now recorded. This recommendation has been met.

Recommendation 2
It is a recommendation that care plans are updated to include information about how staff are enabling the residents to take part in meaningful and stimulating social or recreational activities on a regular basis.
This takes account of the National Care Standards - Care Homes for Older People.
Standard 6.1 and Standard 17
Progress: We found little evidence to support that the information supplied by residents and their family carers on their interests and hobbies as part of the care planning process was being used by staff to inform the planning of activities and social activities.
This recommendation has not been met and is carried forward in this report.

Recommendation 3
The service should let service users and relatives know what action they have taken to address any concerns or comments they have made about the service.
This is in order to meet National Care Standards, Care Homes for Older People, Standard 11 Expressing your views
Progress: This recommendation has only recently been made and will be followed up at a future inspection.

Recommendation 4
The service provider should consider making an application to vary their conditions of their registration in respect to Condition 2.
This is order to meet National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing.
Progress: This recommendation has only recently been made and will be followed up at a future inspection.
The annual return
Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment
Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service provided a self assessment which listed both identified strengths and areas for development. We found that many of the areas of strengths were not in place due the number of changes including changes of manager which had taken place since the completion of the self assessment.

Taking the views of people using the care service into account
The inspector spent time taking with residents about their experiences of living in the care home. This was carried out both individually and with a group of six residents. Nine residents in total contributed their views of the service. Eleven residents were resident at the time of inspection.

All the residents were very happy with the care they received. They confirmed that activities such as quizzes and bingo took place, though this was not to everyone’s taste. Some preferred their own company and others would like to see more individual activities and an increase in opportunities for exercise.

Residents were happy with the quality and choice of food on offer and recommended the cook’s home baking and puddings to the inspector. We were told that most of the food is homemade and there is a good choice of homemade soups.

All the residents confirmed that were given choices in all aspects of their daily life including when to get up and go to bed. We were told that they could choose to have a bath or a shower when they wished. If they did not have a bath then staff assisted them to have a wash which was as good as a bath.
All the residents felt safe and secure in the home and confirmed that staff were attentive to changes in their health. We were told that staff responded quickly when they called for help and that they were always spoken with in a respectful and friendly way. Comments included: “Staff are very helpful. They make this place”. “People who come to help are marvellous” “If there is something bothering you staff deal with it”. “Couldn’t fault the place”. “Place is always clean and tidy” “Food very good suits me”. “Staff don’t rush us” “Would like someone to talk to in an evening”. “Would like more staff as they are kept busy”. “Would like my painkillers a bit later at night”. “Water to the sink is too cool”.

The four Care Inspectorates Satisfaction Questionnaires which were returned confirmed that residents were satisfied with the overall quality of the service provided. No additional comments were made.

**Taking carers’ views into account**

The inspector spoke with relatives by phone prior to inspection. They were asked for their comments on the quality of carer provided by the service and the quality of the environment. All the responses were positive. All the relatives thought that the home was kept clean and tidy. They said that their relatives rooms were always well maintained and that they had been encouraged to personalise them. They had no concerns about the quality of care and support their relative would receive if they were unwell. They said that staff kept them well informed if their relative was ill or if any significant event had happened such as a fall. They told us that they were always made welcome and that the care staff kept them up to date of changes in the service. Two relatives felt that they could be better informed by the provider about management changes in the service.
Comments included:
"The food is good my relative enjoys it"
"Staff are great they keep me well informed"
"Always made to feel welcome"
"Staff keep me well informed and are very helpful"
"Temperature in the building doesn’t always feel well controlled can be too hot".
"There are activities taking place but they don’t suit my relative”.
"Residents seem to be seated in front of the television at the weekend little to stimulate them”.
"I’m concerned about the high staff turnover and so many changes of managers”.

Eight Care Inspectorate Questionnaires from relatives were returned prior to the inspection. Seven relatives strongly agreed that they were happy with the overall quality of care that their relative received and one agreed with this statement.

