Galashiels Nursing Home
Care Home Service Adults
Kirkbrae
Galashiels
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Inspected by: Jane Brown
Type of inspection: Unannounced
Inspection completed on: 7 December 2012
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Service provided by:
Pryce & Co Ltd

Service provider number:
SP2003002284

Care service number:
CS2003010293

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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: 3 (Adequate)
- Quality of Environment: 3 (Adequate)
- Quality of Staffing: 2 (Weak)
- Quality of Management and Leadership: 3 (Adequate)

What the service does well

It was evident during our inspection that the staff team were committed to the care and well-being of the residents living in the care home. We saw some caring interactions between residents and staff. Residents told us they felt safe and well looked after.

We saw that the manager had begun to access training for staff.

There was evidence to show that some progress had been made to implement the requirements and recommendations made following the last inspection.
What the service could do better

It was evident from this inspection that minimal progress had been made in meeting the requirements and recommendations from the previous inspection with respect to quality of care and support and staffing. That being the case, most of these have been repeated within this report.

Key areas identified for improvement include:

- the service must ensure it complies with the staffing schedule. Only those staff who are appropriately qualified in a supervisory role as determined by the Scottish Social Services Council should be working in the role of senior carer
- those staff working as senior carers must be given clear guidance on their role and responsibilities, in particular their supervision of care staff
- the service must ensure it has adequate staffing at all times to meet the needs of the residents, taking account of on-going dependency assessments, staff skill mix and the layout of the building
- the service needs to ensure that staff supervision and staff meetings are held on a regular and planned basis, are appropriately recorded and action plans put in place as required
- the service needs to progress with arrangements for staff training to take place in the areas identified at the previous inspection
- resident reviews must be progressed and embedded into regular practice
- the manager of the service needs to ensure that there is a range of methods in use to access the views of residents, relatives and staff about the quality of the service and what changes they would like
- the remaining environmental improvements previously identified need to be carried out.

What the service has done since the last inspection

We noted that the home manager had made some progress in trying to access and implement staff training.

We saw that the provider had sought one quote for door closers.

We saw that bedroom doors had the names of residents on them.
Conclusion
The purpose of this inspection was to follow up on the actions taken by the provider to meet the requirements and recommendations arising out of the most recent inspection carried out on 31 August 2012. Whilst there was some evidence that the service had taken steps towards trying to meet some of these, it was evident that work will be required to meet the outstanding requirements and recommendations, with a particular focus on the quality of care and support and staffing.

Who did this inspection
Jane Brown
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 could do more to improve its service, 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 but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Galashiels Nursing Home is a care home providing nursing and residential care for older people. The service is registered to provide care and accommodation for a maximum of 37 residents. There were 34 residents living in Galashiels Nursing home at the time of this inspection.

The home is located in a residential area near to the centre of Galashiels and is close to local amenities. The home is set in private grounds with its own parking.

The accommodation is provided on two floors. A lift and stairs give access to the first floor. There are five double rooms with the remaining rooms providing single occupancy. There are bathing and toilet facilities on both floors. The main dining room is on the ground floor where there is also a large lounge/conservatory area. The first floor has a smaller, open plan dining/lounge area.

Galashiels Nursing Home’s aim is:
“To assist residents to achieve their full potential capacity, however small, in respect of their physical, intellectual, emotional and social needs, in a warm and considerate family style atmosphere”.
Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 3 - Adequate**  
**Quality of Environment - Grade 3 - Adequate**  
**Quality of Staffing - Grade 2 - Weak**  
**Quality of Management and Leadership - Grade 3 - Adequate**

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
This inspection was carried out by Jane Brown (Inspector) and began on 26 October 2012. However, as the manager was on annual leave at that time and no other member of staff had access to the required documentation, this was a short visit over approximately 2 hours. This was followed by a further unannounced visit to the service on 27 November 2012 between the hours of 8.30am and 6.15pm. A short follow up visit subsequently took place on 7 December 2012.

A letter was sent to the service following our visit on 7 December 2012 at which time a requirement was made about staffing. This will be repeated in the body of this report. Jane Brown (Inspector) visited the service on all dates.

