Thornlea Nursing Home
Care Home Service Adults
21 Hawthorn Gardens
Loanhead
EH20 9EQ
Telephone: 0131 440 0904

Inspected by: Beryl Hogg
Not Applicable
Type of inspection: Unannounced
Inspection completed on: 24 July 2012
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Service provided by:
Thornlea Nursing Homes Ltd

Service provider number:
SP2003002476

Care service number:
CS2003010673

Contact details for the inspector who inspected this service:
Beryl Hogg
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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>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>4</td>
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<tr>
<td>Quality of Environment</td>
<td>5</td>
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<tr>
<td>Quality of Staffing</td>
<td>N/A</td>
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<td>Quality of Management and Leadership</td>
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What the service does well

There is a stable staff team with very little staff turnover providing continuity of care. People we spoke with valued this aspect of their care. We found people are encouraged to be involved in all aspects of the day to day life of the home. People are treated as individuals and encouraged to lead as full a life as possible.

We saw that staff worked well together and there was an open style of management where service users felt supported and comfortable to talk about issues that were bothering them.

What the service could do better

The care documentation needs to be audited to better evidence the quality of care offered to individuals and to ensure individual care needs are being properly recorded as having been assessed, planned, carried out and reviewed. The documentation which provides information about support given to the staff group needs to be continued to further evidence on-going staff support. The recording of the administration of medicines could be improved.

What the service has done since the last inspection

The garden has been developed with particular thought being given to providing raised flower beds to assist people to be involved in planting and viewing the flower arrangements.
Since the previous visit the home has been completely redecorated and new carpeting provided on the ground floor. Plans to improve the laundry facilities are being taken forward.

**Conclusion**

The service continues to provide very good care in a friendly and pleasant atmosphere. We saw service users being treated with dignity and respect by a highly committed, management, nursing, care staff, domestic, and catering team. Staff spoke of enjoying working in the service and felt supported in their roles by the management team. We saw individual wishes being respected.

Care documentation needs to be updated to reflect the care being delivered. The recording of medicine administration could be improved.

**Who did this inspection**

Beryl Hogg
Not Applicable
1 About the service we inspected

Thornlea Nursing Home is a family run service which provides 24 hour nursing care. Before the 1 April 2011 the service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), 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, SCSWIS.

The service is situated in Loanhead, on the main bus route into the city of Edinburgh.

The home was registered to provide accommodation and support, to a maximum of 31 older people. There are 23 single rooms and 4 double. There are two sitting areas on the ground floor and two dining rooms. There is an enclosed garden at the rear of the home. The upper floor is accessed by a stair lift.

The service’s written statement of purpose states:
“We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights to the full.”

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

Quality of Care and Support - Grade 4 - Good
Quality of Environment - Grade 5 - Very Good
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.careinspectorate.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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection
We completed this report following an unannounced inspection. The inspection was carried out by Social Care and Social Work Improvement Scotland (SCSWIS) inspector Beryl Hogg on 24 July 2012.

During the inspection evidence was gathered from a number of sources, including the relevant sections of records and other documentation including:

- evidence from the service’s most recent self assessment
- personal plans of people who use the service
- complaints systems
- staff communication record
- staff training records
- accidents record
- laundry systems
- domestic systems
- maintenance records
- health and safety records

We spoke with 4 service users and seven relatives/friends visiting the home

We met with and gained the views of staff including:

- The Care Provider (the home’s owner)
- The Operations Manager
- The registered manager
- Registered nurses
- Care Assistants
- A Domestic Assistant
- A Laundry Assistant

We issued 17 questionnaires to people who use the service. 17 completed questionnaires were returned before the inspection. We also issued 30 questionnaires to relatives and carers 13 were returned before the inspection.
We carried out a tour of the environment and observed how staff worked with service users. We looked at equipment and the environment (for example, is the service clean, is it well set out, is it easy to access by people who use wheelchairs?)

We also took into account the Public Services Reform (Scotland) Act 2010 and its associated statutory instruments, the National Care Standards Care Homes for Older People, and the Scottish Social Services Council (SSSC) Codes of Practice for Social Service Workers and Employers.

The above information was taken into account during the inspection and feedback on the outcomes of the inspection was shared with the Provider, the Operations Manager and the registered manager on the day of the visit.

**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.firelawscotland.org
What the service has done to meet any recommendations we made at our last inspection

There was one recommendation made in the previous report. Resident’s personal plans should contain up to date information on the use of any restraint, the reasons for the restraint and how this will be managed and reviewed. This should include a written risk assessment and written consent from either the resident, or if they are not able to do so, their next of kin. National care Standards for Care Homes for Older People, Standard 5.4 and 5.11, Management and staffing arrangements and Standard 6, Support arrangements.

We found this had been resolved.

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. We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

Taking the views of people using the care service into account

We issued 17 questionnaires to people who use the service. 17 completed questionnaires were returned before the inspection. All the responses were positive about the care and support, environment, staff and management of the service.

We spoke to 4 people who use the service during the visit. The following are some of the comments offered.

“It is good care. I feel safe. People respect your wishes and support decisions you make.”

