

Care service inspection report

Meadowvale

Care Home Service Adults

1 Bridgend Court

Bathgate

EH48 2BF

Telephone: 01506 635 373

Inspected by: William Morrison

Rose Bradley

Type of inspection: Unannounced

Inspection completed on: 30 August 2012



HAPPY TO TRANSLATE

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Service provided by:

Meadowvale Care Limited, a member of the Tamaris Group

Service provider number:

SP2007009148

Care service number:

CS2003010653

Contact details for the inspector who inspected this service:

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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

Quality of Care and Support	2	Weak
Quality of Environment	2	Weak
Quality of Staffing	1	Unsatisfactory
Quality of Management and Leadership	1	Unsatisfactory

What the service does well

We continued to find that many staff were caring and gentle in their approach to residents.

What the service could do better

As noted following our previous inspection, the service needs to provide better management oversight of staff practice, deploy staff more effectively throughout the home and improve the effectiveness of quality assurance systems.

What the service has done since the last inspection

The service has continued with the general upgrading of the premises including new floor coverings in bedrooms. This had further enhanced the environment for people using the service.

The service has improved the overall cleanliness of dining areas.

The service has improved staff training in relation to moving and handling.

Conclusion

The service has continued to make improvements to the living environment within individual bedrooms.

There are many other improvements which must be made in order to ensure the health, wellbeing and safety of residents and provide a consistently acceptable level of care.

Who did this inspection

William Morrison

Rose Bradley

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

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

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made.

Requirements are legally enforceable at the discretion of the Care Inspectorate.

Meadowvale is a purpose built care home in a residential area of Bathgate. There are shops, local services and public transport nearby. The home has a car park and an enclosed garden at the back of the building.

The service is registered to provide accommodation and care for 52 older people. Accommodation is on two floors. Access to the first floor is by stairs or lift. All residents' bedrooms are single rooms with an ensuite toilet and wash hand basin. Each floor has a large sitting room, a dining area and a smaller sitting room. The small sitting room on the 1st floor is the designated smoking area of the home. There is a conservatory on the ground floor. Bathing and toilet facilities are on both floors.

The service provider is Meadowvale Care Limited, part of Four Seasons Health Care Group. Four Seasons Health Care are national providers of private health care.

The service's Philosophy of Care is:

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

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 - Grade 1 - Unsatisfactory

Quality of Management and Leadership - Grade 1 - Unsatisfactory

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 high 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

During this inspection we reviewed progress made by the provider in addressing requirements made following our most recent inspection of the service on 08 June 2012.

During this inspection we gathered evidence from a variety of sources which included:

- A review of bedrooms and all communal areas
- Observations of care practices
- Review of equipment used in the provision of the service
- Review of care documentation
- Review of medication administration records
- Review of staff training records

Observation of interactions between staff and service users

Discussion with various people including:

- The Manager
- Members of care staff
- Members of ancillary staff
- People who use the service

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 requirements we made at our last inspection

The requirement

The provider must ensure that medication is administered safely and correctly and that staff (i) accurately record medicine given (ii) if required to transcribe entries on to the MAR, do so in keeping with the guidance described in the practice standard detailed in the NMC Standards for Medicines Management – Standard 3. Nursing staff who as part of their duties, transcribe onto the MAR should have convenient access to this information. This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) make provision for the health, welfare and safety of service users.

What the service did to meet the requirement

Action taken on this requirement is described under Quality Statement 1.3

The requirement is: Not Met

The requirement

The provider must ensure that regular health care interventions are carried out and recorded. Where the intervention is not done, the reason for the omission must be recorded and, if appropriate, advice from the relevant health care professional sought.

This is to comply with SSI 2011/210 Regulation 4(1)(a) health, welfare and safety of service users.

In making this requirement NCS 14 Care Homes for Older People -Lifestyle - Keeping Well - Healthcare is taken into account.