As part of our inspection process, we gathered evidence from a range of sources including:
- residents’ care plans
- timetable for 6 month reviews of residents’ care plans
- monthly dependency assessments
- quote from local service provider re the fire safety works dated November 2012
- discussions with some residents
- inspection of the environment
- duty rotas
- staff supervision notes
- notes from care staff meetings - 30 September and 30 October 2012
- notes from kitchen staff meeting - 4 October 2012
- notes from full staff meeting - 12 October 2012
- interviews with some staff
- discussion with the home manager
- inspection of the environment
- observation of interactions between residents and staff
- monthly newsletter
- record of environmental audits carried out by the handyman.

We also looked at the staffing schedule dated 7 May 2009.
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

Requirement 1
The provider/manager must ensure that staff receive regular meetings to enable them to keep up to date with what is happening in the service, discuss training needs and to promote good team work. This should include providing clear information for staff, residents and relatives when the meetings will take place and what the agenda will be for the meetings. Minutes of meetings should contain information on who attended and content of the discussions that took place. Minutes should be provided to those unable to attend the meetings. Action plans should be developed to address any issues that come up at the meetings.
This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 210/2011, Regulation 15(b) (i) staffing - a requirement that the provider ensures persons employed in the service receive training and support appropriate to the work they are to perform.
Timescale for implementation: Within one month from receipt of this report.

What the service did to meet the requirement

We saw notes of staff meetings which had taken place on 30 September, 12 October and 30 October 2012. Seven staff had attended the first meeting but there was no attendee list for the October meetings. We also noted that there had been a meeting for kitchen staff on 4 October 2012.
This requirement had been met.

However, whilst we saw evidence of meetings taking place, the notes taken were a list of issues with no actions and these were handwritten. It was unclear how residents and relatives were being informed about meetings. The manager needs to ensure that staff meetings continue to occur on a regular basis and that these are adequately minuted and action plans are taken forward.

A new requirement has been made.

The requirement is: Met
The requirement

Requirement 2
The provider must ensure that they have a plan in place to review each individual care plan at least once in every six month period, or, when there is a significant change in a resident’s health, welfare or safety needs. Relatives, carers and any professionals involved in their care should be invited to take part in the review. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulations 5 (2) (b) (ii) and (iii).
Timescale: within 4 weeks of the receipt of this report.

What the service did to meet the requirement
The manager provided us with evidence that they had been contacting relatives to arrange 6 month reviews. We noted that five reviews had been carried out. The manager needs to ensure that this programme of reviews is progressed and embedded as a continuing practice and that care plans are up-dated as required. This will be monitored at future inspections.

The requirement is: Met

The requirement

Requirement 3
The provider/manager must stop using doorstops to keep bedroom doors open. This is a health and safety risk and has serious implications for Fire Safety. The provider must seek advice from the Fire Service on alternative ways of holding doors open and provide information back to the Care Inspectorate on how this will be achieved. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (i) (a) which is a requirement about the health, welfare and safety of service users.
Timescale: within 4 weeks of the receipt of this report.

What the service did to meet the requirement
Whilst it was evident that door stops were not in use and the home manager had been in contact with a local contractor and had received a quote for door openers, there was no evidence available during this inspection that the provider had sought advice from the Fire Service on alternative ways of holding doors open and how this was to be achieved.

The requirement is: Not Met
The requirement

Requirement 4
The provider must ensure that staff training is appropriate for the work to be performed, and that at all times suitably qualified and competent persons are working in the service. In order to comply with this requirement, the provider must review staff training needs for all staff working in the care home and submit an up-dated training plan to the Care Inspectorate within the time scale set out below. This must include an effective system to monitor and review staff competencies and plan training accordingly. Staff training should include the following areas. The provider must provide training for all staff suitable to the work they are to perform including the following:

- Adult support and protection
- Food hygiene
- Nutrition for the elderly
- Falls
- Infection control
- Dementia awareness
- First aid
- Oral care
- Care planning (person centred care).

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 15 (a) and (b) (i), which are requirements about staff training.

Timescale: within 3 months of the receipt of this report.

What the service did to meet the requirement

The provider had not submitted an up-dated training plan to the Care Inspectorate. At the time of this inspection, training had been delivered to some staff on some subjects. The remaining areas were in the process of being organised.

The requirement is: Not Met

The requirement
Requirement 5
The provider must ensure that, at all times, there are suitably qualified and competent persons working in the service in such numbers as are appropriate for the health, welfare and safety of service users. This includes reviewing the qualifications of the senior staff who act up when only one registered nurse is on duty. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 15 (a). Timescale: with immediate effect.

