Eildon Housing Craw Wood
Care Home Service Adults
92/96 Craw Wood
Tweedbank
Galashiels
TD1 3SU
Telephone: 01896 753300

Inspected by: Therese Glendinning
Type of inspection: Unannounced
Inspection completed on: 20 June 2013
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Service provided by:
Eildon Housing Association Ltd

Service provider number:
SP2003001963

Care service number:
CS2003009175

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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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What the service does well

The service had ensured improvements made in relation to care planning and risk assessment had been embedded.

The service worked collaboratively with health professionals and relatives to meet the care needs of the residents.

There had been an increase in resident involvement throughout the resident meetings and recent recruitment process.

We could see from team meeting minutes and through discussions that management continued to seek improvement on all levels. These included improvement in all systems and procedures and best practice.

What the service could do better

Some areas of improvement identified in the last inspection had not progressed further. We also identified additional improvement areas at this inspection.

The service must progress with all areas of improvement as detailed in this report.
What the service has done since the last inspection

Following the last inspection on 14 February 2013 we wrote to the service provider on 22 February 2013 to confirm they had complied with an Improvement Notice which had been issued as part of enforcement action against the service. Actions in the Improvement Notice had been met.

The Mental Welfare Commission (MWC) undertook a focused visit to Craw Wood in April 2013. The MWC visit resulted in one recommendation which the service had met within the set timescale.

Scottish Borders Council (SBC) had considered options for a re-design of specialised 24 hour dementia residential care across the Scottish Borders. We have been told as a result the Craw Wood service was being re-provisioned as a care home for older people with eight places for older people with a diagnosis of dementia with complex needs. This change is to be undertaken on a fazed gradual basis with no current residents being moved.

Conclusion

The service needs to continue to embed and consolidate the improvements made.

It is important the service undertakes the improvements which have still to be progressed from the previous inspection as well as the improvements identified during this inspection.

With the changes in the commissioning of places at Craw Wood the service needs to re-evaluate its service delivery to take into account the skills, abilities and independence of new residents.

Who did this inspection

Therese Glendinning
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about 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. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.
- 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 Care Inspectorate.

Craw Wood is a care home which provides residential care for a maximum of 25 older people.

The facility consists of three purpose built houses which are interlinked. Each house has its own lounge, kitchen and dining area. Residents each have their own room which has en suite toilet facilities.

The service is managed by Eildon Housing Association.

The service has developed a clear philosophy of care and statement of aims and objectives which emphasise the importance of the "individuality, privacy and dignity of the residents within a setting which the service considers to be their own home'.

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 4 - Good
Quality of Staffing - Grade 3 - Adequate
Quality of Management and Leadership - Grade 4 - Good
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 that took place on Monday 10 June from 09:30 to 18:35 and Wednesday 12 June 2013 from 08:40 to 18:05. Feedback was given to the service on Thursday 20 June from 13:00 to 14:45. The inspection was undertaken by Therese Glendinning, Inspector, Care Inspectorate.

The main purpose of the visit was to follow up on improvements identified at the last inspection and progress with requirements and recommendations made from that inspection.

To achieve this we met with the registered manager, assistant manager, two senior care staff, four care staff, cook and one agency worker. We sampled documentation, looked at procedures and looked at the environment.

We met and spoke with five residents and six relatives. We met and spoke with one Social Worker and a Mental Health Older Adults Team (MHOAT) Support Worker from the local authority. We spoke on the telephone with the Psychiatric Nurse Specialist (MHOAT) who regularly visited the home.

We observed the service in operation; in particular the way care staff interacted with and provided care and support to residents. We attended the staff shift hand over meetings which took place on both days of the inspection.

We sent out eight care standards questionnaires to service users and 18 to relatives. We did not receive any completed forms back prior to the inspection. We sent out 20 care standards questionnaires to staff and received seven completed forms back prior to the inspection.

As requested by us, the service sent us a completed annual return. The service also sent us a completed self assessment form.

