Springfield Bank Nursing Home
Care Home Service Adults
36/38 Cockpen Crescent
Bonnyrigg
EH19 3PN

Inspected by: Moira McRae
Carol Moss
Type of inspection: Unannounced
Inspection completed on: 30 April 2013
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Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Care service number:
CS2011300760

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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

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<tr>
<th>Area</th>
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<td>Quality of Environment</td>
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What the service does well

The service provides comfortable, well decorated accommodation for service users (residents). The home is clean and well maintained. Residents are helped to give their views about the quality of the service and the environment. Staff work with other health professionals to manage any health needs or concerns.

What the service could do better

Residents’ day-to-day experience of care and support had improved overall, there were some aspects of support that could be improved. Further improvement is needed in the way staff help residents who need assistance to stand or walk and staff.

What the service has done since the last inspection

The service has improved some aspects of care and support to ensure that residents’ care needs are met comfortably and safely. The care of equipment and resident’s belongings has improved.

The service has implemented a new way to record residents’ care and support needs. The new recording system helps staff to think about and get to know each resident’s individual needs, likes and dislikes in their day-to-day life.
Conclusion
The service has worked hard to make improvements to the way staff offer care and support. The quality and cleanliness of the environment has significantly improved. Further work is needed so that standards of care and support continue to rise.

Who did this inspection
Moira McRae
Carol Moss
Lay assessor: Ms Fiona Mitchell
1 About the service we inspected

This service registered with the Care Inspectorate on 31 October 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 a 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 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 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.

Springfield Bank Nursing Home is a care home which provides care for up to 70 older people. The provider is HC-One Limited.

The home is situated on the outskirts of Bonnyrigg in a residential area. The accommodation is provided in two units named Dalhousie and Pentland. Each has a separate sitting room and dining room. There is a garden with a seated area in the centre of the home, patio doors lead to the garden from the sitting rooms.

An extract from the philosophy of care states that the aim of the provider is to be “the provider of the kindest homes in the UK with the kindest and most professional staff, where each and every one matters and each and every one can make a difference.

We will strive to provide all our residents with the highest standards of individualised care. We will do this within a warm, friendly, homely and supportive environment where quality of life is paramount and where residents’ rights, habits, values and cultural background are safeguarded and respected.”

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 3 - Adequate
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 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
We wrote this report following an unannounced inspection. The inspection was carried out by Care Inspectorate Inspectors Moira McRae, Carol Moss and Lay Assessor, Fiona Mitchell. Lay Assessors talk to residents to find out what they think about the care home. The inspection took place on Monday 22nd April 2013 from 7am to 6:30pm and continued the following day, Tuesday 23 April from 1:45pm to 5:15pm. We visited the service again on 30 April 2013 and told the management team and a representative of Midlothian Council what we had found at the inspection.
As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.
We sent 25 care standard questionnaires to the manager to distribute to residents. Four residents sent us completed questionnaires. We also sent 25 care standard questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned six completed questionnaires. We sent 15 staff questionnaires to the manager to distribute to staff. We received 11 completed questionnaires from staff.
During this inspection, we gathered information from various sources, including the following:
We spoke with:

- Thirteen residents
- Three relatives
- Manager
- One charge nurse
- One staff nurse
- Two care assistants
- Maintenance person
- Domestic
- Two laundry assistants

We looked at:
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 staff give moving and handling assistance to residents in a safe and comfortable way. In order to achieve this the provider must:
(i) review staff practice and previous training to identify staff who require moving and handling training and ensure that the training need is met
(ii) ensure that residents’ moving and handling risk assessments are accurate and up-to-date
(iii) monitor staff practice to ensure that staff use the correct technique when giving moving and handling assistance including the correct and safe use of equipment.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) make provision for the health, welfare and safety of service users and Regulation 15(b) Staffing.

What the service did to meet the requirement
Action taken on this requirement is described under Quality Theme 1, Statement 3.

The requirement is: Not Met

The requirement
The service provider must ensure that residents receive sufficient help to maintain the health and hygiene of teeth and dentures. The service provider must put in place systems to monitor the quality of oral care residents receive in the service.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (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
Please refer to Quality Theme 1, Statement 3 for action taken to meet this requirement.