What the service did to meet the requirement
We looked at duty rotas and it was evident that there had been care staff working in the role of senior carer who had not been assessed by the home manager as having an equivalent qualification to SVQ 3. We also became aware from discussions with the home manager that those staff in the role of senior carer had not been briefed about their supervisory responsibilities.

The requirement is: Not Met

The requirement
Requirement 6
The provider must ensure that all staff receive regular and consistent supervision which addresses training, development and practice issues. It should also be a platform for staff to raise any issues or concerns. Supervision sessions must be properly recorded.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (i) (a) which is a requirement about health, safety and welfare of service users. Timescale: within 6 weeks of the receipt of this report.
What the service did to meet the requirement

We were advised by the manager that responsibility for staff supervision had been passed to one of the nursing staff who had been given some additional hours to get this work done. However, the manager was unable to provide us with a plan, tool or timetable for staff supervision, including the arrangements for clinical supervision of nurses.
Staff we spoke with during this inspection told us they had not had supervision. The manager provided evidence of observational supervision for two members of care staff only.
This requirement has therefore been repeated.

The requirement is: Not Met

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

Recommendation 1. The manager should explore further ways of involving residents, relatives and staff in assessing the quality of the service provided.
National Care Standards. Care homes for older people. Standard 5 - Management and staffing arrangements.
Progress: There was no evidence to suggest that the manager had developed new methods for seeking the views of others.
This recommendation had not been met.

Recommendation 2. The manager should discuss care plans with residents or their relatives when compiling them for everyone. These should then be signed by residents or relatives/carers acknowledging agreement of what has been written and what support will be provided.
National Care Standards. Care homes for older people. Standard 6 - Your support arrangements.
Progress: There was no evidence that this had been progressed.
This recommendation had not been met.

Recommendation 3. The provider should look into accessing training for staff completing care plans, in person centred care planning.
National Care Standards. Care homes for older people. Standard 5 - Management and staffing arrangements.
Progress: There was no evidence that this had been progressed.
This recommendation had not been met. This will be included in a further requirement about staff training.
Recommendation 4. The manager must carry out a review of the bedding in residents’ bedrooms and remove lumpy pillows and replace with new ones.
National Care Standards. Care homes for older people. Standard 4 - Your environment.
Progress: There was no evidence to confirm that bedding had been reviewed and we saw that lumpy pillows were still being used.
This recommendation had not been met and will therefore be repeated.

Recommendation 5. The manager should ensure that names or symbols are on all the bedroom doors to assist residents with dementia to find their own rooms. At present, residents are just faced with a corridor of white doors making it difficult to recognise any rooms or bathrooms.
National Care Standards. Care homes for older people. Standard 4 - Your environment.
Progress: We noted that residents had their names on their bedrooms doors, but that there was a lack of appropriate signage to direct residents with a diagnosis of dementia.
This recommendation had been met, but a new recommendation will be made about the effective use of signage to assist people with dementia.

Recommendation 6. The provider/manager should ensure that locks are on all bedrooms doors and that lockable space is available to all residents in the care home to meet the National Care Standards.
National Care Standards. Care homes for older people. Standard 4.6 - Your environment.
Progress: We were advised by the manager that residents all have lockable space within their rooms.
This recommendation had been met.

Recommendation 7. The manager should review the carpet in the room identified at the inspection which was stained and odorous.
National Care Standards. Care homes for older people. Standard 4 - Your environment.
Progress: We inspected the environment and noted that this was no longer an issue.
This recommendation had been met.

Recommendation 8. The manager should carry out an audit of bed rail bumpers to ensure they are not torn. Any bumpers identified as being unsuitable should be replaced.
National Care Standards. Care homes for older people. Standard 4 - Your environment.
Progress: We saw that all bumpers in use were suitable for use and not torn.
This recommendation had been met.
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.
A self assessment was not required prior to this follow up inspection.

Taking the views of people using the care service into account
We interviewed five residents during this inspection, all of whom told us they felt looked after.

Two residents told us they felt that the staffing levels were inadequate. One resident told us they would not know who to speak to if they had a concern or worry. One resident told us they felt there was no seasoning in the food.