“I am confident they would look after me if I was unwell.”

“It is good care. The food is good. There is good banter which I like.”

“There is a friendly, relaxed atmosphere.”
Taking carers' views into account

We also issued 30 questionnaires to relatives and carers 13 were returned before the inspection. The majority of the responses were positive about the the care and support, environment, staff and management of the service.

We spoke to 7 relatives / friends service during the visit. The following are some of the comments offered.

"I am completely relaxed about discussing anything with the staff. The staff know us and the communication is good. People get individual attention." "

"It is good care. There are plenty of activities. There is a lively atmosphere and the staff are good."

"I like my relative to look smart and staff take a keen interest in ensuring this happens."

"Staff are friendly. They know us personally. It is reassuring to know they are safe."

"We are encouraged to visit and made to feel very welcome. Communication is good."
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

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

We found there continued to be a variety of ways in which service users and carers could participate in assessing and improving the quality of the care and support provided. The service users and relatives we spoke with confirmed this.

There was a participation strategy in place. Staff spoke of the importance of listening to what people wanted and supporting individuals to voice their opinions.

When we observed staff practice we saw that those people who were able to express their views could make choices in their day to day life. For example we saw that people made choices at meal times, or chose where they spent their time. We saw that staff respected those choices.

We reviewed a number of personal plans. These demonstrated that service users and relatives were actively involved in planning care along with staff. Reviews of care were carried out. We could see that both service users and relatives were involved in the reviews.

The management team has an open door policy and we saw people throughout the time in the home were comfortable to approach the manager about issues that were important to them.

Annual questionnaires were given out and evaluated. The Questionnaires asked about the building, the staff, the kitchen/food the activities and the management. We saw that action had been taken from comments received in the last survey. For example the car parking arrangements had been improved as a result of comments made in the survey.
We saw notice boards in the public area that had information on past activities such as the recent Senior Olympics. There was information on advocacy services. Advocacy services help people to think about and voice their views and opinions.

There was a suggestion box which we were informed was regularly looked at.

There was a complaints policy in place. People who used the service told us they would be comfortable to raise concerns and were confident that action would be taken should they have any. We were told that a relative had raised a concern about the service with the management team and that this had been dealt with promptly and satisfactorily.

**Areas for improvement**

We thought that the service continued to work hard to involve people and was open to looking at ways to achieve this.

The service should continue to work at this very good level. We were discussed the service looking at different ways of capturing views of people with memory problems. This should be taken forward.

When we looked in the complaints record we found that this had not been recorded. We have made a requirement. See requirement 1.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 1

**Number of recommendations:** 0

**Requirements**

1. The provider must keep a record of any complaint made about the operation of the service. The record must include; who made the complaint, the investigation and action taken, the outcome of the complaint and a record of complaints must be available to SCSWIS if requested.

   This is in order to comply with SSI 2011/28 Regulation 4(1)(b) Records, notifications and returns.

   In making this requirement the National Care Standards Care Homes for Older People - Management and Staffing Arrangements is taken into account.

   Timescale Within 1 week of receipt of this report.
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
There were policies and procedures in place to support the way staff worked. These were accessible to staff. These were kept updated. Staff were aware of how to find them.

We found that communication between nursing staff and the management team was very good. There was a daily management report carried out. This included an overview of the care needs of individual service users over each 24 hour period and other significant daily information which could have an impact upon service delivery. We saw that this supported an appropriate and consistent level of care.

We saw that reviews of care were carried out every six months and involved both service users and relatives. We saw examples of appropriate assessment of nutritional state.

An assessment of nutritional health was carried out each month for every person who used the service. This was done using the Malnutrition Universal Screening Tool (MUST). This tool helps staff to identify residents who are at risk of losing or putting on too much weight.

We saw examples of prompt and effective communication with families regarding health issues and changes in medication.

We observed that the atmosphere in the home was very calm. Interactions between staff and service users were friendly and respectful.

We assessed that service users appeared well.

We saw that there were good relationships with the GP practices and service users were confident that the staff would access services for them if they were needed. People told us about the good care they had received when they had been unwell. There was information recorded about which individuals service users wished to be contacted in the event of them becoming unwell.

There was evidence of referral to the dietician speech and language therapist for swallowing difficulties.

There was staff training available place which included healthcare, for example continence care, dementia care and palliative care. Staff spoke positively about the training offered. There were specific staff members who were trained in continence care and were responsible for taking an overview of this.
We were informed new staff completed a formal induction programme.

Staff spoken with were aware of individual residents needs. There was a keyworker system in place and staff spoken with were all aware of their role in supporting individual service users.

**Areas for improvement**

Whilst overall we saw that the quality of recording was good in some areas we felt that there remained room for further improvement. For example there were risk assessments that were not being updated or reviewed and care plans that needed to be updated. We have made a requirement. See requirement 1. We reviewed the current medication administration records and found a small number of anomalies. For example written entries by individual staff members were not always signed and dated as would be good practice. A requirement is made. See requirement 2.