In this inspection we gathered evidence from various sources, including:
Registration certificate
Service annual return and self assessment
Home handbook of good practice
Policies and procedures
E-mail correspondence
Residents care plans
Care planning review minutes
Residents diaries
Medication administration records (MARs)
Fluid intake charts
Activities programme
Content material of recent training
Training records and matrix
Staff supervision and development records
Staff meeting minutes
Notices to staff
Staff communication diaries
Advocacy feedback from residents meetings
Accidents and Incidents records
Audit records

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 service provider must ensure that where the need to monitor fluid intake has been identified, regular and consistent recording must be maintained. Where a fluid intake chart is used, total intake should be recorded and staff should be aware of the level where an insufficient intake poses a health risk to a resident.
This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011 210, Regulation 4(a), a requirement that the provider must make proper provision for the health and welfare of service users.
Timescale: Within one week of the receipt of this report.

What the service did to meet the requirement
The progression of this requirement by the service is reported in detail in the body of this report under quality statement 1.3.

The requirement is: Not Met

The requirement
The service provider must ensure that all furnishings and fittings in the care home are suitable and sufficient having regard to the aims and objectives of the service and the health and personal care needs of service users. In order to achieve this, you must carry out an audit of all furnishings and fittings in the care home and from this replace any furnishings and fittings which are no longer fit for purpose.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 14(b) a regulation relating to facilities in care homes. Timescale within six weeks of the receipt of this report.

What the service did to meet the requirement
The service had taken action to meet this requirement. Details of this are reported in the body of this report under quality statement 2.2.

The requirement is: Met
The requirement
The service provider must ensure that all training planned for March and April 2013, including training covering care planning, accident and falls prevention and medication administration, is provided. All staff must receive additional training in providing activities.
This in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS12011/210 15 (b) (i) a regulation which states that a provider must ensure staff receive adequate training appropriate to their responsibilities.
Timescale for implementation: four weeks of the receipt of this report.

What the service did to meet the requirement
The majority of the training had been provided. However not all training. The progression of this requirement by the service is reported in further detail in the body of this report under quality statement 3.3.

The requirement is: Not Met

The requirement
The service provider must ensure that the care home is being managed by an individual who has the skills, knowledge and experience necessary for this position. The service provider should provide the Care Inspectorate with a plan on how they will ensure that the care home will continue to be effectively managed.
This is to comply with regulations 4(1)(a) and 7of the Social care and Social work Improvement (Scotland) (requirements as to care services) Regulations 2011(SSI 2011/210)
Timescale within two weeks of this report being published.

What the service did to meet the requirement
The Care Inspectorate registration process had been successfully completed for appointment of new manager. The current manager was now the registered manager for the service and this was reflected on the registration certificate for the service.

The requirement is: Met

What the service has done to meet any recommendations we made at our last inspection
There were four recommendations from the previous report of which one was met. Two have been repeated and one has been incorporated into a new requirement made in quality statement 3.3. Actions taken on each has been detailed under the relevant quality statements in the body of this report.
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 service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings we grade them under.

The service provider identified what they thought they did well, areas for development and any changes that they had planned.

Taking the views of people using the care service into account
We met and spoke with five residents during this inspection. Three of the residents were able to fully express their views and all were very satisfied with the care they were receiving. Two residents were unable to respond to our questions about the care due to cognitive difficulties.

Comments made by residents included:-
"The staff are very helpful"
"I have no complaints at all"
"They cannot do enough for you"
"Staff are better than okay"
"The food is good"
"I’m happy with the staff"
"This home is good"

The residents we met and observed during this inspection presented as relaxed and comfortable in their environment. Where residents appeared anxious or unsure we observed care staff providing appropriate support and reassurance.

Taking carers' views into account
During this inspection we met and spoke with six relatives. All expressed satisfaction with the care and support the home were providing to their relatives.
Each relative confirmed they were kept regularly informed by the service of any changes in health and other relevant issues.