The requirement is: Met
The requirement
The provider must ensure that residents at risk of not eating or drinking enough receive enough help to reduce the risk of poor nutrition and dehydration. In order to achieve this the provider must:
(i) review the availability of drinks in each unit to ensure that drinks are readily available for all residents
(ii) ensure that food and fluid charts are accurately completed and evaluated
(iii) implement a system to monitor the quality and accuracy of information recorded in the food and fluid charts.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (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 Theme 1, Statement 3.

The requirement is: Not Met

The requirement
The provider must ensure that equipment used in providing care is kept clean and stored hygienically. This must include but is not restricted to wheelchairs, furniture and residents’ belongings such as toothbrushes, razors and hairbrushes.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) provision for the health, welfare and safety of service users and Regulation 4 (1)(d) procedures for infection control.

What the service did to meet the requirement
Please refer to Quality Theme 1, Statement 3 for action taken to meet this requirement.

The requirement is: Met

The requirement
The provider must ensure that service users receive topical medicines as prescribed. In order to achieve this the provider must:
(i) ensure the administration of topical medicines is carried out as prescribed by the prescriber
(ii) ensure that records are kept of application of topical medicines including any instance where application as instructed by the prescriber has not been carried out.
Reasons for this must also be recorded.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) provision for the health, welfare and safety of service users.

**What the service did to meet the requirement**

Please refer to Quality Theme 1, Statement 3 for action taken to meet this requirement.

**The requirement is:** Met

**The requirement**

The provider must ensure that all residents are treated with dignity and respect and that individual’s likes, social and support preferences are valued in keeping with the service provider’s philosophy, aims of care and information in the Care Commission and Mental Welfare Commission document “Remember I’m Still Me” and Nursing and Midwifery Council, Guidance for the Care of Older People. In order to achieve this the provider must:

(i) identify staff practice that is not in keeping with the service’s philosophy and aims of care and provide guidance and support to change practice
(ii) identify any staff members who need further guidance and training in person-centred values
(iii) implement a training and development plan for these

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3 Principles and Regulation 15 (b)(i) Staffing.

**What the service did to meet the requirement**

Please refer to Quality Theme 1, Statement 3 for action taken to meet this requirement.

**The requirement is:** Met

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

Four recommendations were made at the last inspection. Two were met. Action taken by the service to meet recommendations is described under the relevant Quality Theme.

One recommendation was made as a result of a complaint investigation. Action taken on this recommendation is described under Quality Theme 2, Statement 2.
The annual return

Every year all care services must complete an ‘annual return’ form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a ‘self assessment’ form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The service graded some themes at a higher level than was found at this inspection.

Taking the views of people using the care service into account

For this inspection we received views from seventeen residents. Four residents returned completed questionnaires and we spoke with fifteen residents during the inspection visit. The inspectors also spent time with groups of residents in the sitting and dining rooms.

Residents we spoke with were content and pleased with the help they received. Comments included:

"staff have a lot of patience"
"girls all nice"
"everybody nice and pleasant"
"it’s a nice place"
"food is very good".

We received four completed questionnaires "How satisfied are you with this care service". Three strongly agreed with the statement “overall I am happy with the quality of care I receive in this home” and one “agreed” with the statement.

The Inspectors spent time observing how staff cared for residents. Some residents were not able to answer specific questions about the care they received. We judged these residents' well being by spending time chatting, sitting and looking at how they spent their time and their emotional responses when approached by staff. We found that residents were relaxed in the company of staff. We saw smiles in response to staff conversation and offer of help. We noted one resident’s request for help was not
responded to promptly. We told the nurse-in-charge who arranged for help to be given. In general residents looked comfortable and at ease.

**Taking carers' views into account**

We spoke with three visitors who were visiting at the time of the inspection. They were all very happy with the care and support their relatives received. One visitor commented that staff were very attentive and gentle in their approach.

We received six completed questionnaire “How satisfied are you with this care service”. Three strongly agreed and three agreed with the statement “overall I am happy with the quality of care I receive in this home”.