Comments included.
"Caring and accommodating staff at all times".
"Lovely clean care home, all staff are kind and thoughtful”.
"More care could be taken to maintain hearing aids and to ensure that spectacles are available for watching television."
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Overall grade awarded for this theme: 2 - Weak

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

Since the previous inspection Bonchester Bridge Care Services has provided adequate opportunities for residents and their relatives to participate in assessing and improving the quality of care and support provided. Many of the systems which had been previously in place to gauge the views of the people who use the service and share information were not being used. The recently appointed manager told us she was keen to encourage people to become more involved in the service. We saw that meetings with residents and relatives had been re-introduced. Satisfaction surveys had taken place. Residents and their relatives views had been listened to and some changes to the activities programme and the menus were made as a result.

Residents and relatives confirmed that staff were approachable. They told us they felt comfortable sharing their worries and raising concerns with them and that they valued the relationship they had with staff. Relatives spoken with were aware of the Care Inspectorate’s reports about the quality of the service and our role.

Residents told us that they were offered choices in all aspects of their daily life. They could choose when they wanted to get up and when they wanted to go to bed. On our first visit most of the residents were still up enjoying the television when the inspector left at 10.15pm.

The Care Inspectorate’s Satisfaction Questionnaires which were returned prior to inspection supported the view that residents and their relatives either strongly agreed or agreed that they were happy with the overall quality of the service.
Areas for improvement

The following areas for development were identified. The manager should continue to implement the provider’s service user involvement policy. Plans to ensure that residents and relatives meetings take place at the minimum intervals identified at a recent meeting should be taken forward. Minutes of these meetings and any action plans should be made readily available to residents and their relatives especially those who were unable to attend. The manager plans to re-introduce the services newsletter on a quarterly basis. Progress in taking forward this area for development will be reviewed at future inspections.

The service has undergone many changes in the last year. Relatives spoken with said that they were not always informed of changes in a timely manner. They thought that communication could be improved between the provider of the service and relatives. They said staff were often their source of information about changes taking place in the service. An example given was about being poorly informed about the changes to the arrangements for the management of the service. There was evidence that steps were being taken to address this. A letter of introduction and an invitation to meet the new manager at a social event had been sent to all relatives. Progress in improving communication between residents and their relatives will continue to be discussed at future inspections.

We found that residents had been consulted about suggestions for the activities schedule, however, there was little evidence of their involvement planning afterwards. For example, one of the suggestions was running a gardening group. The home had sourced seed catalogues but these were not shared with residents. Staff had chosen the plants and seeds to be purchased. Involving residents could have produced a meaningful social activity, providing opportunities for reminiscing, as well as an opportunity to plan a visit to the local garden centre.
(See recommendation 1)

Although the service is seeking the views of residents and their families we found that there needed to be a way of increasing the involvement of people with a memory impairment in making choices and giving feedback on the care and support they receive.
(See recommendation 2)
Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The manager and staff should ensure that when residents make suggestions or choices that they are involved in the planning and implementation. Staff should receive training on how to engage with residents, plan and facilitate activities and other group activities in the home. Training should take account of the additional support required by residents who have a cognitive and/or sensory impairment to have a representative view.
   This takes into account National Care Standards, Care Homes for Older People - Standard 12.4 Lifestyle - Social, Cultural and Religious Belief or Faith; Standard 17 - Daily Life.

2. The service should explore different ways in which staff can support residents with a memory impairment to be supported in making choices and giving feedback on the quality of care and support they receive.
   This takes into account National Care Standards, Care Homes for Older People - Standard 11: Expressing your Views.
Statement 3
We ensure that service user’s health and wellbeing needs are met.