Comments by relatives included:-
"We are very happy with the care being provided"
"Everyone is very respectful"
"Very friendly staff"
"Everything is fine"
"Staff are very helpful".
"The personal care provided is very good"
"No complaints"
"This is a very friendly place"
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 service had the most recent Care Inspectorate inspection report relating to the service on display in the entrance hall. Additional appropriate literature was also displayed included leaflets on the organisational complaints procedure. The complaints leaflet was easy to read. The information was up to date in relation to the contact details and address of the local Care Inspectorate office. The procedure informed the individual they could choose to directly make a complaint to the Care Inspectorate.

Satisfaction questionnaires had been sent out by the service to relatives in April 2013. Only one had been completed and returned. The service intended to send out questionnaires on a quarterly basis. It was hoped there will be a higher response in July.

A relatives meeting had been held just prior to the last inspection in February 2013. Another meeting was held in April at which the SBC head of social care and health attended to discuss the revised approach to commissioning services for people with dementia and the affects this would have on Craw Wood. We also attended this meeting. Prior to the meeting invitation letters had been sent to all relatives however there was low attendance.

The home manager had identified the Women’s Royal Voluntary Service (WRVS) provided local volunteers to assist people with their personal shopping. This involved the volunteer meeting with the resident, helping them to write a shopping list and then getting the shopping for the resident. Letters had been sent out in May to relatives asking for their views on the service and whether they would like their
relative to be able to make use of it. Currently there had been four responses with two relatives wanting to use the WRVS service.

Relatives were regularly contacted by the service in relation to resident’s health and well being issues. We saw evidence of this from diary entries, accident and incident records and from discussions with relatives during the inspection.

We saw recent testimonials from relatives thanking both care staff and management for the care and support they provided to their relative and the support given to the family.

Representatives from a local advocacy organisation had commenced facilitating six weekly resident meetings in April 2013. This allowed residents to freely express their views. Subsequent meetings took place in March and May 2013. There was fairly good attendance at the meetings. The residents gave permission for the lead advocate to feedback outcomes from the meetings to the home manager. We saw the written feedback about the first two meetings.

Comments from residents from the meeting included:-
"the food is great"
"too much" looking in at night
people “couldn’t be more helpful”
“everything’s perfect”
“I feel safe here”
“couldn’t be nicer”
“good place to be”
“better than others I’ve been”
“you can talk to people”
The feedback also stated all residents agreed they could talk to their carers if they were unhappy.

During the inspection recruitment interviews were taking place. As part of the interview process candidates spent time with residents informally within the home setting. Interview panel members observed the candidates as they interacted with residents. Panel members scored candidates on their communication skills, enthusiasm and rapport.

Care reviews by the SBC social work reviewing officer had been undertaken in December 2012. We saw minutes from an additional care review for a resident whose care needs had changed. Care reviews for all residents, to be undertaken by SBC social work, were currently being arranged.

**Areas for improvement**

At the last inspection the following recommendation was made:-

The service should consider how information about relatives contact is recorded to
ensure that information pertinent to resident care can be easily identified.

Progress:-
This recommendation was about relative contact being recorded in resident’s daily diaries. We saw a potential for this information getting lost in the wider range of information contained in the diaries. The service had not progressed with his recommendation which is therefore repeated. (see Recommendation 1).

At the last inspection we had discussed further improvements to be made around the recording and storage of information in relation to the level of contact relatives wanted to have about the resident’s health, and wellbeing, accidents and incidents and emergencies. The manager had developed an emergency and legal contact information form which was due to be distributed to all relatives to complete. We will follow this up at the next inspection.

With the service being re-provisioned to include older people who do not have a diagnosis of dementia the service needs to revise all current literature and information on the website to reflect the changes. The manager had told us this was being undertaken. We will follow this up at the next inspection.

There was a notice board on which photographs and names of staff who would be on duty during that day were displayed in the hall entrance area which was not accessible to residents. We would expect the board to be displayed beyond the entrance in the home area so that residents could also see which staff were working that day. On the first day of inspection we saw some photographs were missing and some photographs displayed staff who were not working that day. Photographs of staff who would not be working until the afternoon were also displayed with no indication that those staff would only be working later in the day. The display board should be positioned in the home so that residents, relatives and visiting health professionals can see who is on duty. The service should ensure the photographs of staff who are working that day are displayed accurately. (see Recommendation 2).