What the service did to meet the requirement

Action taken on this requirement is described under Quality Statement 1.3

The requirement is: Not Met

The requirement

The provider must ensure that all staff know how to assist residents who are at risk of under nutrition. In order to achieve this the provider must:

- (i) develop and implement a fortified snack menu and fortified meal guidance
- (ii) provide sufficient practical instruction on food fortification
- (iii) ensure that staff follow the provider's nutritional policy and procedure.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) make provision for the health, welfare and safety of service users.

In making this requirement, NCS 13 Care Homes for Older People - Eating Well is taken into account.

Timescales: To commence on the date of receipt of this report and for completion by 31 July 2012.

What the service did to meet the requirement

Action taken on this requirement is described under Quality Statement 1.3

The requirement is: Not Met

The requirement

The provider must ensure that reviews of care are carried out at least once in every six month period.

This is in order to comply with SSI 2011/210 Regulation 5(2)(b)(iii) personal plans.

Timescale: To commence on the date of receipt of this report and ongoing.

What the service did to meet the requirement

The provider had a planned schedule of care reviews. Reviews of care were taking place.

The requirement is: Met

The requirement

The provider must ensure that care plans provide clear directions to staff, are regularly evaluated and reflect the current needs of residents.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) health and welfare.

What the service did to meet the requirement

Action taken on this requirement is described under quality statement 1.3

The requirement is: Not Met

The requirement

The provider must ensure that medication is managed safely.

In order to achieve this the provider must ensure that:

Medicine trolleys are not left open and unattended;

Blister packs containing medication are not left unattended;

Creams and lotions are dated when opened;

Creams and other medicinal products are only used by the person for whom they have been prescribed; and,

Due care is exercised when ordering medication to ensure that over-ordering does not take place.

This is in order to comply with SSI 2011/210 Regulation 4(a) health and welfare.

This requirement also takes account of the NMC Standards for Medicines Management 2007.

What the service did to meet the requirement

We did not note any of the above practices or issues during this inspection.

The requirement is: Met

The requirement

The provider must ensure that residents receive meals and snacks safely. In order to achieve this the provider must: (i) Ensure that all table ware and serving cutlery, such as food tongs, are clean and fit for use. (ii) Establish and maintain a regular cleaning schedule for table ware and serving cutlery. (iii) Ensure that staff serve snacks using good food hygiene. This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) health, welfare and safety of service users. In making this requirement, NCS4 Care Homes for Older People -Your Environment, NCS 5 Care Homes for Older People - Management and Staffing are taken into account. Timescales: To commence on the date of receipt of this report and for completion within 24 hours and ongoing.

What the service did to meet the requirement

None of the weak practice, noted in relation to food hygiene during our previous inspection, was evident during this inspection.

The requirement is: Met

The requirement

The provider must ensure that all wheelchairs in the service are maintained, fit for use and safely used by all staff. In order to achieve this the provider must: (i) regularly check and maintain wheelchairs.

(ii) where wheelchair parts are missing or specialist wheelchair repairs are required ensure that wheelchairs are removed from use until prompt remedial action is completed. (iii) foot plates must be used when staff are assisting residents to propel the chair. This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) health, welfare and safety of service users and Regulation 14 (a) facilities in care homes. In making this requirement, NCS4 Care Homes for Older People -Your Environment, NCS 5 Care Homes for Older People - Management and Staffing are taken into account. Timescales: To commence on the date of receipt of this report and for completion within 24 hours and ongoing.

What the service did to meet the requirement

Action taken on this requirement is described under Quality Statement 2.2

The requirement is: Not Met

The requirement

The provider must promote an acceptable standard of personal care, personal hygiene and infection control and uphold the dignity of service users.

In order to achieve this the provider must:

- (a) Ensure that residents' hairbrushes are kept clean
- (b) Ensure that residents are provided with a toothbrush which is kept clean and properly stored
- (c) Ensure that residents have clean soap dishes
- (d) Ensure that residents have a waste bin
- (e) Ensure that waste bins have a liner
- (f) Ensure that all areas of residents' ensuite toilets are kept clean

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a)(b)(d) health and welfare, privacy and dignity, prevention and control of infection.