Taking carers' views into account
We spoke with two relatives. One relative told us they had no concerns about the care and support provided by the service. Another relative who visited on a daily basis told us they felt there were insufficient staff. They always assisted their relative with their lunch.
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: 3 - Adequate

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 saw that the service produced a monthly newsletter which was up-to-date and displayed on the noticeboard in the reception area.

We noted that care staff meetings had taken place on 30 September and 30 October 2012. A kitchen meeting had taken place on 4 October and a full staff meeting was also held on 12 October.

Areas for improvement
We noted that there had been residents’ meetings held in August and October, but there was no list of attendees nor agendas. There was no evidence to suggest that residents were being asked their views or being involved in assessing the quality of the service. A recommendation was made following the previous inspection suggesting the manager should explore further ways of involving residents, relatives and staff in assessing the quality of the service provided.

Progress: There was no evidence to suggest that the manager had developed new methods for seeking the views of others.
One resident we spoke with told us they would not know who to speak to if they had a concern or worry.
This recommendation will be repeated.
See recommendation 1.
A requirement was made following the previous inspection that there should be regular staff meetings and that there should be clear information for staff, residents and relatives regarding when the meetings will take place and what the agenda will be for the meetings.

Progress: We saw that some staff meetings had taken place.
This requirement had been met.

However, from the handwritten notes of the care staff meetings, we saw that seven staff had attended the meeting on 30 October 2012 but there was no attendee list for the meeting in September. We also saw that the notes consisted of a list of issues with no action plan.

We were aware that staff on duty had been unable to attend these meetings. The notes had not been distributed nor had there been any meeting with those staff who had been on shift. It was, therefore, unclear how all staff were involved in these discussions and included in any follow up actions or decisions.

Those staff interviewed told us they did not know when the next staff meeting was due to be convened.
A new requirement about staff meetings has, therefore, been made.
See requirement 1.

A requirement had been made following the last inspection that the provider must ensure they have a plan in place to review each individual care plan at least once in every six month period or when there is a significant change in a resident’s health, welfare or safety needs.

Progress: We saw that the manager had been in correspondence with relatives of residents to arrange 6 monthly review meetings and that these had begun to take place.
This requirement had been met. Progress will be monitored at the next inspection.

We examined a care plan of one resident whose review had been carried out in October. We noted that an Adults with Incapacity (AWI) certificate was in place but there was no treatment plan attached. We also noted that this resident had lost five kg between July and October but, weekly weights had not been recorded beyond 13 November and there was no record of the resident’s Body Mass Index (BMI) or Malnutrition Universal Screening Tool (MUST) scores. The care plan for eating and drinking was dated August 2012 and stated that the resident was to be weighed monthly. The review sheet dated 10 October 2012 stated that the resident was being weighed weekly. It was evident that the care plan had not been reviewed or up-dated following the review meeting.
See requirement 2.
Grade awarded for this statement: 3 - Adequate

Number of requirements: 2
Number of recommendations: 1

Requirements

1. The provider manager must ensure that minutes of staff meetings should contain information on who attended and content of the discussions that took place. Minutes should be provided to those unable to attend the meetings. Action plans should be developed to address any issues that come up at the meetings. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 210/2011, Regulation 15 (b) (i) Staffing - a requirement that the provider ensures persons employed in the service receive training and support appropriate to the work they are to perform. Timescale: within four weeks of the receipt of this report.

2. The provider must ensure that care plans are up-dated following all reviews and that staff and families are aware of these changes. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulations 5 (2) (b) (c) and Regulation 4 (1) (a) which are requirements about personal plans and the welfare of service users. Timescale: within four weeks of the receipt of this report.

Recommendations

1. The manager should explore further ways of involving residents, relatives and staff in assessing the quality of the service provided. National Care Standards. Care homes for older people. Standard 5 - Management and staffing arrangements.
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
A recommendation had been made at the previous inspection suggesting that residents or their relatives should be involved in discussion about the content of care plans.
Progress: We saw from the small number of reviews which had been carried out (five at the time of the inspection) that this was beginning to take place. We will monitor progress on this at the next inspection.

We observed sensitive interactions between care staff and residents and those residents to whom we spoke told us they felt safe and well looked after.

It was evident that staff were aware of the need to try to deliver care in a manner which respected the individual choices of residents.