Feedback from the relatives meetings facilitated by the advocacy organisation was given by e-mail to the service. We recommend this feedback is duly analysed, any actions needed identified and outcomes reported back to residents. (see Recommendation 3).

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

**Number of requirements:** 0

**Number of recommendations:** 3
**Recommendations**

1. The provider should consider how information about relatives contact is recorded to ensure that information pertinent to resident care can be easily identified. National Care Standards. Care homes for older people - Standard 6 - Support arrangements.

2. The provider should ensure the staff photograph display board is positioned in the home so that residents, relatives and visiting health professionals can see who is on duty. The provider should ensure the photographs of staff who are working that day are displayed accurately. National Care Standards. Care homes for older people - Standard 17 - Daily Life.

3. The provider should formalise the feedback from the residents meetings. This to include an analysis of feedback, actions needed identified and outcomes reported back to residents. National Care Standards. Care homes for older people - Standard 11 - Expressing your views.

**Statement 3**

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

**Service strengths**

The care plans, including medical health and wellbeing information, had continued to be developed since the last inspection. We sampled the care files for six residents. Following the recommendation made by the Mental Welfare Commission the service had developed a new personal details / vital information form. This was held at the front of the main care plan folder. We saw all had been completed and included information about the legal status of the resident. Copies of appropriate certificates, including DNACPR, section 47 and welfare or financial powers of attorney were held with an accompanying care plan. The home management had sent letters to GP’s to ask that treatment plans and anticipatory care plans were updated. Certificates we sampled were up to date. Risk assessments were being well maintained and regularly updated.

The service sought relative input into the development of care plans. We saw minutes from five care planning group meetings which had taken place since the last inspection. These meetings allowed relatives to discuss any changes required to the care plan and further develop the plan. The minutes showed relatives were encouraged to raise any concerns or issues they had regarding the care provided to the resident. At these meetings more background information was gathered to enable the service to know more of the life history, likes, dislikes and hobbies of the resident. At these meetings the role of key worker was explained to the relatives.

The service had ensured improvements in relation to care planning and meeting the
care needs of residents had been embedded. This was evidenced from documentary records, discussions and feedback from relatives, family and health professions. We noted where there were any health concerns the service immediately sought health professional involvement. The service had been working with a speech and language therapist who was providing advice and support to care staff in relation to dysphasia, choking and eating.

On the second day of inspection we met and spoke with a social worker from the local authority who had a client who resided in the care home. The social worker told us the care home was meeting the needs of the client and they were happy with the way the care was being provided.

We also spoke with the MHOAT psychiatric nurse specialist who regularly visited the home and a MHOAT support worker. Both felt the standard of care provided by the care home had improved since the last inspection.

Through reading accident records we saw one resident had recently been experiencing a large number of unexplained falls and trips. The service had been proactive in supporting the resident. This included reporting concerns to health professionals which resulted in several medical investigations. The resident was trialling a falls pendent alarm. Care staff accompanied the resident to the medical appointments and kept the relatives up to date with progress.

The home management had commenced assessing residents care and support needs by using the indicator of relative needs dependency tool. This tool was used to also inform staffing levels. The manager ensured there were six staff working on each day shift and three on night duty. We saw the dependency tool calculations which evidenced the service had sufficient staff on duty to meet the care needs of residents.

Residents had a choice of two meals each day, one being a soft option. We saw menus displayed in each kitchen area. At each meal time residents were shown each plated option which enabled them to make a choice at the time rather than have forgotten a choice made earlier in the day. If a resident did not want their meal alternative options were offered. We spoke with the cook who told us they had recently consulted new residents about when they would like to have their main meal and pudding. As a result the pudding was now served at lunch time instead of tea time. Copies of nutritional needs and food preferences care plans were held by the cooking staff. The cook was aware that with the changes in future resident needs and cognitive abilities there would be greater opportunities for consulting residents about menus.