What the service did to meet the requirement

Action taken on this requirement is described under Quality Statement 2.2

The requirement is: Not Met

The requirement

The provider must ensure that all staff receive suitable moving and handling training. In order to achieve this the provider must:

- (i) review the moving and handling training needs of night duty staff
- (ii) identify staff who require training and implement a suitable training programme.

This is to comply with SSI 2011/210 Regulation 15 (b) - Staffing, ensure that persons employed in the care service receive training appropriate to the work they are to perform.

In making this requirement NCS 5 Care Homes for Older People - Management and Staffing Arrangements is taken into account.

What the service did to meet the requirement

The provider had reviewed the training needs of all staff in relation to moving and handling.

Significant numbers of staff had received this training as part of a planned programme.

This requirement was met.

11.The provider must ensure that residents' care is provided safely and appropriately. In order to achieve this the provider must:

- (i) Ensure that care is delivered by suitably qualified staff
- (i) Ensure that staff are deployed effectively as dictated by the assessed needs of residents
- (i) Ensure that there is appropriate oversight of staff involved in the delivery of care.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) Proper provision for the health,welfare and safety of service users.

Action taken on this requirement is described under Quality Statement 3.3

This requirement was not met.

12.The provider must ensure that confidential information regarding residents is securely stored and ensure that residents' rights to privacy and dignity is, at all times, respected by staff delivering care.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(b) Privacy and dignity.

Action taken on this requirement is described under Quality Statement 3.3

This requirement was not met.

13.The provider must review all care practices in the home which are considered to be "routine", consider whether or not they best meet the needs of residents and cease those which do not.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) Health and welfare.

Action taken on this requirement is described under Quality Statement 3.3

This requirement was not met.

14.The provider must ensure that stimulating activities are offered to residents on a daily basis which are appropriate to their needs and interests.

This is in order to comply with SSI 2011/210 Regulation 4 Health and welfare.

Action taken on this requirement is described under Quality Statement 3.3

This requirement was not met.

15.The provider must ensure that the service is consistently delivered to an acceptable standard that promotes the health, wellbeing, comfort and safety of residents.

In order to achieve this the provider must introduce reliable quality assurance systems governing all aspects of the service, ensure that their purpose is understood by staff and ensure that they are used effectively.

This is in order to comply with SSI 2011/210 Regulation 4(1) Welfare of users.

Action taken on this requirement is described under Quality Statement 4.4

This requirement was not met.

The following requirement was met:

10

The following requirements were not met:

11,12,13,14,15.

The requirement is: Met

What the service has done to meet any recommendations we made at our last inspection

We made no recommendations following the previous 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.

We received a fully completed self assessment document from the service provider prior to our previous inspection of 08 May 2012. We found that the service provider could have included more detail regarding outcomes for service users. This is an area which should be developed in future self assessments.

The provider should remove from future self assessments all references to the former regulatory body the Care Commission.

Taking the views of people using the care service into account

Most residents whom we met during this inspection were unable to make direct comment.

Taking carers' views into account

We did not speak to any family carers during this inspection.

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: 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

The focus of this inspection was on reviewing progress made by the provider in meeting requirements made by us following our inspection of 08 May and 08 June 2012.

We did not review Quality Statement 1.1 during this inspection.

Our Grade for this Quality Statement will remain the Grade awarded following our inspection of the service carried out on 17 February 2012.

Areas for improvement

See above comments.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The focus of this inspection was on reviewing progress made by the provider in meeting requirements made by us following our inspection of 08 May and 08 June 2012.

We found that the service was demonstrating weak practice in areas covered by this Quality Statement.

Following our previous inspection of the service we made a requirement that medication must be managed safely. This had followed our observation of a number of unsafe practices related to the management of medicines. During this inspection we noted an overall improvement in practice and concluded that this requirement had been met.

Following our previous inspection of the service we made a requirement that reviews of care must be carried out at least once in every six month period. Examination of records during this inspection demonstrated that reviews of care were being carried out and planned as appropriate. We concluded that this requirement had been met.