Areas for improvement
A recommendation was made at the previous inspection that the provider should look into accessing training for staff completing care plans, in person centred planning.
Progress: There was no evidence that this training had taken place.
A further requirement has been made about staff training in Quality Statement 3.3.

We reviewed five care plans during this inspection. None of the care plans we sampled contained any photographic ID. We noted that whilst those residents who required them did have Adults with Incapacity (AWI) certificates in place, there were no treatment plans attached. This is not in line with best practice as prescribed by the Mental Welfare Commission (MWC).
We saw that some recordings in care plans were incomplete and stopped mid sentence. Daily progress sheets were not being completed daily.
One care plan we sampled stated that the relative had Power of Attorney but there was no copy of this documentation in the file and there was no indication that they had been involved in discussing or signing off the risk assessments in place. We saw that one resident’s care plan recorded their weight but there was no record of MUST or BMI scores.
A requirement has been made about personal plans in Quality Statement 1.1.

In one resident’s care plan we noted that there was not a consent form in place signed by the appropriate parties for the use of a lap belt when seated in a wheelchair.
See requirement 1.
We saw a number of residents sitting in wheelchairs whilst in the dining room and one resident was sitting on the hoist sling in a wheelchair. These residents did not appear to be given the choice of sitting on a dining room chair. We also noted that there were periods of time where residents were left unattended in the dining room whilst staff were assisting other residents. Staff we interviewed told us that they sometimes had to leave residents in the dining room in order to respond to the call system. We observed that this was distressing for one visually impaired resident who was calling out for reassurance. Staff also spoke of being “run off their feet” with no time to chat to residents because of going from one task to the next. A requirement about staffing has been made in Quality Statement 3.3.

We also saw there were a number of residents sitting in wheelchairs in their bedrooms on their own. They did not appear to have been given the choice of being transferred into an easy chair and it was not clear how they would access staff assistance if needed. See requirement 2.

We noted some verbal interactions between staff and residents which suggested a lack of respect and dignity being afforded to those residents. See recommendation 1.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 2

**Number of recommendations:** 1

**Requirements**

1. The provider must ensure that the use of a lap belt is appropriately assessed and recorded in the resident’s care plan. This is to comply with The Social Care and Social Work Improvement Scotland (Regulations for Care Services) 2011, SSI 210. Regulation 4 (1) (c).
   Timescale: within twenty four hours of the receipt of this report.

2. The provider must make proper provision for the health, welfare and safety of service users by ensuring that they have access to staff assistance when they need it and are given appropriate opportunities for choice of seating and where and how they spend their time. This should be recorded in their care plan and reviewed as required. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about welfare of service users.
   Timescale: within twenty four hours of the receipt of this report.
Recommendations

1. The manager should remind all staff of the need to ensure that residents are spoken with politely at all times.
   National Care Standards. Care homes for older people. Standard 10 - Expressing your views.
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 3 - Adequate

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 made under Quality Statement 1.1 also apply to this Quality Statement. We have also applied the grading of 3 “adequate” awarded in Quality Statement 1.1 to this Statement.

Areas for improvement
The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they are rigorous in implementing the action plans to address these.

Grade awarded for this statement: 3 - Adequate
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
A requirement had been made at the previous inspection stating that the provider must stop using door stops to keep bedroom doors open.
Progress: We saw that doors were not being wedged open.
This requirement had been met.

A recommendation had been made at the previous inspection suggesting that the names of residents should be on all bedroom doors. We saw that this had been done but we would suggest that the type may be more visible if it is in larger font.

We noted that some floor coverings had been replaced and there was no longer a problem with a particularly odorous carpet in a bedroom. We also looked at bed rail bumpers and noted that none were torn.

We were advised that residents had access to lockable space in their bedrooms if required.

We saw that audits had been carried out by the handyman with respect to the condition of floor coverings, furniture and equipment. We would suggest that this audit process is built into a regular system of assessing the quality of the environment and should include input from relatives and residents. We will monitor this at the next inspection.

We noted that some bedrooms were very personalised with respect to decoration.