Comments included:

"I have no complaints"

“The home has just been brought up to a great standard with decoration and new furniture”

“If there have been any issues / concerns the nursing staff and management have acted to rectify the matter”.

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
The home was good at providing a range of ways to help residents, their relatives and visitors to give their views on the quality of care and support.

There was a document that described the ways residents, their relatives and visitors could be involved in assessing and improving the service (a Participation Strategy). These included:

- residents meetings
- relatives meetings
- surveys
- care plan review meetings
- complaints and suggestions.

A residents/relatives satisfaction survey was carried out each year. The last survey was completed in October 2012. The questions in the survey helped people to think about what they thought the home did well and what could be improved.

There were records of relatives' meetings and residents' meetings. We looked at the records of the residents meeting held in February 2013. There was information about future improvements planned such as replacing furniture and how residents could help with gardening. A residents meeting was held in December 2013 to think of ways to improve the dining experience at meal times. Records showed that residents were encouraged to give their views and make suggestions and that the home tried to act on suggestions.
We looked at the record of the relatives meeting held in February 2013. Views had been sought on the frequency of meetings and any concerns. Information about future developments was given such as the expected arrival of a mini bus for the home. The records of this meeting included an action plan that described the action the service was to take in response to suggestions.

A newsletter was produced by the Provider HC-one. This had information about a range of homes provided in the United Kingdom. It was interesting to read and gave information about the provider of the home.

We looked at a sample of personal plans. These plans were reviewed with the resident and/or their nearest relative about every six months. This meant that the type of care and help each resident received could be considered again taking into account the opinions and views of the resident or their representative.

Each resident was allocated a key worker from the team of care staff caring for them. Key workers oversee the personal care of the resident and make sure that they have everything they need for their day to day care. The name of the key worker and registered nurse overseeing the resident’s overall care and support was on a notice in their bedroom. This meant that residents and their relatives were reminded of which members of staff were responsible for reviewing and planning care.

**Areas for improvement**

At the last inspection we recommended that at each resident or relatives meeting the records of the previous meeting and action plan should be discussed. This had been implemented at the most recent meetings. We have carried forward the recommendation to allow the service to develop this into their routine (see recommendation 1).

The results from the satisfaction survey carried out in October 2012 had not been fully collated and publicised. This meant that people who took part in the survey did not know what had been found or how the information was to be used. We discussed with the management team how the Participation Strategy could be developed to describe the specific ways to help residents give their views. For example, a yearly schedule of participation activities could be developed and shared with residents and relatives so that they knew how and when their views would be sought.

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

**Number of requirements:** 0

**Number of recommendations:** 1
Recommendations

1. At each resident or relatives meeting the records of the previous meeting and action plan should be discussed. This is so that those attending the meeting can be reminded of the decisions made and be given information relating to actions taken and progress made.

National Care Standard 11 - Care Homes for Older People - Expressing your Views.

Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
Residents’ health and well being needs were adequately met. Staff worked with other health professionals such as dietician, G.P, speech and language therapist, dentist, podiatrist to manage health concerns.
Each resident had a personal plan that had information on their health care needs and included a range of health assessments such as:

- Malnutrition Universal Screening Tool (MUST). A tool that helps staff identify residents who are at risk of putting on too much weight or losing too much weight
- Pressure ulcer risk assessment. An assessment that helps staff to identify residents who are at risk of developing skin damage or wounds from pressure to the skin.
- Falls risk assessment.

We watched lunch being served in both dining rooms. Residents were given choice as to where they wished to take their meal. Some chose to have their meal in their bedroom or in another area of the home. A few residents relied on staff to help them with eating, we saw that they were helped in a gentle and attentive way.

We looked at the Medicine Administration Records (MAR). These showed that residents received their oral medicines and that staff discussed any difficulties residents had with taking their medicines with the G.P. Some residents were not able to understand what their medicine was for and needed help to take important medicines. The care records showed that staff worked with the G.P and the Community Pharmacist to give the right type and level of help. At the last inspection we required that residents received prescribed medical creams, lotions and ointments (topical medicines) as prescribed. Information on how to apply each resident’s prescribed creams was found in their bedroom. We checked a sample of MARs and found that staff had signed the MAR to show that the cream had been applied. The requirement was met.