Areas for improvement

Following our previous inspection we made a requirement concerning the need to administer medication safely and correctly. This related primarily to the recording of medication administered and the need for transcribed entries on medication administration records to be clear and accurate.

During this inspection we saw an improvement. We noted however, that despite medication administration records now being audited, some errors and anomalies were still evident.

Some examples included:

- a missing signature;
- an incomplete Warfarin recording chart; and,
- a medicine which appeared to have been signed for as administered some time before it was due to be given.

We have concluded that this requirement has not been met. (See requirement 1)

Following our previous inspection we made a requirement that regular healthcare interventions must be carried out and recorded.

During this inspection we saw examples of:

A service user not being given a regular medication, used to help people who have Dementia, for three days. The medication was noted as not being in stock.

There was no evidence of advice having been sought from a relevant healthcare professional regarding the possible effects of this omission. (This is subject to a separate requirement. See requirement 6)

An incomplete Warfarin chart.

A service user who was noted as having issues regarding weight and diet, but who had no appropriate healthcare interventions outlined in their personal plan.

We have concluded that this requirement has not been met. (See requirement 2)

Following our previous inspection we made a requirement that the provider must ensure that staff know how to assist residents who are at risk of under nutrition.

During this inspection we noted care plans which did not give clear instruction to staff; and,
practice which appeared to conflict with information and instructions noted in care plans.

We saw:

A care plan which stated that a resident was not on a special diet. The resident's name also appeared on a list used by catering staff, of people who required a fortified diet.

A resident whose care plan stated "soft diet or liquidised, it depends upon her appetite." We were unclear as to the exact meaning of this statement and assessed that it would not provide staff with sufficient instruction. We later saw the resident being offered items of food which were neither "soft" nor "liquidised."

A resident who did not have a care plan for managing under-nutrition despite records showing that there were concerns about weight-loss and appetite.

We have concluded that this requirement has not been met. (See requirement 3)

Following our previous inspection we made a requirement that care plans must:
Provide clear instructions to staff;
be regularly evaluated; and,
reflect residents' current needs.

We reviewed a selection of care plans and noted:

Care plans which did not give clear instructions in relation to meeting dietary needs (See above comments relating to requirement 3).

An absence of real evaluation of the effectiveness of care plans. Many examples of there being only general statements that care plans remain appropriate.

Care plans which were very difficult to read or understand due to a poor standard of written language; and,

Care plans which clearly did not reflect current needs. An example of this was a resident who was described as "independently mobile" yet who was observed being assisted using a wheelchair.

We have concluded that this requirement has not been met. (See requirement 4)

We noted that reviews of care were being carried out and planned to take place six monthly.

We reviewed a sample of minutes from review meetings and assessed that these did not give sufficient information regarding the content of the meeting itself and what was discussed, decisions made, timescales and who was responsible for taking actions forward.

Minutes of review meetings did not generally show that there was any evaluation taking place as to whether or not the service continued to best meet the residents' needs. (See requirement 5)

Grade awarded for this statement: 2 - Weak

Number of requirements: 6

Number of recommendations: 0

Requirements

1. The provider must ensure that medication is administered safely and correctly and that staff
 - (i) accurately record medicine given
 - (ii) if required to transcribe entries on to the MAR, do so in keeping with the guidance described in the practice standard detailed in the NMC Standards for Medicines Management - Standard 3. Nursing staff who as part of their duties, transcribe onto the MAR should have convenient access to this information.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) make provision for the health, welfare and safety of service users.

Timescale: Within 24 hours of the date of receipt of this report.

2. The provider must ensure that regular health care interventions are carried out and recorded. Where the intervention is not done, the reason for the omission must be recorded and, if appropriate, advice from the relevant health care professional sought.

This is to comply with SSI 2011/210 Regulation 4(1)(a) health, welfare and safety of service users.

In making this requirement NCS 14 Care Homes for Older People -Lifestyle - Keeping Well - Healthcare is taken into account.