Service strengths
We looked at four residents care plans and associated documentation. We found that resident’s notes confirmed that staff acted quickly, contacting the appropriate health professional if a resident became unwell or routine monitoring highlighted a concern. The notes also evidenced that staff were good at monitoring the effectiveness of prescribed treatments and would seek further advice as necessary. Health recording sheets evidenced that referrals to dietitians, podiatry services, opticians, occupational and speech therapists took place relatively quickly.

The residents and relatives told us that staff offered good care and support when a resident was unwell. Relatives also thought that they were kept well informed about changes in their relatives health.

Risk assessments were in place including ones for falls, moving and handling and restraints such as bed rails or belts for wheelchairs. Bumps, trips and skin tears were appropriately recorded in the health care sheets and accident forms along with any follow up action taken by staff, such as contacting the nurse or doctor.

Care plans documented, briefly, residents personal preferences relating to food and drink and special dietary requirements such as textured or diabetic food. The assistance required from staff such as prompting and cutting up food was also briefly recorded. We saw staff assisting residents to eat in an appropriate and unhurried way.

The inspector spoke with the cook about the menus. She had a good understanding of the residents personal preferences and those residents that required a special diet. The current menu included a good selection of home made soups and puddings as well as a choice of fresh vegetables each day. Residents were complimentary about the cook’s home baking and we were told that the puddings were lovely and that the soup was always homemade.

We looked in detail at how the residents were supported to take their medication. We found that the service had good systems in place for the management of residents’ medication. The service kept a complete and audited record of all medication entering the service, administered and leaving the service. There was a dedicated separate and lockable storage for Controlled Drugs and the temperature of the dedicated fridge for the storage of medication was monitored daily.
Areas for improvement

Although the provider had improved the systems for notifying the Care Inspectorate about changes to the management of the service we found that the requirement made previously had not been fully complied with. Whilst looking at a resident’s daily notes we found that a medication error had occurred. This had not been recorded in the service’s accident and incident book or formally notified to us. As a result the requirement made at a previous visit will be repeated in this report. (See requirement 1)

We also found that changes to doses of warfarin, a drug where levels in the blood are closely monitored by the prescriber, were not consistently recorded in the same place in the resident’s notes and care plan. The changes were notified by telephone to the home by the doctor’s reception and not followed up by a fax or other authorisation from the prescriber. Staff made the correct hand written changes on the drug sheet but best practice guidance points out that this should be supported by authorisation from the prescriber.

We also found that care plans did not offer guidance to staff on where to apply creams and ointments, directions for application and duration of treatment. There was also little recorded in care plans on the criteria for administering ‘as and when’ prescribed medication. (See requirement 2)

The care plans we looked at contained inconsistencies between the assessment of residents care needs and the information recorded on how these needs would be met and reviewed. For example we found Body Mass Indexes (BMIs) were recorded on admission but not repeated again even when there was a significant weight loss.

We also found that the scoring of the residents monthly dependency levels did not correlate with the information contained in the care plans and notes or from observation of the assistance required by these residents. This information is used to inform the Isaac’s and Neville Tool which in turn is used to calculate the minimum number of care hours required to cover the service. It is, therefore, important that this information accurately reflects the needs of residents and the assistance required. (See requirement 3)

It was identified that staff required training and support to ensure that assessment of needs and care planning takes place in a meaningful way. In summary although changes were planned to the care planning and review processes these have not been implemented fully and as a result the requirement made at previous visits will be amended and carried forward in this report. (See requirement 4)
Looking at staff training files we found that the provider’s policy on the provision of mandatory training and regular updates had not been followed. We saw that the majority of staff had not received training or regular updates on infection control, food hygiene, dealing with health emergencies and only fifty percent of the staff had been trained on the action to take to protect adults at risk. The manager had begun an assessment of staff training needs and training was now being sourced or supplied in-house, including mandatory training and the identification of staff for the next cohort for the Scottish Vocational Qualification in Care. However, at the moment most of the training was at the planning stage rather than actually being delivered, therefore, the previous requirement on training will remain. (See requirement 5)