During the inspection we witnessed care staff managing an emergency situation for one resident which led to care staff requesting the emergency services. We observed care staff as they cared for the resident whilst they waited for the emergency services.
to arrive. We noted care staff managed the situation in a calm, caring and professional manner.

We attended two staff shift hand over meetings. At these meetings information on each resident was given to the new team starting shift. Information included each resident’s nutrition, hydration, personal care, taking of medication, emotional wellbeing, visitors and appointments and any concerns. In this way the new team started their shift knowing the current status of each individual resident.

The entertainment group, headed by a care worker had continued to meet each month. We could see a considerable amount of work had been undertaken to provide outside entertainment for residents. These included pet therapy and musical entertainment from a variety of artists. We saw photographs of the events. A spring fair had been planned but due to bad weather had to be postponed. However a May Day fair was now being planned.

During the inspection care staff were at ease and the atmosphere was friendly and homely. We saw care staff interact with residents in a respectful and caring manner. The social worker we met during the inspection told us they had observed positive and respectful interaction with staff and their client at all times.

**Areas for improvement**

At the last inspection the following requirement was made:-

The service provider must ensure that where the need to monitor fluid intake has been identified, regular and consistent recording must be maintained. Where a fluid intake chart is used, total intake should be recorded and staff should be aware of the level where an insufficient intake poses a health risk to a resident.

Progress:-

We sampled six fluid monitoring charts and found only a small improvement in recording. We looked at the last 30 days of entries and found instances with each record where fluid intake had not been totalled. The minimum acceptable fluid intake amount for individual residents over a 24 hour period had not been calculated. The service had no procedures for staff to follow to identify when further actions needed to be taken in relation to hydration concerns. No regular auditing of fluid charts took place.

This requirement was not met and will be repeated with additional wording.

(see Requirement 1).

At the last inspection the following two recommendations were made:-

1. The recording of contact with the health care professions should be improved to allow staff to have easier access and oversight of this information.
Progress:-
Whilst the recording of health appointments were recorded separately there was an over reliance on residents diaries for recording contact details with health care professionals. At the last inspection we made this recommendation to improve the access and oversight of this information for care staff and other health care professionals who work collaboratively with the service in providing overall health care.
This recommendation was not met and is repeated.

2. The way that activities in the care home are recorded should be improved to ensure that all residents have access to staff time through group or individual activities.

Progress:-
This recommendation was made in relation to all residents getting access to staff time and how the service monitors those instances. These include recording which residents had taken part in any group activity and the length of time of that activity on the relevant activity monitoring form. Also all activities including one to one activities with staff to be recorded in the residents activities care plan. We saw that some one to one interactions were being recorded in care plans however the activities monitoring form had not been revised. Therefore there was still no managerial overview of each activity length of time and attendance.
This recommendation was not met and will be incorporated into a requirement in relation to meaningful and stimulating activities in quality statement 3.3.

As well as planning and organising outside entertainment for residents the entertainment group considered activities to be undertaken within the care home and led by care staff. The care worker who headed the entertainment group then assigned in-house activities to a specific day and completed part of the activities monitoring form. Notices of the planned activities were displayed on a specific notice board. When an activity was due to take place the senior carer in charge was meant to assign the undertaking of the activity to a carer. However throughout the inspection we could see from records, incomplete documentation and feedback from care staff and visiting health care professionals that meaningful, stimulating in-house activities were not taking place on a consistent regular basis. Whilst the service was gathering information about residents histories, likes, dislikes and hobbies we could see no evidence this information was incorporated into individual meaningful activities with residents on a one to one basis. (See recommendation 1).

A requirement in relation to providing consistent and regular meaningful and stimulating activities with residents, the training of care staff to undertake this role and subsequent evaluation and quality auditing is made in quality statement 3.3.

Through auditing weight records the home management had identified the weights of residents in one of the houses had not been taken in April. In May the weights of
residents in another house had not been taken. Once identified the residents weights were taken and recorded. None of the resident’s weights were affected by the omissions. Management had analysed why the errors had occurred and addressed the issue with their senior staff. At the next inspection we will check that all residents weights have been taken on a monthly basis and more frequently when required due to ill health.