Timescale: To commence on the date of receipt of this report and for completion within 24 hours.

3. The provider must ensure that all staff know how to assist residents who are at risk of under nutrition. In order to achieve this the provider must:
 - (i) develop and implement a fortified snack menu and fortified meal guidance
 - (ii) provide sufficient practical instruction on food fortification
 - (iii) ensure that staff follow the provider's nutritional policy and procedure.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) make provision for the health, welfare and safety of service users.

In making this requirement, NCS 13 Care Homes for Older People - Eating Well is taken into account.

Timescales: To commence on the date of receipt of this report and for completion by 31 October 2012.

4. The provider must ensure that care plans provide clear directions to staff, are regularly evaluated and reflect the current needs of residents.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) health and welfare.

Timescale: To commence on the date of receipt of this report and ongoing.

5. The provider must ensure that the service continues to meet the needs of service users.

In order to achieve this, the provider must:

Ensure that full and accurate records are kept in respect of care reviews, discussions taking place during reviews and any action identified as necessary following reviews.

This is in order to comply with SSI 2011/210 Regulation 5(2)(c) Personal plans.

Timescale: To commence on the date of receipt of this report and ongoing.

6. The provider must ensure that there is sufficient supply of prescribed medication to meet service users' needs; and, take prompt action to replenish stock where it is identified that a shortfall exists.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) Welfare of users.

Timescale: To commence on the date of receipt of this report and for completion within 24 hours.

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

The focus of this inspection was on reviewing progress made by the provider in meeting requirements made by us following our inspection of 08 May and 08 June 2012.

We did not review Quality Statement 1.1 during this inspection.

Our Grade for this Quality Statement will remain the Grade awarded following our inspection of the service carried out on 17 February 2012.

Areas for improvement

See above comments.

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

We found that the service continued to demonstrate weak practice in areas covered by this Quality Statement.

Following our previous inspection we made a requirement that residents receive meals and snacks safely. This had related to the cleanliness of the dining area and staff practices in relation to food hygiene and infection control. During this inspection we saw a noticeable improvement. We saw that:

The dining room was clean;
all meals were now served by care staff;
service users were being offered the chance to wash/wipe hands prior to meals;
disposable wipes were available;
condiment containers were clean;
staff put on a disposable apron and washed their hands prior to serving morning tea;
and,
a cleaning schedule had been devised which identified all areas/items to be cleaned and was signed upon completion.

We concluded that this requirement had been met.

Areas for improvement

Following our previous inspection we made a requirement that wheelchairs used in the service were maintained, fit for use and used safely by staff.

During this inspection we saw numerous wheelchairs which had no footplates and several wheelchairs in residents' rooms which were dirty, along with a number of dirty walking frames.

We noted that maintenance checks were incomplete for both May 2012 and July 2012. We noted that records of regular checks on the cleanliness of wheelchairs and related equipment were incomplete.

We have concluded that this requirement has not been met. (See requirement 1)

During this inspection we noted that a number of residents' bedrooms did not have a call bell in situ. This included at least one resident whose personal plan indicated that they were able to use a call bell.

We concluded that some service users were not being enabled to summon assistance when they required it.

During this inspection we heard a call bell sound, however, the location of the source was not evident on the control panel. We concluded that this may delay staff response to some service users' requests for assistance. (See requirement 2)

During this inspection we noted that, due to a fault with the main door, visitors to the home could directly enter the building without the knowledge of staff and without signing in. Also, during this inspection, a resident was able to exit the building, potentially placing themselves at risk. We brought this matter to the attention of the Depute Manager who was in charge of the service.

We concluded that un-secured access to the home placed service users and staff at risk as there was no control over who entered the premises and therefore no means of knowing who was in the building. (See requirement 3)

Following our previous inspection we made a requirement that the provider must promote an acceptable standard of personal care, personal hygiene and infection control and uphold the dignity of service users.

This requirement related mainly to the cleanliness of residents' bedrooms and ensuite areas and of items used for personal care and grooming.