Concerns about the number of competent staff on duty especially overnight were raised at previous visits. The rotas we looked showed that on several occasions two care assistants were on duty over night without senior cover in the home. The care assistants did not hold a relevant professional qualification and had not been trained on the administration of medication or dealing with health emergencies. We were concerned that if a resident required medication through the night that they would have to wait. We were told that staff would contact a senior member of staff at home and they would come in and administer medication if necessary. We were told that the rota and skill mix has been reviewed and would take account of our concerns. We acknowledge that changes to the rota are being made, however, we also recognise that some care staff are leaving and although recruitment is taking place this period of change could put strain on cover arrangements. Therefore, until we have evidence that sufficient staff with the appropriate skill mix are consistently on duty at all times the requirement made at previous visits will be repeated. (See requirement 6)

The provider should also take into consideration of the layout of the building when assessing staff numbers and their deployment especially as numbers increase and rooms on all three floors are occupied.

We found that food and fluid intake charts did not consistently record the total amount of fluids taken. The total fluid intake was often less than would be recommended over a 24-hour period. Charts and careplans contained no guidance for staff as to the recommended amounts of fluids that residents should be encouraged to drink in a day. There was little information recorded on the charts to suggest that residents had been offered fluids after 5pm or overnight. Food and fluid charts need to be accurately completed. (See requirement 7)
We found that staff meetings and one to one supervision had not been taking place. There has been many changes in the service which have resulted in changes to practice and systems of working, supervision and staff meetings would have provided a forum for practice discussion and the identification of training needs. The new manager has re-introduced staff meetings, however, there were no plans at the moment for the introduction of professional one to one supervision. (See requirement 8)

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 8

**Number of recommendations:** 0

**Requirements**

1. The provider must notify the Care Inspectorate in writing about any significant events. This must include, but is not limited to, any change of Manager.

   This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10) 28 (4)(1)(b) Notice of Changes.

   Timescale: This was required at the time of the inspection and on a continuing basis.

2. The provider must review the processes for the safe administration of medication to ensure that Best Practice Guidance for the safe administration of medication in a social care setting is followed.

   This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) 4(1) Welfare of users

   Timescale: Within eight weeks of this report being published.

3. The provider must ensure that the dependency assessments accurately reflects the needs of service users in order to determine appropriate staffing levels. In order to do this accurate monthly assessments of residents’ needs must be carried out.

   This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) 4(1) Welfare of users and 15 (a) Staffing

   Timescale: Within one week of this report being published.
4. The provider must review how care plans and associated documentation are being used in the home. The provider’s audit of the care plans, risk assessments and associated documentation must ensure that:

- They should demonstrate that the quality of life of the people who use services have been taken into account when planning and delivering support.
- Associated documentation which supports care plans and risk assessments are completed accurately.
- Where risk is identified, clear and detailed risk management plans must be put in place that guide staff on how the associated risks will be monitored, managed and reviewed.
- Care and risk management plans must be individualised and reviewed as needs change.
- Care plans must take account of the communication difficulties experienced by people with a cognitive impairment and the provision of resources to ensure that their psychological, recreational needs and choices are met.
- The provider must ensure that staff have a clear understanding of the assessment of needs, risk assessments and how these underpin the care plan process. This is especially important where the assessment informs staffing numbers and deployment in the service.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) 4(1) Welfare of users and 15(a) Staffing
Timescale: Within eight weeks of this report being published.

5. It is a requirement that the provider ensures that staff receive appropriate training. The provider is required to assess and record the training needs of each member of staff in the home and to ensure that training is put into place to meet these needs.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/10) 15(a) a regulation which states that all times suitably qualified and competent persons services are working in care services to meet the needs of service users.
Timescale : Within one week of this report being published.
6. The service provider must ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This is in order to comply with the Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) regulation 15(a) Staffing.
Timescale: On receipt of this report.