At the last inspection we required that residents received enough help to care for their teeth and dentures. We found evidence that residents had received regular help.
Toothbrushes, denture cups and toothpaste were well cared for and clean. There was evidence that these had been used that day. Care plans described the type of help each residents needed. A daily record was kept of the help given to each resident. Although some of these records were not fully up-to-date there was sufficient evidence to show that residents were receiving enough help to care for teeth and dentures. The requirement was met.

We also required that the service treat all residents with dignity and respect and that individual’s likes, social and support preferences were valued. We found that residents’ day-to-day care and contact with staff had improved. We noted that staff took more time and care when helping residents. This included explaining the type of help they were about to give and making sure residents were comfortable. The atmosphere in the home was pleasant and relaxed. More care was taken to involve residents in social conversations. The requirement was met.

We spoke with three relatives of residents who were visiting at the time of our inspection visit. They all told us that staff kept them up-to-date with any changes in their relatives’ health and they were very pleased with the service.

We found that staff identified and tried to meet residents’ health and care needs, the way that day-to-day care needs were met had improved. Some areas needed further improvement.

**Areas for improvement**

At the last inspection we required that residents who needed help with moving, walking or standing get help in a way that was safe and comfortable. Some residents were helped to stand or move using lifting equipment (hoists and stand-aids). We found these were used properly and that staff were much better at explaining the procedures to residents so that they felt more at ease when being helped. Although we saw good practice in the use of equipment we found that some of the care plans did not have enough information on the size and type of sling to be used with the equipment. It is important that care plans give enough information so that staff who are not familiar with the resident can check that the right equipment is in place. We noted some occasions were staff did not use the correct technique to help residents move from a wheelchair to an armchair or to support residents when walking. We have carried forward the requirement to allow the home to make further improvements in staff practice (see requirement 1).

We also required that residents at risk of not eating and drinking enough receive enough help to reduce the risk of poor nutrition and dehydration. Some residents had poor appetites and were at risk of not eating or drinking enough. Staff watched over this by recording what these residents ate and drank each day. We looked at a sample of these charts and found some gaps in the food charts where nothing was recorded. We found that the amount of fluid drank was not always added up. This meant that it was hard to judge whether these residents were eating or drinking enough. Drinks such as juice and water were available in the sitting rooms and we saw some staff remind residents about drinks. One resident told the Lay Assessor they were thirsty, later another resident remarked to the inspector they wished a drink. At lunchtime a
resident in the sitting room was served their lunch without being offered a drink. While we found that some aspects of food and fluid monitoring had got better, recording diet and fluid intake was not always done properly. Some residents experienced a delay in help with drinks. We have carried forward the requirement made at the last inspection (see requirement 2).

At the last inspection we recommended that the service review resources and staff practice at meal times so that residents received meals within a comfortable time and in a pleasant environment. We observed meals being served at breakfast and lunch. At lunchtime we found that most residents were served their meals promptly and received careful and unhurried help to make sure they could eat and enjoy their food. Some of the residents who chose to have their meal in the sitting room did not always have everything they needed to eat their meals comfortably. At breakfast we found residents experienced delays in the serving of breakfast and of getting drinks.

We have carried forward the recommendation so that the service can consider ways to improve the breakfast experience of residents and the experience of those who wish to have their meals in other areas such as sitting rooms (see recommendation 1).

We recommended that care plans accurately reflect the day-to-day needs and assistance of residents. A new personal plan system was being implemented. We compared the old records to the new system and found that the new records had a lot of information on residents personal preferences and day-to-day care and support needs. They helped to bring together information from all aspects of residents’ health and lifestyle. Staff were still becoming familiar with the new system so that they could avoid repeating too much information. We judged the recommendation as met as the new recording system was well under way.