During this inspection we noted an overall improvement in this area. Improvement was not complete, however, as we noted examples of;

- a dirty comb;
- a dirty toothbrush;
- a toothbrush not stored in a container;
- dirty wheelchairs and
- dirty zimmer frame.

We have concluded that this requirement has not been met. (See requirement 4)

Grade awarded for this statement: 2 - Weak

Number of requirements: 4

Number of recommendations: 0

Requirements

1. The provider must ensure that all wheelchairs in the service are maintained, fit for use and safely used by all staff. In order to achieve this the provider must:
 - (i) regularly check and maintain wheelchairs
 - (ii) where wheelchair parts are missing or specialist wheelchair repairs are required, ensure that wheelchairs are removed from use until prompt remedial action is completed

(iii) ensure that foot plates are used when staff are assisting residents to propel the chair.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) health, welfare and safety of service users and Regulation 14 (a) facilities in care homes.

In making this requirement, NCS 4 Care Homes for Older People - Your Environment, NCS 5 Care Homes for Older People - Management and Staffing are taken into account.

Timescales: To commence on the date of receipt of this report and for completion within 24 hours and ongoing.

2. The provider must ensure the safety of service users by responding promptly to requests for assistance.

In order to achieve this the provider must:

- a) Ensure that all service users who are able to summon help independently have access to a call bell in their bedroom; and,
- b) Check the functioning of the home's current call system to ensure that it meets the needs of service users and staff.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of users.

Timescale: Upon receipt of this report and for completion within 24 hours (part a) and within one week of receipt of this report (part b)

3. The provider must ensure the safety of service users and other people in the building by:

Ensuring that there is a fully functioning main door entry system; and,

Ensuring that there is a means of knowing who is currently in the building.

This is in order to comply with SSI 2011/210 Regulation 10(1)(2)(a) - Fitness of premises and SSI 2011/210 Regulation 4(1)(a) - Health welfare and safety.

4. The provider must promote an acceptable standard of personal care, personal hygiene and infection control and uphold the dignity of service users.

In order to achieve this the provider must:

- (a) Ensure that residents' hairbrushes are kept clean
- (b) Ensure that residents are provided with a toothbrush which is kept clean and properly stored
- (c) Ensure that residents have clean soap dishes
- (d) Ensure that residents have a waste bin
- (e) Ensure that waste bins have a liner
- (f) Ensure that all areas of residents' ensuite toilets are kept clean

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a)(b)(d) health and welfare, privacy and dignity, prevention and control of infection.

Timescale: To commence on the date of receipt of this report and for completion within 24 hours and ongoing.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 1 - Unsatisfactory

Statement 1

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

Service Strengths

The focus of this inspection was on reviewing progress made by the provider in meeting requirements made by us following our inspection of 08 May and 08 June 2012.

We did not review Quality Statement 1.1 during this inspection.

Our Grade for this Quality Statement will remain the Grade awarded following our inspection of the service carried out on 17 February 2012.

Areas for improvement

See above comments.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We found that the service was demonstrating unsatisfactory practice in areas covered by this Quality Statement.

Following our previous inspection we made a requirement that the provider must ensure that all staff receive suitable moving and handling training. During this inspection we found that the provider had made the necessary improvement. Staff who required an update had been identified and a planned programme of training was underway.

During this inspection we did not see any evidence of the type of practice which led us to make the requirement.

We have concluded that this requirement has been met.

Areas for improvement

Following our previous inspection we made a requirement that the provider must ensure that residents' care is provided safely and appropriately. This related to the need for staff to be suitably qualified, for staff to be deployed effectively and for appropriate oversight of staff to take place.

During this inspection, particularly on day one, we saw numerous examples of poor practice.

On arrival at the service on day one, we were able to enter the building freely and unnoticed.

We found that residents in the downstairs lounge and dining room were totally unsupervised by staff.

Some residents were calling loudly for attention but there were no staff present. The Depute Manager was unaware that there were no staff in the area. The outcome for residents was poor. Residents were not receiving attention when needed and the situation was unsafe.