7. The provider must audit the systems for the prevention of under nutrition and dehydration to ensure that:

- Staff delegated to monitor, record and take appropriate action to ensure the food and fluid intake charts are accurately completed. This is to ensure that sufficient food and fluids have been supplied over a 24 hour period to reduce the risk of under nutrition and dehydration in vulnerable residents
- Staff have a clear understanding of their roles and responsibilities in ensuring that best practice in relation to promoting hydration and nutrition is followed.
- Staff training is completed which ensures that there is a clear understanding of the care planning and risk assessment processes which will contribute to the prevention of under nutrition

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) 4(1) Welfare of users and 15(a) Staffing
Timescale: Within eight weeks of this report being published.

8. The provider must ensure that all staff have access to regular individual professional supervision and that the frequency of supervision in the care home is monitored by the external manager. Supervision must give staff the opportunity to raise any concerns that they have about practices in the care home and offer a forum for a planned approach to identifying training needs.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/10) 15(a) a regulation which states that all times suitably qualified and competent persons services are working in care services to meet the needs of service users.
Timescale: The provider must do this within one month of this report being published.
Statement 4

We use a range of communication methods to ensure we meet the needs of service users.

Service strengths

We were given good examples which evidence that staff keep relatives informed about changes to residents health and social well being, for example through phone calls or daily emails if requested.

Residents care plans briefly recorded residents individual communication needs. Specific care plans guided staff on resident’s preferred to approach and talk to them, for example, using touch or quiet voice rather than speaking loudly.

There was evidence that residents contributed to their care plans. This was confirmed by both residents and relatives spoken with during this inspection. Each care plan had a life history which contained good information about the residents life prior to coming into care.

All the residents and relatives spoken with confirmed that they were involved in the care planning process and review.

We were told that residents voting rights were maintained and there was evidence that the service tried to maintain links with the local community with monthly church services, local entertainers visiting the service and visits to the local pub.

On our visit we found that the activities coordinator appropriately engaged in conversation with a resident looking at family photographs and reminiscing.

Areas for Improvement

We found that care plans would benefit from expansion to include information on what the resident can do for themselves not just the assistance required from staff.

We also read that some residents experienced difficulties with their memory. However, we found no corresponding care plan guiding staff on how to ensure that they understand what is being asked of them or assist in orientating them the present and the building. This point should be taken account of when addressing the requirement about care planning which is repeated in this report under Quality Statement 1.3.
Social and brief life histories have been completed in all the care plans sampled and contained some good information about interests and hobbies and past life experiences. We found that the activities programme did not take account of this information. We found that the entries in the resident’s daily notes had little reference to their involvement in social and recreational pass-times. We also saw that there was little time allocated in the activities programme for opportunities to engage resident’s with a memory loss in meaningful activity. We acknowledge that the activities programme continues to be under review and that training has been organised for the activities coordinator and another member of staff which should improve the range of activities available. However, it is also important to utilise the skills of the care staff in their daily interactions with residents and to ensure that time spent chatting with residents about their life experiences is documented. (See recommendation 1).

Grade awarded for this statement: 3 - Adequate
Number of requirements: 0
Number of recommendations: 1

Recommendations

1. The manager and staff should continue to develop the programme of individual and group activities that are on offer to take account of the information on interests, hobbies and past interests gathered as part of the care planning process. In doing this account should be taken of the communication difficulties experienced by people who have problems with their memory.

National Care Standards, Care Homes for Older People, Standard12.4 : Lifestyle - Social, Cultural and Religious Belief or Faith.
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 2 - Weak

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths
Comments under Quality Statement 1.1 also apply to this quality statement.

We found that at all our visits the home was clean and free from unwanted odours. The environment was homely and welcoming. All the residents and their relatives spoken with thought the the home was kept clean and tidy and that there was no lingering unpleasant odours. They told us that they were happy with the quality of their rooms and confirmed that they could personalise it to suit individual taste.