Although a new recording system was being implemented, we were concerned that some important information was not up-to-date. Some residents’ assessment of risk of pressure wounds showed that they were at risk or highly at risk of developing damage to the skin from pressure. Where residents were identified as at risk from this, a care plan must be written to describe the action needed to prevent damage to the skin. This is important so that staff can check that the right care is always given and regularly evaluate how well the care plan is working and make changes if needed. Two residents in our sample did not have enough information about the care needed to prevent damage to their skin. We have made a requirement about this (see requirement 3).

While the residents’ day-to-day experience of care and support had improved overall, there were some aspects of support that could be improved. We discussed with the management team their plans to develop the service and staff practice so that standards of care continue to rise.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 3

Number of recommendations: 1
Requirements

1. The provider must ensure that staff give moving and handling assistance to residents in a safe and comfortable way. In order to achieve this the provider must:
   (i) review staff practice and previous training to identify staff who require moving and handling training and ensure that the training need is met
   (ii) ensure that residents’ moving and handling risk assessments are accurate and up-to-date
   (iii) monitor staff practice to ensure that staff use the correct technique when giving moving and handling assistance including the correct and safe use of equipment.

   This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations (SSI 2011/210) Regulation 4 (1)(a) Health, welfare and safety of service users and Regulation 15(b) Staffing. In making this requirement National Care Standard 5 Care Homes for Older People - Management and Staffing is taken into account.

   Timescale: To commence on the date of receipt of this report and for completion by 5 August 2013.

2. The provider must ensure that residents at risk of not eating or drinking enough receive enough help to reduce the risk of poor nutrition and dehydration. In order to achieve this the provider must:
   (i) review the availability of drinks in each unit to ensure that drinks are readily available for all residents
   (ii) ensure that food and fluid charts are accurately completed and evaluated
   (iii) implement a system to monitor the quality and accuracy of information recorded in the food and fluid charts.

   This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) make provision for the health, welfare and safety of service users.

   In making this requirement National Care Standards Care Homes for Older People Standard 14 Keeping Well - Healthcare.

   Timescale: To commence on the date of receipt of this report and for completion by 5 August 2013.

3. The provider must ensure that pressure ulcer prevention is carried out effectively. In order to achieve this the provider must ensure that residents who are identified as at risk of damage to the skin arising from pressure have an individualised care plan that outlines pressure ulcer prevention.

   This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) make provision for the health, welfare and safety of service users.

   In making this requirement National Care Standards Care Homes for Older People Standard 14 Keeping Well - Healthcare.

   Timescale: To commence on the date of receipt of this report and for completion by 5 August 2013.
**Recommendations**

1. The service should review resources and staff practice at meal times so that residents can receive meals within a comfortable time and in a pleasant dining environment.
   National Care Standard 13 - Care Homes for Older People - Eating Well and
   National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements.
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
The service was good at involving both residents and their families in improving the environment. Residents had personalised their bedrooms with mementos, pictures and ornaments. Residents and relatives were kept informed about improvements to the environment and about the dates that improvements were expected to be completed and had been involved in choosing colour schemes, carpets and curtains. Residents views were sought on this year’s planting in the garden. Residents who wished were encouraged to take part in planting up pots and planters for the garden. Strengths described under Quality Theme 1, Statement 1 apply to this statement.

Areas for improvement
Some of the residents were living with dementia. The home should consider how they can help residents with dementia communicate preferences and be involved in improving the environment.
We discussed with the management team the benefits of a local newsletter in which the residents could be involved in.

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 looked around public areas and some residents’ bedrooms to see how the service made sure the environment was safe for residents. We also looked at some of the equipment used in the home to see if it was properly maintained. The cleanliness and maintenance of the home was satisfactory and residents were protected from immediate harm.
There were records of important safety checks of equipment used to lift residents who could not stand or walk independently. These checks were required by law (Lifting Operations Lifting Equipment Regulations - LOLER). Other tests required by law such as Portable Appliance Testing had been done.

Regular maintenance checks were carried out on wheelchairs. The records of this were checked monthly.

The home checked the environment for things that could be harmful or hazardous. This was so that ways to lower the risk or stop harm could be identified (Risk Assessments).