The entrance area was full of furniture which had been piled up and stacked against walls. A heavy fire surround was leaning against a wall in a nearby sitting area. We assessed that this situation was clearly unsafe for residents and others in the area and was made worse by the absence of staff.

Prior to this inspection we had been concerned about the high number of notifications we had received from the service regarding occasions where one resident had physically struck another.

During day one of this inspection, we observed two residents who were very angry with one another and shouting loudly. The two residents appeared to be on the point of coming to blows. Two staff members in an adjacent sitting room appeared to be oblivious to the situation and we had to draw their attention to the needs of the two residents.

We concluded that:

Despite there being sufficient staff on duty, the lack of supervision of residents was unsafe and

the overall deployment and oversight of staff by management was poor.

Over the course of this inspection we saw other examples where care was not being provided safely or appropriately. These included:

Staff carrying dirty linen in their arms;

A member of staff serving a resident with hot tea without using an occasional table; and,

Anomalies in care-planning, medication administration and care practices (See Quality Statement 1.3)

We concluded that this requirement had not been met. (See requirement 1)

Following our previous inspection we made a requirement that confidential information regarding residents must be stored securely and that residents' rights to privacy and dignity must be respected.

During this inspection we found the following issues which were not in keeping with this requirement.

We noted:

An un-locked cabinet in a communal area which contained care documents relating to individual residents, including dietary charts, and records relating to oral hygiene and bathing;

A member of staff discussing an individual resident's care using a telephone in a corridor within hearing of anyone in the area; and,

A member of domestic staff vacuuming a resident's room whilst the resident tried to sleep on top of their bed.

We concluded that this requirement had not been met. (See requirement 2)

Following our previous inspection we required that the provider must review all "routine" care practices to consider whether they best meet the needs of residents.

From discussion with the Depute Manager on day one it was unclear what, if any, action had been taken in respect of this requirement. During this inspection, however, we continued to see a high number of residents eating their lunch whilst seated in wheelchairs. Residents were not routinely offered the chance to sit in a dining chair.

The care plan of one such resident indicated that they still had the ability to walk.

We have concluded that this requirement is not met. (See requirement 3)

Following our previous inspection we made a requirement that the provider must ensure that stimulating activities are offered to residents each day.

On day one of the inspection we learned that the Activities Co-ordinator was on leave. Activities for residents downstairs consisted of 4-5 residents playing dominoes with a member of staff for approximately 15 minutes prior to the staff member leaving the residents on their own. On that basis this requirement has not been met.

We would note, however, that on day two of the inspection, the Activities Co-ordinator had returned and there was a range of activities taking place for the benefit and enjoyment of residents. (See requirement 4)

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 4

Number of recommendations: 0

Requirements

1. The provider must ensure that residents' care is provided safely and appropriately. In order to achieve this the provider must:
 - (i) Ensure that care is delivered by suitably qualified staff
 - (i) Ensure that staff are deployed effectively as dictated by the assessed needs of residents
 - (i) Ensure that there is appropriate oversight of staff involved in the delivery of care.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) Proper provision for the health, welfare and safety of service users.

Timescale: To commence upon receipt of this report, for completion within 24 hours and ongoing.

2. The provider must ensure that confidential information regarding residents is securely stored and ensure that residents' rights to privacy and dignity is, at all times, respected by staff delivering care.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(b) Privacy and dignity.

Timescale: To commence upon receipt of this report, for completion within 24 hours and ongoing.

3. The provider must review all care practices in the home which are considered to be "routine", consider whether or not they best meet the needs of residents and cease those which do not.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) Health and welfare.

Timescale: To commence upon receipt of this report and for completion by 31st October 2012.

4. The provider must ensure that stimulating activities are offered to residents on a daily basis which are appropriate to their needs and interests.

This is in order to comply with SSI 2011/210 Regulation 4 Health and welfare.

Timescale: To commence upon receipt of this report and ongoing.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 1 - Unsatisfactory

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

The focus of this inspection was on reviewing progress made by the provider in meeting requirements made by us following our inspection of 08 May and 08 June 2012.