Areas for improvement
We saw evidence that the provider had sought advice from an independent contractor about magnetic door closers. The quote from the contractor was dated 19 November 2012, though no approval had been given by the provider to incur the expenditure and make the required improvements at the time of this inspection.
We noted that the provider had not sought advice from the Fire Service on this matter nor had they provided the Care Inspectorate with the required information.
See requirement 1.
A recommendation had been made at the previous inspection suggesting that the manager carry out a review of bedding in residents’ bedrooms and replace lumpy pillows with new ones.

**Progress:** We saw that this had not been progressed. One resident told us that they had brought in their own pillow because the one provided by the home was too lumpy.

We also saw that in one en-suite the bath side cover was broken.

See recommendation 1.

We saw personal toiletries (including a disposable razor) and loose continence pads in the first floor bathroom which was not in use at the time. We also saw loose continence pads piled on to a trolley which staff seemed to be using for all residents as they were being assisted to get up and dressed in the morning.

See requirement 2.

We saw a hand written sign in a resident’s bedroom, the language and tone of which we found to be disrespectful to the resident.

See requirement 3.

We would recommend a greater use of dementia friendly signage within the home.

See recommendation 2.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 3

**Number of recommendations:** 2

**Requirements**

1. The provider must ensure that it seeks advice from the Fire Service on alternative ways of holding doors open and, if appropriate, follow up on the independent advice it has sought about door closers. The provider must advise the Care Inspectorate how it intends to take this forward and within what time scale. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

   **Timescale:** within two weeks of the receipt of this report.
2. The provider must ensure all items which may pose a risk to the health and safety of the residents are removed from communal bathing areas and that continence products are stored appropriately. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (a), which is a requirement about the welfare of service users. Timescale: within Twenty Four hours of the receipt of this report.

3. The provider must ensure that the notice identified during the inspection is removed. Staff should be made aware of any instruction with respect to the care and support needs of this resident, which should be recorded in a respectful manner in their care plan. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (b) which is a requirement about maintaining residents’ dignity. Timescale: within Twenty Four hours of the receipt of this report.

Recommendations

1. It is recommended that the provider applies a greater usage of dementia friendly signage around the home so that residents' ability to orientate themselves in their living environment is maximised. National Care Standards. Care homes for older people. Standard 4 - Your environment.

2. The manager must carry out a review of the bedding in residents' bedrooms and remove lumpy pillows and replace with new ones. They must also ensure that the broken bath side cover is repaired or replaced. National Care Standards. Care homes for older people. Standard 4 - Your environment.
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 2 - Weak

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

Service Strengths
Comments made in Quality Statement 1.1 are also relevant to this Quality Statement. We have also applied the grading of 3 “adequate” awarded in Quality Statement 1.1 to this Statement.

Areas for improvement
The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they are rigorous in implementing the action plans to address these.

Grade awarded for this statement: 3 - Adequate
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 were advised by the manager that they had begun to make contact with training providers and that some training had been organised and implemented. We noted that some staff had attended training on oral hygiene, palliative care, fire safety, manual handling, bolus feeds and support stocking and compression bandage application.

Areas for improvement
Despite a range of training having taken place, we noted that the provider had not carried out a review of staff training needs nor submitted an up-dated training plan to the Care Inspectorate as previously required to do so. We also became aware that there was not a system in place to monitor and review staff competencies so that training could be planned accordingly.
We saw that some staff acting in the role of senior carer were not appropriately qualified to take on this role.
See requirement 1.

We interviewed a number of staff and residents during this inspection and there was a commonly held view that the staffing levels in the home were inadequate to meet the needs of the residents. Staff told us that residents often have to wait on assistance and at times this can result in the staff response being too late, with residents experiencing poor outcomes. Two residents told us that they felt there were not enough staff.

Staff also told us that they very much enjoyed working with the residents but they did not get sufficient time to sit down and chat with them and spoke of being “constantly on the go”. We also became aware that the nursing staff did not always have the time to handover to the next shift. There was no formal hand over time built in to the shift pattern.

During our visits we observed residents sitting on their own for periods of time in the dining room and in their bedrooms. We saw a number of residents sitting in wheelchairs, not having been transferred into an easy chair. We also saw members of care staff assisting more than one resident to eat at the same time. We noted that the staff call system rang for some time before it was answered.
We also noted that there were times when staff were coming in to work when they were due to be on annual leave or days off and at times domestic staff were moved into carer roles. Bank staff were being utilised on a regular basis as part of the day-to-day team. These arrangements were put in place to cover for staff absences. This seemed to suggest that there was little or no contingency to cope with staff absences.