There was a risk assessment to measure the safety and hygiene of water systems such as the hygiene of shower heads and water temperatures. Regular checks were carried out to make sure that the plumbing and bathing facilities were well maintained.

There were monthly Health and Safety Meetings. We looked at the records of these and found there was good reporting of health and safety issues and consideration of how to keep improving the health and safety of the home.

In one unit some residents were not able to recognise when they might need help from care staff. When residents were in this unit’s sitting room, a member of staff stayed with them so that they could be on hand to meet any care needs.

At the last inspection we required that equipment used in providing care is kept clean and stored hygienically. We found that cleanliness of equipment had significantly improved. The requirement was met.

We recommended that the washer equipment in the room where staff cleaned equipment such as commodes (the sluice) be replaced with an automated washer that disinfected equipment. New equipment had been installed. The recommendation was met.

Areas for improvement

Although the cleanliness of equipment and furniture had significantly improved we told the management team about some specific aspects of cleaning that could be improved further.

We visited some of the residents’ bedrooms to check that they were maintained in a clean and safe way. Some radiators did not have radiator covers and were very hot to touch. This meant that there was a risk of direct contact with a hot surface. We were concerned that these radiators could cause a burn. We told the manager about this.

We have made a requirement about assessing the risks of all radiators that are not fully covered (see requirement 1).

We noted that the temperature of the room used to store medicines was just above the recommended temperature for storage of medicines. We told staff and the management team about this. The medicine fridge was very hot to touch. The management team told us that the fridge would be replaced.

There were no hand washing sinks in the dining rooms. Staff were using nearby toilet facilities to wash their hands. A wash hand basin in the dining rooms would reduce the risk of hands becoming contaminated in the journey from the toilet to the dining room. We have made a recommendation about this (see recommendation 1).
As a result of a complaint investigation we recommended that there were adequate procedures in place to maintain supplies of protective equipment. Although supplies were in the home and put aside for distribution, we found some areas did not have supplies of gloves. We asked staff about this and were told that supplies ran out as some staff were not using gloves correctly. We have carried forward the recommendation (see recommendation 2).

On two occasions we found the door to the laundry unlocked. At these times no staff were present to prevent residents from mistakenly wandering into the laundry where there could be a greater risk of accident. We told the management team about this so that they could remind staff to be careful to lock this room when not in use.

We noted that a recent inspection of the kitchen by the local Environmental Health Office (EHO) had identified actions that had to be taken to improve the maintenance of the kitchen. We were given a copy of the action plan that described what the home had done to comply with the EHO report.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1
Number of recommendations: 2

Requirements

1. The provider must ensure that residents are not at risk of scalding from contact with radiators. In order to meet this requirement the service must carry out a risk assessment of uncovered radiators to assess the risk of contact and burn. The risk assessment should:
   (i) be written
   (ii) include an assessment of the need for radiator covers in reducing the likelihood of skin contact with the surface
   (iii) assess the likelihood of the temperature control to allow a dangerous surface temperature
   (iv) identify and describe actions to be taken to reduce risks identified
   (v) identify timescales for actions to be completed.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4 (1)(a)- Health, welfare and safety of service users.

This requirement takes account of National Care Standards, Care homes for older people, Standard 4 - Your environment.

Timescale: To commence on the date of receipt of this report and for completion by 5 August 2013.
Recommendations

1. Wash hand basins should be provided in dining rooms. The installation of these should be included in the provider’s refurbishment plan.
   National Care Standards Care Homes for Older people - Standard 4 - Your Environment.

2. The service should ensure that there are adequate supplies of protective equipment. This should include staff training about using protective equipment appropriately.
   National Care Standards Care Homes for Older people - Standard 4 - Your Environment and
   National Care Standards Care Homes for Older people - Standard 5 - Management and Staffing Arrangements.

Statement 3
The environment allows service users to have as positive a quality of life as possible.

Service strengths
Overall the environment was good. Many aspects of the home helped to improve the quality of life and comfort for residents and their visitors.