We did not review Quality Statement 1.1 during this inspection.

Our Grade for this Quality Statement will remain the Grade awarded following our inspection of the service carried out on 17 February 2012.

Areas for improvement

See above comments.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

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

The focus of this inspection was on reviewing progress made by the provider in meeting requirements made by us following our inspection of 08 May 2012 and 08 June 2012.

We found that the service was demonstrating unsatisfactory practice in areas covered by this Quality Statement.

Areas for improvement

Following our previous inspection of the service we made a requirement that the provider must ensure that the service is provided to a consistently acceptable standard. This related to the introduction of reliable quality assurance systems governing all aspects of the service and ensuring that staff fully understand their purpose.

During this inspection we noted continuing weak or poor practice in relation to such areas as care and support, care planning, oversight and deployment of staff, administration of medication, health and safety, infection control and routine staff practices. (See Quality Statements 1.3, 2.2 and 3.3

During this inspection we found a high level of unsatisfactory or weak practice on day one and a more acceptable level of service during day two. We found the contrast between the two days to be very noticeable and indicative of the fact that a uniformly acceptable standard of service is not provided to residents.

During this inspection we were told by the Depute Manager that audit was now taking place in respect of care plans and medication. They were, however, unclear about how this was being done or exactly what was being audited. There appeared to be no clear understanding of what the desired outcomes of audit were nor of any guidance being given to staff. We were told, for example, that auditing care plans was the responsibility of nursing staff who were simply told to get on with the task.

We reviewed one resident's care plans which had been audited recently. We assessed that there was a direct focus on documents in place rather than their content. Much of the content in these care plans would not have supported an acceptable standard of care yet this had not been identified by the auditor. The care plans were marked as requiring no action from the audit.

Because of the broad range of serious concerns which we continued to note and the overall lack of awareness of the extent of these concerns demonstrated by the Manager and Depute, we have concluded that Quality Assurance systems within the service remain inadequate or are not being used effectively.

We have concluded that overall management of the service is unsatisfactory and that this creates the potential for unsatisfactory outcomes for service users. This Quality Statement has been graded accordingly.
(See requirement 1)

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that the service is consistently delivered to an acceptable standard that promotes the health, wellbeing, comfort and safety of residents.

In order to achieve this the provider must introduce reliable quality assurance systems governing all aspects of the service, ensure that their purpose is understood by staff and ensure that they are used effectively.

This is in order to comply with SSI 2011/210 Regulation 4(1) Welfare of users.
Timescale: To commence upon receipt of this report and for completion by 31 October 2012.

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

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

Quality of Care and Support - 2 - Weak	
Statement 1	4 - Good
Statement 3	2 - Weak
Quality of Environment - 2 - Weak	
Statement 1	4 - Good
Statement 2	2 - Weak
Quality of Staffing - 1 - Unsatisfactory	
Statement 1	4 - Good
Statement 3	1 - Unsatisfactory
Quality of Management and Leadership - 1 - Unsatisfactory	
Statement 1	4 - Good
Statement 4	1 - Unsatisfactory

6 Inspection and grading history

Date	Type	Gradings
8 Jun 2012	Unannounced	Care and support 2 - Weak Environment 2 - Weak Staffing 2 - Weak Management and Leadership 2 - Weak
23 Apr 2012	Re-grade	Care and support Not Assessed Environment 2 - Weak Staffing Not Assessed Management and Leadership 2 - Weak
17 Feb 2012	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership Not Assessed

Inspection report continued

23 Aug 2011	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership Not Assessed
3 Feb 2011	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing Not Assessed Management and Leadership 4 - Good
28 May 2010	Announced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and Leadership 3 - Adequate
11 Feb 2010	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
12 Jun 2009	Announced	Care and support 2 - Weak Environment 3 - Adequate Staffing 2 - Weak Management and Leadership 2 - Weak
19 Dec 2008	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 2 - Weak Management and Leadership 3 - Adequate
5 Jun 2008	Announced	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

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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