We saw that the manager had used the Isaacs & Neville dependency assessment tool on a monthly basis from July 2012 and this seemed to show that the staffing levels were adequate to meet resident need. However, our observations of the outcomes for residents during the inspection as well as feedback from staff, residents and a relative did not reflect this assessment. The provider needs to carry out a review of staff numbers and deployment to ensure that residents needs are being met. Following our visit on 7 December a requirement was made about staffing. Particular reference was made to the need to ensure that staff are appropriately qualified in a supervisory role as determined by the Scottish Social Services Council if they are working in the role of senior carer. This requirement has been repeated in this report. See requirement 2.

A requirement had been made at the last inspection that all staff must receive regular and consistent supervision. It became evident during our interviews with staff and the care home manager that only two staff had received one supervision session. There was no programme in place to ensure all staff would receive regular supervision.

The manager advised us that one of the nursing staff had been allocated additional hours for the sole purpose of developing and implementing a supervision programme. We raised concerns about this approach with the manager as it was unclear how this arrangement would work on a long term basis and therefore become part of routine staff management. We also noted that the service did not have a tool in place for the appropriate recording of supervision. See requirement 3.

Grade awarded for this statement: 2 - Weak
Number of requirements: 3
Number of recommendations: 0

Requirements

1.
1. The provider must ensure that staff training is appropriate for the work to be performed, and at all times suitably qualified and competent persons are working in the service. In order to comply with this requirement, the provider must review staff training needs for all staff working in the care home and submit an up-dated training plan to the Care Inspectorate within the time scale set out below. This must include an effective system to monitor and review staff competencies and plan training accordingly.

Staff training must be delivered to all staff in the following areas:

- adult support and protection
- food hygiene
- nutrition for the elderly
- falls
- infection control
- dementia awareness
- first aid
- oral care
- care planning (person centred care).

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulations 15 (a) and (b) (i), which are requirements about staff training.

Timescale: within eight weeks of the receipt of this report.

2. The provider must ensure that at all times there are suitably qualified and competent persons working in the service in such numbers as are appropriate to ensure the health, welfare and safety of service users is safeguarded at all times. In order to fulfil this requirement, the provider must take the following action:

- carry out regular assessments of resident dependency levels. This must be done at least monthly or more often should there be a change in resident need
- ensure that all staff working on early shift in the role of senior carer have an SVQ 3 qualification. If they have an alternative qualification this must be verified in writing with the appropriate agencies, such as the Scottish Social Services Council, to confirm that their qualification is, indeed, equivalent to an SVQ 3
- ensure that those staff taking on the senior carer role have a clear understanding of their supervisory responsibilities and that this is communicated to all staff working in the service
- in the event that the provider is unable to access an SVQ 3 or equivalent for an early shift, a second nurse must be deployed as per the staffing schedule.
- ensure that if staff are removed from other duties such as domestic work for the service to be compliant with the staffing schedule, this is not a routine occurrence and that the cleanliness of the environment is maintained to an acceptable standard at all times. This movement of staff must also be recorded on the duty rota so that it is clear which staff are delivering care on each shift and how many hours they are deployed as a carer and how many as a domestic.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about welfare of users and Regulation 15 (a) and (b) which is a requirement about staffing.

Timescale: within Twenty Four hours of the receipt of the letter dated 07 December 2012.

3. The provider must ensure that robust and effective management arrangements are in place so that all staff receive regular and consistent supervision which addresses training, development and practice issues. It should also be a platform for staff to raise any issues or concerns. Supervision sessions must be properly recorded.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about welfare of service users.

Timescale: within four weeks of the receipt of this report.
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 3 - Adequate

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
Comments made in Quality Statement 1.1 are also relevant to this Quality Statement. We have also applied the grading of 3 “adequate” in Quality Statement 1.1 to this Statement.

Areas for improvement
The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they are rigorous in implementing the action plans to address these.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 0
Number of recommendations: 0
4 Other information

Complaints
A recommendation was made following the investigation of a complaint made by a relative about telephone communication. There was no outstanding action required following this complaint at the time of the inspection.

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 28 September 2012 and we re-graded to the appropriate level.

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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### 6 Inspection and grading history

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