We saw that rooms were personalised with small items of furniture, ornaments and pictures that residents had brought in from home.

We observed that if there was a room available then residents could choose to move rooms if there was some aspect of their current room which they were unhappy with.

An information booklet was available for prospective residents which gave a good indication of the environment.

Areas for improvement
The manager should ensure that the residents and their relatives continue to be consulted on any improvements made to the care environment within the home.

The manager spoke of developing a cafe for residents and visitors to the home as a meeting place.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 0
Statement 2
We make sure that the environment is safe and service users are protected.

Service strengths
The service provider, Guardian Care Homes (UK) Ltd, had the policies and procedures in place to support this statement. We found that the handyman was knowledgeable about the systems which needed to be in place to ensure that the environment is safe for residents. We observed that his test records were kept up to date and he told us any problems would be dealt with quickly. His areas of responsibility included the maintenance of fire logs, emergency lighting, hoists and slings, the call system and water temperatures.

We looked at the kitchen records kept by the cook which included cleaning schedules and monitoring of food temperatures. These were complete and up to date.

We visited all the occupied rooms, toilets, bathrooms and communal living areas and found them to be clean and free from unpleasant odours.

We found that the new systems put in place in the laundry were in working well and the laundry was clean and tidy when checked. Each resident had an individual basket for clean clothes and a colour coded system for soiled laundry was in place.

All staff had recently undergone training in fire safety and moving and handling.

Staff spoken with thought that there was sufficient equipment within the home including aprons and gloves to ensure that good standards of care were provided.

Areas for improvement
As part of the inspection we visited the kitchen and looked at correspondence from the environmental health officer. The environmental health report and follow up correspondence dated the 19 April 2011 stated that the cooker had a warning notice attached requiring that the cooker should not be used until suitable ventilation is provided. This has not been actioned. We found that the landlord/gas safety certificate had highlighted the problem of lack of ventilation in the kitchen in August 2009 and placed a warning label on the cooker as a result. We observed on our visit that the cooker was in use and from speaking with staff it was confirmed that this is a regular occurrence. We have written to the provider and imposed a requirement with immediate effect.
(See requirement 1)
When we visited the kitchen we found that it was acceptably clean and tidy. The kitchen looked tired and in need of refurbishment. Tiles were off the walls, the floor tiles were pitted, the fly screen was broken and the fly exterminator did not appear to be working properly and flies were present. The manager was made aware of our concerns and on our next visit remedial work to address the concerns planned. New fly screens and parts for the fly exterminator we were told were ordered and the floor tiles were going to be replaced. This work has still to be started, therefore, a requirement has been made. (See requirement 2)

The key pad at the door had not been restraint risk assessed. The manager was not aware that this had to be considered. We were told this would be addressed as part of the review of care plans.

We noted that when we tested the water in some of the bedrooms the hot water was running lukewarm. This issue was also raised by some of the residents. At the time of our final visit the plumber had been in and the fault identified. There had also been problems with the gauge on the oil tank resulting in problems ensuring that adequate fuel was available for heating the home. The success of this remedial work will be reviewed at the next inspection. (See requirement 3)

Staff had not received training in infection control, food hygiene and only half the staff had received training on the protection of adults at risk. This area for improvement is identified under Quality statement 1.3 and requirement made.

Not all staff spoken with were aware of where the the policies and procedures to support this statement were kept. We were told that they were kept locked in the manager’s office. The manager has taken steps to address this. Copies of policies and Best Practice Guidance would be kept in the staff office and be readily accessible. We were told that policies would be discussed at staff meetings and that staff would be asked to sign and acknowledged that they have read and understood them.
Grade awarded for this statement: 2 - Weak

Number of requirements: 3
Number of recommendations: 0

Requirements

1. The provider must ensure that the gas cooker is not used under any circumstances until the work identified by the environmental health officer and the landlord/gas safety certificate is carried out.