The home management had instructed care staff to write diary notes with residents being involved in the process. In this way recordings were personalised and written in the first person. We also consider this good practice when the resident is fully involved in the process and agrees with the information recorded. However we saw entries made in the diary were it was evident the resident was not involved in the entry and assumptions were made in relation to the residents well being. We recommend diary entries are only written in the first person when the resident is able to be fully involved in the process and in agreement with the recording. (see Recommendation 2).

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

**Number of requirements:** 1

**Number of recommendations:** 2

**Requirements**

1. The service provider must ensure that where the need to monitor fluid intake and outtake has been identified, an appropriate procedure is followed to ensure the hydration needs of the resident are met. This to include:
   * Regular and consistent recording.
   * Daily totalling of fluid intake and outtake.
   * Calculation of the resident’s minimum acceptable fluid intake over a 24 hour period.
   * Recording of the calculated minimum acceptable fluid intake on the monitoring chart.
   * Seeking the advice of health professions in relation to identifying the trigger to then take further actions in relation to hydration concerns.
   * Fluid charts to be collated, analysed and audited on a weekly basis to ensure the service has an accurate overview of the resident’s hydration.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011 210, Regulation 4 (a), a requirement that the provider must make proper provision for the health and welfare of service users.

**Timescale for implementation** - within one week of the receipt of this report.

**Recommendations**

1. The recording of contact with health care professions should be improved to allow care staff and other health professionals to have easier access and oversight of this
information.
National Care Standards. Care homes for older people - Standard 14 - Keeping well health care.

2. The provider should ensure the recording of events on behalf of the resident is only written in the first person when the resident is able to be fully involved in the process and in agreement with the recording.
National Care Standards. Care homes for older people - Standard 11 - Expressing your views.
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 4 - Good

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

Service strengths
The comments we wrote in Quality Statement 1.1 also apply to this statement.

We have given this statement the same grade as Quality Statement 1.1

Areas for improvement
We have given this statement the same grade as Quality Statement 1.1

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
At the last inspection the following requirement was made:-

The service provider must ensure that all furnishings and fittings in the care home are suitable and sufficient having regard to the aims and objectives of the service and the health and personal care needs of service users. In order to achieve this, you must carry out an audit of all furnishings and fittings in the care home and from this replace any furnishings and fittings which are no longer fit for purpose.

Progress:-
The service undertook a furnishing and fittings audit which identified required improvements.

The service had identified the need for nine recliner chairs, nine upright arm chairs and two dining tables and chairs. We saw e-mail evidence to show the service had selected a supplier for those items which were due to be ordered during the week of
The following actions had been taken since the last inspection:—
New carpets in all bedrooms
Eight bedrooms re-decorated.
Three profiling beds acquired
Infra-red alarm floor mats for each bedroom.

Improvements had been made to wall lighting and were continuing throughout the home.

We could see that improvements to the environment were ongoing.

This requirement was met.

At the last inspection the following recommendation was made:—
Staff notices should not be displayed in residents living areas.

Progress:—
Staff notices had been removed from residents living areas.
This recommendation was met.

The service had continued to purchase medication storage lockers to store resident’s medication. Each locker was in the individual residents own bedroom with a photograph of the resident displayed. This allowed for the safer administration of medication and increased personalisation.

The alarm system used by residents to seek the assistance of care staff and used by care staff to summon additional help had been improved. Three residents now had alarm pendants, one resident was trialling a fall alarm pendant and another resident was trialling a seat alarm sensor. These devices were linked to the homes alarm system.

Each house had a notice board which displayed the day, month, season, weather and year. This provided an aid to residents orientation.

During the inspection we found the home to have a good standard of cleanliness with no unpleasant odours. One relative we met with, who had expert knowledge of environmental hygiene, confirmed our findings.