There were a number of seating areas in the hallways of the home; this meant residents who liked to walk had plenty of areas to sit when they wished to rest. Residents could visit an enclosed garden from patio doors in some of the sitting rooms and had space to walk and wander when the weather was good.
The home had a mini bus. This meant that as well as planned outings, it would be easier for the home to take advantage of good weather with the convenience of this bus.
Many parts of the home had been redecorated and had new furniture, carpets and curtains. The refurbishment plan was on time and more improvements were planned.

There was a hairdressers room at the entrance hall. This was decorated in an interesting and comfortable way and was pleasant to visit.

Display boxes were placed outside each bedroom door. Residents could put mementos and photographs here to help them identify their bedroom. They also were interesting for staff and residents to talk about.

Areas for improvement
Recently painted hand rails in the hallways were now damaged. This spoiled the look of some parts of newly decorated hallway.
We visited the laundry and found that there was a significant amount of lost property clothing. Laundry staff were not able to identify owners for these items. They acknowledged that a system was needed to help staff manage lost property in a way
that was more likely to lead to its return to the correct owner (see recommendation 1).

**Grade awarded for this statement:** 4 - Good  
**Number of requirements:** 0  
**Number of recommendations:** 1

**Recommendations**

1. The service should develop laundry procedures to reduce the risk of non return of residents’ clothing. Lost property procedures should also be developed to assist staff in collating and returning lost property to its owner.  
   National Care Standards, Care Homes for Older People Standard 5 - Management and Staffing Arrangements.  
   National Care Standards, Care Homes for Older People Standard 4 - Your Environment.
Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

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

Service Strengths
Strengths identified under Quality Theme 1, Statement 1 apply to this statement.
The provider’s newsletter had information on training opportunities and staff development.
The service had begun to collate relatives views about the quality of staffing. This was at an early stage but allows relatives to consider what they feel are good staff qualities.

Areas for improvement
Many staff did not wear name badges. There was no photo board with pictures of staff. This meant it was harder to know names of staff and identify staff in specific jobs such as Deputy Manager or Senior Carer. The home should develop ways for staff identities to be more available to residents, their visitors and visiting health and social care professionals.
New uniforms had been designed for all grades of staff and were in the process of distribution.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0
Number of recommendations: 1

Recommendations
1. The home should develop ways for staff identities to be more available to residents, their visitors and visiting health and social care professionals.

National Care Standards Care Homes for Older People - Standard 5 Management and Staffing Arrangements.

Statement 3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.
Service strengths

The workforce was adequately trained and professional. We found staff well motivated. When new staff started to work in the home they were given training and information about their new job (induction). We spoke to a new member of staff who told us they had been well supported to learn about their job. The service provider had a range of policies and procedures to guide staff and to describe the standard of practice and care the provider expected. Training in subjects such as fire safety, food hygiene and infection control were provided through training sessions and e-learning computer based sessions. We noted that staff were being encouraged by the management team to complete e-learning within the provider’s recommended timescales. There was a monthly staff bulletin the helped to keep staff informed about the provider’s staff policies and development in the services. Some staff had extra interests and responsibilities in areas such as moving and handling. These staff helped other staff by monitoring practice and helping staff apply new procedures or ways of working. Each staff member met with their line manager to talk about the quality of their work and any improvements/ training or support that needed (supervision). We asked staff about this and they told us they received supervision and a yearly assessment of the quality of their work (appraisal). There were regular staff meetings. We asked staff about these meetings. Staff told us they thought that the meetings were useful and that they allowed staff to voice their opinions. Staff told us they felt able to approach senior staff and the management team if they needed advice or had concerns. We spent time talking with staff. They told us they felt they worked as a team and liked working in the home. Staff told us that they felt that there were enough staff to meet the care and support needs of residents.

The home used an assessment to work out how much care residents needed. This meant that the provider had up to date information that could be used to plan staffing levels.

While there were some good systems for training and supervision of staff some areas of staffing could be improved.

Areas for improvement

We noted that some care records such as individual care plans were not always signed and dated. We discussed this with the management team so that staff could be reminded to be more careful and ensure that any additions or changes to care records were signed and dated.