   This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 - SSI 2010/Regulation 14(a) Facilities in care homes - a requirement that a provider of a care home must, having regard to the size of the service, the statement of aims and objectives and the number and needs of service users provide suitable kitchen equipment for the preparation of food.
   Timescale: with immediate effect from receipt of the letter.

2. The provider must audit the condition of the equipment, floor coverings, fittings and decoration in the kitchen on an ongoing basis to ensure that the service provides for the health, safety and well being of people in the home.

   This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 - SSI 2010/Regulation 14(a) Facilities in care homes - a requirement that a provider of a care home must, having regard to the size of the service, the statement of aims and objectives and the number and needs of service users provide suitable kitchen equipment for the preparation of food.
   Timescale: within one week of this report being published.

3. The provider must monitor the water temperatures in the residents rooms and bathrooms to ensure that the water temperature is within an acceptable range for the comfort and safety of the residents when washing.

   This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 - SSI 2010/Regulation 14(c) Facilities in care homes - a requirement that a provider of a care home must provide sufficient wash hand basins with a hot and cold water supply.
   Timescale: within one week of this report being published.
Statement 3
The environment allows service users to have as positive a quality of life as possible.

Service strengths
Residents could easily move around the house and grounds. A lift was available for residents whose rooms were on the upper floors.

The home has wide corridors allowing the living spaces to be easily accessible for residents with restricted mobility to move around easily with wheelchairs and zimmer frames.

Staff spoken with said that they had access to ample aids to assist residents with their daily living and maintenance contracts were in place for equipment such as hoists and the lift.

Hand gels, liquid soap, paper towels were readily available for hand hygiene and to prevent the spread of infection. Staff confirmed that they had access to ample supply of disposable gloves and aprons and staff were observed using them.

During our tour of the building we found that residents rooms were personalised with small items that they had brought from their previous home all the residents and there families spoken with were happy with the environment. The rooms were in good decorative order and although some areas would benefit from decoration on the whole the home was well maintained and in good decorative order.

Residents and relatives said that staff made time to speak to them and that there was always places in the home where they could speak privately. The home has a dedicated ventilated smoking room which was well used and appreciated by the residents who smoke.

Residents told us that they felt safe and secure in the home. There was a key pad lock on the door to ensure that all visitors have permission to enter the building. The relevant risk assessments were in place for individuals and the building and the manager had recently updated the emergency plan for the service. We observed that staff that staff moved between the lounges in the home checking residents were safe and that they responded quickly to calls for assistance.
Areas for improvement

The manager and staff should continue to look at ways of improving residents access to the grounds. Although not an issue at the moment consideration should be given to exploring how the environment could be adapted to aid orientation and stimulation for residents who have a cognitive or sensory impairment.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 0
Quality Theme 3: Quality of Staffing - NOT ASSESSED
Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED
4 Other information

Complaints
There have been four complaints made against this service since the last inspection, three of which have been partially upheld.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information
The service gave us an appropriate action plan on 10/1/11.

Following the outcomes of this inspection the Regulatory Support Assessment for this service has been re-assessed as high.

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 SCSWIS 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).
## 5 Summary of grades

<table>
<thead>
<tr>
<th>Quality of Care and Support - 2 - Weak</th>
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<tbody>
<tr>
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<th>Quality of Environment - 2 - Weak</th>
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<td>Statement 1</td>
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<th>Quality of Staffing - Not Assessed</th>
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| Quality of Management and Leadership - Not Assessed |

## 6 Inspection and grading history

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<tr>
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<th>Gradings</th>
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<tbody>
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<td>13 Dec 2010</td>
<td>Unannounced</td>
<td>Care and support: 3 - Adequate&lt;br&gt;Environment: 3 - Adequate&lt;br&gt;Staffing: Not Assessed&lt;br&gt;Management and Leadership: Not Assessed</td>
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<td>20 May 2010</td>
<td>Announced</td>
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