At lunch time we saw that medication was being administered whilst people were eating their meals. We discussed looking at protected meal times which means administering medicines out with the serving and eating of meals unless specifically requested by individuals or as part of the prescribing regime i.e. medicine to be taken with food. It was agreed that this would be reviewed. We will look at this at the next inspection.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 2

**Number of recommendations:** 0

**Requirements**

1. The provider must ensure that care plans and risk assessments are reviewed and updated regularly. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services), SSI 2011/210, Regulation 5(6), where a provider must review the personal plan.

   In making this requirement the National Care Standards Care Homes for Older People - Support Arrangements Standard 6 was taken into account.

   Timescale: Within 4 weeks of receipt of this report.

2. The provider must ensure the administration of medicines is properly recorded

   This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services), SSI 2011/210, Regulation 19 (3) (j), where a provider must keep a record of medicines for the use of service users which are kept on the premises from which the care service is provided.
In making this requirement the National Care Standards Care Homes for Older People - Keeping well -medication Standard 15.6 was taken into account.

Timescale: Within 2 weeks of receipt of this report.
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 5 - Very Good

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 identified in Quality Theme 1 Quality Statement 1 are also relevant to this statement.

We saw that people were encouraged to bring personal belongings to furnish their bedroom. We saw people had personalised their bedrooms with photographs, pictures and memorabilia. We saw that residents had been consulted in the refurbishments of the floor coverings in the hall and dining rooms. We saw that the management team valued opinions and were committed to involving people in assessing and improving the quality of the environment within the service.

Areas for improvement
The service should continue to work at this very good level.

Grade awarded for this statement: 5 - Very 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
People we spoke with said they felt safe and well looked after. We saw that there were very good systems in place to ensure this.

The Operations Manager was responsible for undertaking risk assessments and training in relation to the environment and adult protection. We saw that this was recorded.

There was a comprehensive Health and Safety manual in place which was regularly updated. There was a broad range of policies and procedures that helped staff to know how to make the environment and service users as safe as possible. These included Adult Support and Protection Procedures.
We found that safety checks required by law (Lifting Operations and Lifting Equipment Regulations - LOLER) were carried out on moving and handling equipment.

We were told that people who used the hoist had their own sling to use with this equipment. This helped to make sure that the right sling was used.

Regular maintenance checks were also completed on the environment such as checking and cleaning shower and other water outlets, gas appliances and testing of electrical equipment.

We were informed that spot checks on the environment were carried out by the Operations Manager to ensure the home was clean and in good order.

We found the service to be clean and well maintained.

There were detailed and comprehensive emergency plans in place which had been carefully thought through.

**Areas for improvement**

We were told although that spot checks were carried out on the environment this was not documented. We discussed introducing a check list. It was agreed that this would be implemented.

We were also informed that there were no formal check lists or cleaning schedules in place for domestic staff as the informal system that was used worked well for the service. We saw that the environment was clean and well maintained. We asked that the service continue to review the system presently used to ensure it continues to work well for them. We will review this further at the next visit.

**Grade awarded for this statement:** 5 - Very 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
No complaints have been upheld, or partially upheld, since the last inspection.

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

Additional Information
The service does not use a recognised dependency tool to assess the care needs of individuals in relation to care needs. This was discussed at the visit and advise given. We would expect to see this in place at the next visit.

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 SCWIS 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

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<thead>
<tr>
<th>Quality of Care and Support - 4 - Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 3</td>
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<table>
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<tr>
<th>Quality of Environment - 5 - Very Good</th>
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<tr>
<td>Statement 1</td>
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<td>Statement 2</td>
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<tr>
<th>Quality of Staffing - Not Assessed</th>
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<tr>
<th>Quality of Management and Leadership - Not Assessed</th>
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6 Inspection and grading history

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<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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<td>20 Dec 2010</td>
<td>Unannounced</td>
<td>Care and support 5 - Very Good</td>
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<tr>
<td></td>
<td></td>
<td>Environment Not Assessed</td>
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<td></td>
<td></td>
<td>Staffing Not Assessed</td>
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<td></td>
<td></td>
<td>Management and Leadership Not Assessed</td>
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| 22 Jul 2010  | Announced | Care and support 5 - Very Good |
|              |           | Environment Not Assessed        |
|              |           | Staffing Not Assessed           |
|              |           | Management and Leadership 4 - Good |

| 12 Mar 2010  | Unannounced | Care and support 5 - Very Good |
|              |             | Environment Not Assessed        |
|              |             | Staffing 4 - Good               |
|              |             | Management and Leadership Not Assessed |

<p>| 2 Jul 2009   | Announced  | Care and support 5 - Very Good |
|              |           | Environment 5 - Very Good      |
|              |           | Staffing 4 - Good              |
|              |           | Management and Leadership 4 - Good |</p>
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<tr>
<th>Date</th>
<th>Type</th>
<th>Inspections Details</th>
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<tbody>
<tr>
<td>3 Dec 2008</td>
<td>Unannounced</td>
<td>Care and support: Adequate, Environment: Good, Staffing: Not Assessed, Management and Leadership: Not Assessed</td>
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<td>25 Jul 2008</td>
<td>Announced</td>
<td>Care and support: Adequate, Environment: Good, Staffing: Good, Management and Leadership: Good</td>
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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