**Areas for improvement**

We will continue to monitor progress of the aforementioned environmental improvements.
Whilst some of the resident’s bedroom doors had pictures displayed which related to the resident we found some bedroom doors did not have a picture or name displayed to show who the room belonged to. There were also many doors which had no signage which could be confusing to both residents and new visitors. We recommend the service undertakes an audit of the signage within the home to seek improvements which will enable residents and visitors to identify rooms easily and thus move freely and safely within the home environment.

(see Recommendation 1).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should undertake an audit of the signage within the home to seek improvements which will enable residents and visitors to identify rooms easily and thus move freely and safely within the home environment.

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
The comments we wrote in Quality Statement 1.1 also apply to this statement.

We have given this statement the same grade as Quality Statement 1.1

Areas for improvement
We have given this statement the same grade as Quality Statement 1.1

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

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

Service strengths
The service had recently revised their handbook of good practice for care staff. This provided information on appropriate policies and procedures in relation to the care needs of residents. Care staff had been asked to bring their handbooks to team meetings and training events to refer to in discussions.

All staff meetings and separate senior meetings were taking place on a regular basis. We could see from meeting minutes that best practice was being promoted by management through those meetings.

During the inspection interviews were taking place as part of a recruitment process. We looked at the interview plan which included questions the panel asked candidates. We found the questions appropriate and pertinent in identifying the candidates experience, knowledge, skills and abilities, values and personal attributes. Candidates
were asked about their understanding of dementia and how they would manage given scenarios of challenging situations.

The service had consulted staff on the development of a new rota system. We saw 18 staff had responded to a questionnaire. The new rota had just commenced prior to the inspection and would be reviewed. Some staff we met expressed concerns about the changes but recognised the rota would be reviewed in three months time.

The service had a computerised training matrix to identify training needs and recorded training undertaken. We could see the records were up to date. The service evidenced future training was planned. The training included additional best practice in dementia, leadership and team building for senior staff and recording and reporting.

We could see performance issues were being addressed through regular supervision meetings and development plans. We saw any information management received in relation to performance was addressed. Management encouraged senior staff to challenge any performance issues with care staff. All staff were being assessed on competency and setting key objectives.

Care Inspectorate questionnaire results showed that 100% of responses from staff either strongly agreed or agreed “I have regular individual supervision with my manager”. This was concurred by the six staff we met with during the inspection.

Management conveyed information to staff through several avenues as well as verbal. These included monthly memo notices, at team meetings and through the feedback book.

**Areas for improvement**

At the last inspection the following requirement was made:-

The service provider must ensure that all training planned for March and April 2013, including training covering care planning, accident and falls prevention and medication administration, is provided. All staff must receive additional training in providing activities.

**Progress:-**

Part of this requirement had been met. Parts not met have been made into two separate requirements.

Training in care planning had been delivered to care staff on four separate occasions in March and April to ensure maximum attendance.

Training in accident and falls prevention had been delivered to care staff on four separate occasions in March and April.
Training in medication awareness had been delivered on four separate occasions in February, March and April. However we do not consider the medication training thorough enough to meet the requirement.

As detailed in the last inspection report we had expected staff undertaking the medication training to have an assessment of competency whilst administering medication as part of the training. This did not occur. As the training had been specifically designed for the service we would have expected the training to incorporate the services medication systems and procedures as part of the training. This did not occur.

From documentary records we can see medication errors in relation to recording on medication administration records (MAR) sheets were occurring. Also some care staff who had just undertaken the medication training were not confident or comfortable in their new role.

A new requirement is made to ensure all care staff who administer medication are suitably trained in the services medication procedures and have an assessment of their competency undertaken whilst administering medication as part of that training. (see Requirement1).

The requirement also stated all staff must receive additional training in providing activities. This was about providing meaningful and stimulating activities for each resident. One staff member had undertaken an activities module in SVQ3. A part of the best practice in dementia training lightly covered social activities. However training for care staff to the level required had not been sought. We except care staff to undertake training which gives them an understanding of the importance and type of meaningful and stimulating activities required for all residents. For care staff to subsequently be competent to consider appropriate activities for individual residents and to initiate and deliver those activities.