Some staff working in the home were required to be registered with the Scottish Social Services Council (the body that registers the social services workforce). We have made a requirement about this (see requirement 1).

Although staffing levels were sufficient, we found it hard to know exactly who was on the rota for each day. This was because staff moved from other HC-one care homes to cover unexpected staff shortages were not listed on the off duty as working in the service. Their name remained on the other care homes rota. Agency staff were not always listed on the rota. Sometimes only first names were used. It is important that
there is an overall record of staff who worked in the home each day and where they worked (see recommendation 1).
Some residents’ health affected their ability to make important decisions about the health or welfare. We noticed that this was assessed within the new personal plans. There was also training on this subject for nursing and care staff. We noticed that the format of the records and of staff training related to English legislation. We discussed with the management team the need for training and records to relate to the Adults with Incapacity (Scotland) Act 2000.
Areas for improvement identified under Quality Theme 1, Statement have been taken into account when grading this statement.

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

Requirements

1. The provider must ensure that persons employed to perform duties for which they are required to be registered with the Scottish Social Services Council must be so registered. In order to achieve this the provider must:
   (i) identify staff who require to be registered
   (ii) develop and implement a plan of support to assist staff to apply for registration
   This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (2011/210) Regulation 9 (2)(c).
   In making this requirement National Care Standards Care Homes for Older People Standard 5 - Management and Staffing and Employers of Social Services Workers Code of Practice, Standard 5 are taken into account.
   Timescales: To commence on receipt of this report and for completion by 5 August 2013.

Recommendations

1. The service should develop and implement a procedure that records of all staff working in the service each day and where they worked. Details should include; full name, designation and if not permanently employed, source of employment.
   National Care Standards, Care Homes for Older People Standard 5 - Management and Staffing Arrangements.
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
There were good opportunities for residents and their families to participate in assessing and improving the quality of management and leadership. We saw the manager visit residents during each day of our visit. This happened at different times during the day and meant that the manager was available for residents to raise concerns or comment on the service. The relatives we spoke with said the manager was easy to approach. The manager usually chaired staff meetings but had noted that staff did not always make suggestions. To make it easier for staff to voice their opinions some meetings would be chaired by different staff members. This showed that the manager was keen to help staff to be involved in the running and development of the service.

Areas for improvement
Areas for improvement identified under Quality Theme 3, Statement 1 apply to this statement.

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 service had adequate quality assurance systems and used quality checks (audits) to measure the standard of some aspects of the service. These included regular checks of:

- Medication Administration records
• Personal Plans
• Infection Control Procedures
• the environment and health and safety procedures

The service was supported by a Quality Assurance Manager who helped the service make improvements and develop care practice. There was a monthly check and analysis of complaint records, accident and incident records and records of residents’ weights. This meant that the management team could look out for significant changes or any incidents that may need further investigation or monitoring. The home had made a number of improvements since the last inspection, some further improvement was needed to fully meet all of the requirements made at the last inspection.

Areas for improvement
Unexplained bruises or injuries although recorded in residents’ care records were not recorded as an incident. This meant that these were not considered as part of the manager’s monthly analysis of incidents. Unexplained bruising may indicate accidents or other conditions that may need further investigation. We have made a requirement about this (see requirement 1). Areas for improvement described under Quality Theme 1, Statement 3, Quality Theme 2, Statement 2 are taken into account when grading this statement.

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

Requirements
1. The provider must ensure that any unexplained bruising or injury that may indicate a risk to service users are managed and recorded through the service’s incident procedures. This is to comply with The Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (2011/210) Regulation 4(1)(a) Health, welfare and safety of service users. In making this requirement National Care Standard Care Homes for Older People Standard 5 Management and Staffing Arrangements is taken into account. Timescales: To commence on the date of receipt of this report and for completion by 5 August 2013.
4 Other information

Complaints
There has been one upheld complaint about the service since the last inspection. Information on complaints that we have upheld on our web site at www.careinspectorate.com.

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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).
5 Summary of grades

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<th>Quality of Care and Support - 3 - Adequate</th>
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6 Inspection and grading history

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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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