Therefore a new requirement is made which also incorporates the appropriate recording and delivery of meaningful and stimulating activities as detailed in quality statement 1.3. (see Requirement 2).

The aforementioned recording and reporting training had been identified as necessary for care staff to undertake due to evidence that staff had not been completing incident reports correctly. This had contributed to an adult protection case conference taking place in March 2013. One outcome from the case conference was the service would ensure care staff received this training as a matter of urgency. At the time of this inspection a provider for the training had been identified but dates had not been set. The service told us dates had been set when we met for feedback. We would have expected the service to have sourced this important training more
speedily. It is important this training is provided as soon as possible. We will follow this training up at the next inspection.

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

**Number of requirements:** 2

**Number of recommendations:** 0

**Requirements**

1. The provider must ensure all care staff who administer medication are suitably trained in the services medication procedures and have an assessment of their competency undertaken whilst administering medication as part of that training. This in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS12011/210 15 (b) (i) a regulation which states that a provider must ensure staff receive adequate training appropriate to their responsibilities.
   
   **Timescale for implementation -** within six weeks of the receipt of this report.

2. The provider must ensure that all residents have regular access to meaningful, stimulating activities. Care staff must receive appropriate training to ensure they have an understanding of the importance of meaningful activities and are competent to initiate and deliver those activities. Subsequent evaluation and quality auditing systems should be put in place to assess outcomes for residents. This in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011, SS12011/210 4 (1) (a) a regulation which states that a provider must make proper provision for the health and welfare of services users. Also regulation 15 (b) (i) a regulation which states that a provider must ensure staff receive adequate training appropriate to their responsibilities.
   
   **Timescale for implementation -** within eight weeks of the receipt of this report.
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 4 - Good

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

Service strengths
The comments we wrote in Quality Statement 1.1 also apply to this statement.

We have given this statement the same grade as Quality Statement 1.1

Areas for improvement
We have given this statement the same grade as Quality Statement 1.1

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
Evidence from quality statements 1.1, 1.3 and 3.3 also apply to this statement.

We could see from team meeting minutes and through discussions that management continued to seek improvement on all levels. These included improvement in best practice, all systems and procedures, roles and responsibilities, planning and communication.

Management had commenced a review of all document templates used as part of the recording systems within the service. There was a high level of care staff input into the reviews to ensure all forms were usable as well as ensuring the correct information was captured.

Management undertook monthly audits of medication, bathing and showering, oral hygiene and weight. We could see from service records that outcomes from the audits...
were communicated to care staff particularly where improvement was required. A monthly internal audit was completed by home management. This provided information to senior management about staff training completed, the number of various staff and resident meetings, accidents and incidents and other information relevant to the service.

**Areas for improvement**

The Care Inspectorate was made aware by the Mental Welfare Commission of several incidents that had taken place within the home. The service had not notified us through the Care Inspectorate e-form reporting system as per reporting requirements in line with current legislation. We found when reading all incident reports that other incidents which had the potential to cause harm had not been reported to us. All incidents had been managed appropriately by the service. The provider must ensure incidents that are notifiable to the Care Inspectorate are reported within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting. (see Requirement 1).

Due to the continual changes and improvements being initiated, procedures and systems were regularly being developed or revised. These changes were recorded in team meeting minutes and staff memo notices. This could lead to guidance in the new procedures being lost in the minutes and notices. We recommend the service ensures all new and revised procedures are timeously recorded, collated and stored to allow easy access for all care staff for their ongoing reference. (see Recommendation 1).

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

**Number of requirements:** 1

**Number of recommendations:** 1

**Requirements**

1. The provider must ensure incidents that are notifiable to the Care Inspectorate are reported through the e-form reporting system within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting. This is to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part. Timescale: This was required at the time of inspection and on an ongoing basis.

**Recommendations**

1. The provider should ensure all new and revised procedures are timeously recorded, collated and stored to allow easy access for all care staff for their ongoing reference.
National Care Standards. Care homes for older people - Standard 5 - Management and staffing arrangements.
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

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

Additional Information
No 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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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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